Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Newbridge Respite Centre
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	02 July 2025
Centre ID:	OSV-0003448
Fieldwork ID:	MON-0038799

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre is a respite centre for adults with primarily physical disabilities and can accommodate respite breaks for up to five adults at a time. The accommodation comprises of five wheelchair accessible apartments with an en-suite, bathroom, kitchen and patio area. The apartments are accessed internally from an enclosed corridor and externally from an open courtyard. There is a communal kitchen and sitting room, utility room, a laundry room a reception area on entrance to main building, a staff office, and a quiet room (for staff), a general office, and three communal toilets one of which is wheelchair accessible. There are 13 staff members employed in this centre; the person in charge/ service manager is employed on a full-time basis and there are two senior care workers, care support staff team and a staff member who assists with cleaning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 July 2025	10:00hrs to 17:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents availing of respite in this centre received quality, person-centred care in which their care needs were met in a respectful way and their independence was promoted. Some improvements were identified in relation to maintenance of the premises, the arrangements in place for a formal review of respite users' personal plans and arrangements for respite users to engage in fire drills. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. The inspector observed that residents availing of respite and their families were consulted about the running of the respite service.

The centre comprised of a purpose-built one-level building with five accessible studio apartments which first opened in 2008. Each studio apartment had an large open plan en-suite bedroom and kitchenette area. The kitchenette was wheel chair accessible and contained facilities such as a hob, microwave, fridge, kettle, toaster and a washing machine. Each of the apartments had a call support system with hard wire points and mobile pendants should a respite user need to call staff. The apartment was accessed internally from an enclosed corridor and externally through double doors to a patio area and courtyard. Each respite user had their own apartment which they could personalise to their own taste for the duration of their visit. This promoted the respite users' independence and dignity, and recognised their individuality and personal preferences. There was a locked safe box and separate secure medicine cupboard in each apartment. All areas of the centre were fully wheelchair accessible for the respite users. There was a separate communal kitchen come dining area, a laundry area and a large sitting room. The centre was located close to and within walking distance of a town centre in county Kildare. There was a good sized and well maintained courtyard and garden for the respite users' use. These areas included some raised planting beds and tables and chairs for outdoor dining.

The centre was registered to accommodate up to five respite users at any one time. The service was provided for individuals aged between 18 and 65 years, who had a physical disability and or a neurological condition. Care is provided on a 24 hour basis by trained care support workers. On the day of inspection, there were three individuals availing of respite in the centre. In total 57 individuals were listed to avail of respite in the centre. All allocations for respite were made in consultation with the local Health Service Executive disability manager. Respite was offered to individuals on the basis of assessed need. Each of the respite users were contracted to attain a minimum of 15 respite nights per year if so requested. The person in charge reported that respite users and their families were generally happy with the level of care and number of respite breaks being provided.

The inspector met and spent time with each of the three individuals availing of respite on the day of inspection. These respite users told the inspector that they

'loved' and 'really looked forward' to their respite stays in the centre. One of the individuals told the inspector that they felt it was like their second home and that they felt it promoted their independence in having a break away from their family supports. Each of the respite users spoke warmly about members of the staff team and how kind they were to them. Warm interactions between the respite users and staff caring for them was observed. One of the respite users was observed to enjoy playing a board game with a staff member. The staff member reported that the respite user was an accomplished player who they could not beat. The respite users were in good form and comfortable in the company of staff. A staff member spoken with, outlined that respite users enjoyed meeting with their friends and their mini breaks away from their usual home routines.

There was an atmosphere of friendliness in the centre. Some art work completed by a number of the respite users was on display. The person in charge and staff members were observed to engage with respite users in a caring and respectful manner. It was evident that each of the respite users present on the day of inspection had a close bond with the person in charge and staff on duty.

There was evidence that the residents availing of respite and their representatives were consulted and communicated with, about decisions regarding the respite user's care during their stay. Records were maintained of contact with individuals and families prior to each respite stay to ascertain any changes to health and social care needs prior to their visit. On admission respite users were met with individually, and there was a check in form completed. Thereafter, there were daily one-to-one conversations with the respite users in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the relatives of individuals availing of respite but it was reported that they were happy with the care and support that the respite users were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones during respite stays. Questionnaires from the office of the Chief Inspector had been completed by nine respite users with the support of staff. These indicated that the respite users were happy with the care being provided. A significant number of thank you cards were on display in the centre from respite users and family members thanking staff and expressing their gratitude for the service provided. There had been four recorded complaints in the year to date but these had been resolved at the point of contact.

Respite users were supported to engage in meaningful activities in the centre during their stay. A number of the respite users were engaged in a formal day service which they were facilitated to attend while in respite. Examples of activities that respite users engaged in included, walks to local scenic areas, bowling, cinema, shopping trips, meals out, drives, take-away nights in the centre, arts and crafts, board games, listening to music and jigsaws. The centre had a vehicle for use by respite users. However, the vehicle could only hold one wheelchair at a time which could impact on respite users going out for trips together if there was more than one wheel chair user attending at the one time which was often the case.

The next two sections of this report present the inspection findings in relation to

governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform an application by the provider to the Office of the Chief Inspector to renew the registration for the centre. There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the respite users' needs.

The centre was managed by a suitably qualified and experienced person. They had a strong knowledge of the assessed needs and support requirements for individuals attending for respite in the centre. The person in charge held a degree in social care and certificate in management and had six years management experience. They were in a full-time position and were not responsible for any other centre. They were found to have a good knowledge of the requirements of the regulations and of the care and support needs for each of the respite users. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had protected management hours. They were supported by two senior care workers.

The provider had completed an annual review of the quality and safety of the service. Unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, quality and safety checks, fire safety, finance. daily records, medication and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that an application to renew the registration of this centre had been submitted as per the regulatory requirements. This application was found to contain all of the information set out in the schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. A review of Schedule 2 documentation indicated that the person in charge was suitably qualified and experienced for the role in line with the requirements of the regulations. The person in charge had been in the position for an extended period and demonstrated a sound knowledge of the respite users care and support needs. They were in a full time position and was not responsible for any other centre. They were supported by two senior care support workers.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of individuals availing of respite. At the time of inspection, the full complement of staff were in place. A small shortfall of 5.5 hours was noted to accommodate a staff members leave for a defined period. Two regular relief staff member were being used to cover leave. This provided consistency of care for respite users. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector noted that the respite users' needs and preferences were well known to a staff member met with, and the person in charge on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents availing of respite. Staff had attended all mandatory training. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. The inspector reviewed a sample of supervision records for four staff members and found that these staff were receiving suitable supervision in line with the frequency proposed in the provider's supervision policy. The inspector reviewed minutes of staff meetings which occurred on a regular basis and included discussions on respite users' rights, incidents and accidents and changes to policies and procedures. All team meetings were chaired by the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of respite users was maintained and found to contain the information specified in schedule 3 as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was evidence that actions were taken to address any issues identified. The person in charge completed monthly audits on safeguarding, money management, medicine and call bell system. The inspector reviewed a schedule of audits completed. These ensured the ongoing monitoring of the service in relation to health and safety, medicine safety, finances and that tasks assigned to staff member were completed. There were clear management and reporting structures in place which ensured clear lines of responsibility.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose. It was found to contain all of the information required by the regulations and to be reflective of the facilities and services provided for the respite users. It had recently been updated in June 2025.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations. The inspector reviewed a sample of all incidents and near misses which had occurred in the preceding six month period and found that they had been appropriately reported to the Office of the Chief Inspector

where required.

Judgment: Compliant

Quality and safety

The respite users' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. However, a formal review of the personal support plans on an annual basis and in line with the requirements of the regulations had not been completed for a significant number of the respite users. A personal support plan reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. It was noted that this plan was reviewed on each respite visit.

Respite users who attended for respite together were considered to be compatible and to get along well together. There was a local operational policy on compatibility and booking for individuals availing of respite in the centre. The layout of the centre with each of the respite users being allocated their own studio apartment promoted their independence but they had full access to staff support via the call bell system in each apartment.

The health and safety of respite users, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents availing of respite. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving respite users. This promoted opportunities for learning to improve services and prevent incidences.

The respite users appeared to be provided with appropriate emotional and behavioural support. Overall, individuals attending for respite presented with minimal behaviours of concern. There was a restrictive practice register maintained which was subject to regular review. Overall there were low levels of restrictions used which where used were considered appropriate to respite users' safety.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and overall in a good state of repair. However, there was some worn surfaces in the centre on doors, wood work and kitchenette units. The flooring in a number of the ensuite bathrooms was worn and discoloured in areas. There were some water stains on the ceiling in

apartment 4 and 5. The paint on the exterior doors and windows were chipped and peeling in areas. The centre was spacious and accessible through out with individual studio apartments for each of the respite users. The design and layout of the premises was accessible for all identified respite users with height adjustable work tops in the kitchenettes of each apartment. There was a locked safe box and separate secure medicine cupboard in each apartment. There was also a separate good sized communal kitchen come dining area, a communal laundry room and a large sitting room area. The communal kitchen had recently been upgraded throughout. Each of the respite users have their own spacious studio apartment for the duration of their stay.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of respite users, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the respite users.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, suitable precautions were in place against the risk of fire. However, there was no system in place to ensure that all respite users engaged in a physical fire drill at regular intervals. There was evidence that staff engaged in regular fire drills and it was noted that the centre was evacuated in a timely manner. There was no tracker system in place so as to ensure that each respite user periodically attended a fire drill. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the individual respite users in the event of a fire was prominently displayed. Personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of individual respite user were in place. There was a fire safety procedure, dated June 2025.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate and suitable practices relating to the receipt, prescribing, storage, disposal and administration of medicines. Medicines were found to be stored securely in each of the respite users studio apartment in secured wall hung locked cupboard. Prescription and administration records were found to be appropriately maintained. An assessment of capacity to self administer medicines had been completed for each of the respite users and those with capacity were facilitated to administer their own medicines. Respite users arrived with their own medicines for each admission which were checked and counted on admission to ensure reconciled with prescription. It was noted that any medicine errors were appropriately managed and reviewed with learning shared with staff as part of staff team meeting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The respite users' wellbeing and welfare was maintained by a good standard of evidence-based care and support. A detailed needs assessment had been completed for each of the respite users which informed a personal plan. Although the personal plans for each respite user were updated for each admission by a staff member, a formal review of the personal support plans on an annual basis in line with the requirements of the regulations was not being completed for a number of the respite users. Consequently, there was the potential that the effectiveness of the plans in place may not be appropriately assessed.

Records were maintained of contact with families prior to the respite users stay to ascertain any changes to health and social care needs prior to their visit. On admission respite users were met with individually and there was a check in form completed. Thereafter, there were daily one-to-one conversations with the residents in relation to their needs, preferences and choices regarding activities and meal choices. An 'All about me' reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

Judgment: Substantially compliant

Regulation 6: Health care

The respite users' healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for respite users identified to require same. Each of the respite users had their own GP and health information and updates were shared with the centre as required. A medical transfer information form had recently

been reviewed for a sample of respite users files reviewed by the inspector. These were found to contain sufficient detail to guide staff should a respite user require emergency transfer to hospital.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the respite users from being harmed or suffering from abuse. Recent allegations or suspicions of abuse had been appropriately responded to, in line with the provider's policy. The provider had a safeguarding policy in place. Intimate care plans were in place for the respite user which provided sufficient detail to guide staff in meeting their intimate care needs in a manner that respected their dignity and body integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The respite users' rights were promoted by the care and support provided in the centre. The respite users had access to the national advocacy service should they so choose and information about same was available in the centre. There was evidence of active consultations with respite users and their families regarding their care and the running of the respite service. There were regular meetings with respite users to enhance their knowledge about making a complaint, self advocating and protecting themselves from abuse. At check in for respite there was a detailed process in place which covered all aspects of the respite users' needs and preferences which was completed in consultation with the respite user. Similarly at check out, feedback and engagement with the respite user occurred to ensure their opinion was sought. There was a notice board in the communal area but also in each of the studio apartments. This had details of the local advocate from the National advocate service, the confidential recipient, the designated officer and the complaint officer. It was evident that there was a culture of seeking feedback and acting on this feedback to continually improve the service. There was a communication care plan in place for each respite user which was informed by a needs assessment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newbridge Respite Centre OSV-0003448

Inspection ID: MON-0038799

Date of inspection: 02/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A comprehensive Service Action Tracker is in place, covering all aspects of maintenance, including bathroom flooring. Ongoing monitoring ensures timely identification and response to maintenance needs. • On 16/7/2025 all exterior doors and windows were professionally stripped and repainted to a high standard. Timeframe: Completed. • A building contractor completed a full roof survey on 26/06/2025. The report was received on 8/8/2025 and a repair plan is being developed to include any identified roof repairs and ceiling repairs in Apartment 4 and 5. Timeframe: 31/12/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • A Fire Drill Participation Tracker has been developed and will commence as of 31/08/2025.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:
• A formal review of a person's needs is conducted using the Holistic Needs Assessment (HNA) each time an individual returns to respite. This review is not limited to an annual cycle and may occur more frequently based on individual needs or frequency of visits. Commencing 31/8/2025 members of the Regional Support Team – including Clinical, Quality, and Management – will be involved in the person's Annual Review and HNA to ensure a multidisciplinary perspective in support planning, strengthens oversight, and enhances quality assurance. Timeframe: 31/08/2025

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	31/08/2025

	circumstances, which review shall assess the effectiveness of the plan.			