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:	Dun Aoibhinn Services Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	15 July 2025
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0038720

About the designated centre

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

Dun Aoibhinn Services Cashel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential care for a maximum of 12 adults, both male and female, with intellectual disabilities. The centre consists of two individual purpose-built bungalows which are located next to one another in a town in Co. Tipperary. Local amenities in the area include shops, restaurants, sports clubs, historical sites and theatres. Both houses provide community residential care to six adults with a disability and are similar in their design and layout. The houses comprise of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. Both houses have well maintained gardens to the rear of the houses. The centre is staffed by a person in charge, enhanced nurse practitioners, staff nurses, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Tuesday 15 July 2025	09:10hrs to 18:00hrs	Conan O'Hara	Lead
Wednesday 16 July 2025	09:30hrs to 13:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed by one inspector over two days.

The inspector had the opportunity to met with eight of the 11 residents in their home over the course of the inspection as the they went about their day. Overall, the inspector found that the residents received good quality person centred care and support in this designated centre. However, improvement was required in staffing arrangements, training and development and fire safety.

The designated centre comprises of two large purpose built detached bungalows in a residential area in Co. Tipperary. The houses were located next to each other. In the morning, the inspector visited the first house of the centre. The inspector had the opportunity to met with four of the six residents as two residents were in hospital. On arrival, one resident had left the service to attend day services. A second resident briefly met with the inspector in the hallway as they left for their day services. The resident spoke of a recent rally they attended and said they liked living in the house. The inspector observed one resident spending time in the sitting room watching TV. One resident chose to have a lie on and was observed sorting their jewellery with the support of staff in the late morning. In the afternoon, the two residents attending day services were observed returning home. The residents appeared happy to be back in their home and all residents were observed interacting positively with the staff team.

Later in the afternoon, the inspector visited the second house which was home to five residents at the time of the inspection. When the inspector arrived one resident had left the service to attend day services, one resident was having tea after attending an audiology appointment and one resident was resting in their bedroom in line with their preference. The inspector was informed that two of the residents in this house were also in hospital. Overall, the residents appeared content and relaxed in their home.

The inspector carried out a walk through of both houses of the designated centre accompanied by the person in charge. As noted, the centre consists of two individual purpose-built bungalows which are located next to one another. The design and layout of both houses is the same and each house comprises of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. The inspector found that the centre was decorated in a homely manner and the house well-maintained and in a good state of repair. The provider had completed internal painting in areas of the house and an external cleaning company had recently deep cleaned the centre. There was a large well maintained garden to the rear of the centre.

The inspector returned to the centre on the second day and spent time in both houses. The inspector met with one resident in the second house as they had returned from a stay in hospital. They were engaged in table top activities and stated they were happy to be back in the centre. The inspector observed the resident being supported to access the community later in the morning.

The inspector also reviewed eleven questionnaires completed by residents with the support of staff. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaire contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, three questionnaires noted that their familiarity with the staff team could be better. One resident noted that they would like a dressing table in their bedroom and was not happy with their shower.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The staff team were observed supporting the residents in an appropriate and caring manner. However, further improvement was required in the staffing arrangements. This was also found as an area for improvement in previous inspections undertaken in October 2023 and May 2024. While the provider demonstrated that they had completed their actions as set out in their compliance plan, this continued to be an area for improvement. In addition, some improvement was required in the training and development of the staff team and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management system in place which had identified lines of authority and accountability. The local management and staff team were striving to provide a service that was safe, consistent and appropriate to residents' needs. However, the staffing arrangements and staff team training were found to require improvement.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored including an annual report 2024 and unannounced provider six monthly audits. The audits identified areas for improvement and actions plans were developed in response.

The last inspection found that it was not evident that staffing levels were in line with the changing needs of residents and that resources were mainly focused on delivering required care needs and therefore aspects of residents' lived experience were being negatively impacted. The provider demonstrated that they had taken a

number of actions including reviewing staffing levels, assessing residents needs, seconding a day service staff member to assist in activation of residents and secured additional funding for staffing resources. However, a review of the rosters for May and June 2025 demonstrated that the staffing arrangements remained an area for improvement.

The inspector reviewed a sample of the staff team training records and found that for the most part the staff team were up-to-date in mandatory training including fire safety, manual handling and safeguarding. However, some improvement was required in ensuring a small number of the staff team completed refresher training.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this designated centre alone. The person in charge demonstrated a good knowledge of the resident and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Overall, the inspector found that the staffing arrangements required continued improvement to ensure the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. A number of the residents were assessed with high support needs including personal care, moving and handling and feeding eating and drinking, with a number of residents requiring 2:1 care at times. In addition, seven of the eleven residents did not attend a day service and were reliant on the staff team to support them in activation

The previous inspections in October 2023 and May 2024 found that improvement was required in the staffing arrangements. The provider had reviewed the assessed needs of residents' and the staffing requirements; added an new sleepover shift at night; temporarily seconded an day service staff member to support residents

access the community/engage in activities and secured additional funding for staffing resources.

However, at the time of the inspection, the area for improvement in the staffing arrangements had not been effectively addressed. For example, the centre was operating with five vacancies. While, the inspector was informed that two staff had been recruited and would begin working in the centre shortly, the provider informed the inspector of challenges in recruitment to utilise the additional funding.

From a review of two months of rosters for May and June 2025, it was evident that there was a reliance on agency staffing and, at times, the staffing complement was not always maintained. For example, in the two month period 116 of 560 (20%) of shifts were covered by agency staffing across the two houses. For the same period, there were 20 occasions across the two houses where the staffing complement was below the planned staffing. Also, in June 2025 there were eight instances were no nursing staff were working directly with residents. On the afternoon of the second day of inspection, the inspector observed the staffing complement in one house was not maintained.

The reliance on agency staffing and number of occasions when the staffing complement was not maintained impacted on the planning the care and support for the residents. A number of the staff team spoken with highlighted the need for improvement in maintaining the staffing complement. Also, three resident questionnaires noted that their familiarity with the staff team could be better. The previous two six-monthly provider audits noted the negative impact of staffing arrangements on the service provided due to the high supports needs of residents which, at times, limited social opportunities.

The inspector reviewed a sample of three staff files and found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of training records, it was demonstrable that the majority of the staff team had up-to-date training in fire safety, safe administration medication, manual handling, safeguarding and deescalation and intervention techniques. In addition, the staff team were supported to undertake training in catheter care, percutaneous endoscopic gastrostomy (PEG) feeding and resident specific manual handling training.

While the provider demonstrated that regular refresher training was scheduled, a minority of staff had not been completed refresher training in a timely manner in safe administration of medication and fire safety. Following the inspection, the provider submitted assurances following the inspection outlining plans to manage

and address same.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centre alone. The person in charge reported to Service Manager, who in turn reports to the Regional Services Manager. The provider had on-call arrangements in place to support staff at evenings and weekends and in the event of an urgent situation.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the six-monthly provider visits and the annual review 2024. The annual review included evidence of consultation with the resident and their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas in need of attention including managing staffing vacancies and fire containment.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for the period January 2025 to July 2025 and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. However, some improvement was required in fire safety.

The inspector reviewed a sample of the residents' personal files which comprised of an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place and fire drills had been carried out at suitable intervals. However, the fire containment require improvement. This had been self-identified by the person in charge and plans were in place to address same.

Regulation 13: General welfare and development

The previous inspection found that there were increased focus on resident activity and accessing the community. Of the eleven residents, four attended a day service whilst seven residents remained in the centre supported with activation by the staff team. Since the last inspection, the provider had temporarily seconded a day service staff member to support residents with activation and accessing the community.

The inspector reviewed one months of activity records for a sample of three residents who did not access day services. The inspector found that notwithstanding the area for improvement in the staffing arrangement, it was evident that there were increased efforts to support residents to access the local community, go for drives and walks. Over the course of the inspection, residents were observed leaving for day services, going into the community and engaged in table top activities.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. The centre was clean and well maintained. Each resident had their own bedroom which was decorated in line with their tastes and preferences. There was evidence that the provider had recently completed internal painting in parts of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place. For example, risk assessments were in place for maintaining the staffing complement, medication management, choking risk and manual handling.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, some improvement was required in the containment equipment in place. For example, there were gaps observed between the fire doors in the hallway. This had been self-identified by the provider and plans were in place to address same.

Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the resident to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. The residents had a comprehensive assessment of need which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Meaningful personal goals had been developed for each resident. The inspector reviewed a sample of the goals which included supporting a resident whose mobility had reduced to celebrate their birthday in the centre, update their bedroom with sensory lights and mural. In addition, one other resident was being supported with the passing of a close family member.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and stress support guidelines were in place, as required. The guidelines were up-to-date and appropriately guided staff in supporting the resident. There was evidence that resident was supported to access psychology and psychiatry as required.

There were restrictive practices in use in the designated centre. The inspector found that there were systems in place to identify, manage and review the use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed safeguarding training to support them in the prevention, detection and response to safeguarding concerns. Staff spoken with were clear on what to do in the event of a concern. The residents were observed to appear content in their home and in the presence of the staff team and management.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dun Aoibhinn Services Cashel OSV-0005060

Inspection ID: MON-0038720

Date of inspection: 16/07/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Since the inspection two of the five vacancies have been filled with permanent staff. • The provider continues to actively recruit for three vacancies currently within the designated centre. A further group of candidates have been shortlisted and interviews are scheduled to take place on the 27/08/2025. • The relief panel available to the centre has been reviewed and recruitment to increase relief staff has commenced with a view to lessening the reliance on agency staff and improving consistency of staffing within the centre.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Refresher training in Safe Administration of Medication and Fire Safety has been booked to for the staff identified as requiring it.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Funding has been secured to replace fire doors and works have been scheduled for completion.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/11/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/10/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	30/10/2025

	containing and extinguishing fires.			