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 Cahir
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 March 2025
Centre ID:	OSV-0005066
Fieldwork ID:	MON-0046118

About the designated centre

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

Dun Aoibhinn Services Cahir is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides a community residential service for up to eight adults with a disability. The designated centre consists of two houses located within a close proximity to each other in a town in County Tipperary. The first house is a two storey house which comprised of a kitchen/dining room, living room, four individual bedrooms (two of which were en-suite), sensory room office and staff sleepover room. The second house is also a two storey house which comprised of a living room, kitchen/dining room, office, four individual bedrooms (one of which was en-suite) and a staff sleep over room. There are gardens to the rear of both houses for the residents to avail of as they please. The centre is staffed by the person in charge, social care workers and care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Friday 28 March 2025	09:45hrs to 17:10hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed to provide assurance that safe and good quality care was being provided to residents in this centre. This inspection reviewed the progress made in implementing the actions as outlined by the registered provider in their compliance plan for the previous inspection in July 2024. This inspection was completed by one inspector over one day.

The inspector had the opportunity to meet with seven of the residents who lived in this centre over the course of the inspection. Since the last inspection, one resident had moved from the service to an alternative placement. The inspector spent time over the course of the inspection engaging with residents, spoke with six staff members and the management team, observing care practices, observing daily routines and the activities in the centre as well as reviewing documentation. Overall, this inspection found that the provider had implemented the actions as outlined in the compliance plan which led to an improved lived experience for residents.

On arrival to the first unit which was home to four residents, the inspector met one resident who was packing their bag to leave the service to access the community, two residents were in the process of being supported to prepare for the day and one resident was attending their day service. The inspector was informed that the staffing levels were lower than planned due to unexpected sick leave and there were changes to the planned activities for residents. The inspector was informed that this was was a rare occurrence.

Later in the morning, the inspector observed the first resident leave the house to access the community. The two residents spent time in the house having their breakfast, engaging with the staff team and watching TV. In the afternoon, the fourth resident returned from their day service. The inspector met with the resident on their bus where they liked to spend their time listening to the radio and engaging with their staff team. They appeared content and comfortable.

The inspector completed a walk around of this unit which is a two storey house comprised of a kitchen/dining room, living room, four individual bedrooms (two of which were en-suite), sensory room office and staff sleepover room. Previous inspections identified areas for improvement including areas of internal painting, flooring in one resident room and kitchen cabinets in need of repair. These had been addressed or were in the process of being addressed. In addition, the inspector was also informed that the provider had secured an alternative long-term premises for the four residents and was in the latter stages of planning to transition to this new premises.

In the afternoon, the inspector visited the second unit and meet with three residents as they returned from their day service. The three residents were enjoying a cup of tea while watching TV. They told the inspector about their day and one resident

spoke about upcoming plans to attend hurling matches. They appeared comfortable in their house and with their staff team.

Overall, the provider had implemented the actions to address areas of concern previously identified including staffing arrangements, restrictive practices, fire safety and resident rights. However, some areas required continued work to ensure the improvement was sustained such as staffing arrangements and positive behaviour support.

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

The previous inspections of this designated centre carried out in February 2024 and July 2024 found that significant improvement was required to come into compliance with a number of regulations. The regulations included staffing, governance and management, residents' rights, positive behaviour support and fire safety. A cautionary meeting was held with the provider regarding the continuing non-compliance with key regulations in March 2024. This inspection found that the provider had implemented a number of actions to address the areas of concern and led to improved quality of life for residents.

There was a defined governance and management system in place in the centre. The centre was managed by a suitably qualified and experienced person in charge who was responsible for this designated centre alone. They were supported in their role by a service manager. There was evidence of quality assurance audits being carried out in line with the regulations and actions plans being developed to address areas for improvement.

The previous inspections found that it was not demonstrable that it was sufficient at all times to meeting the assessed needs of residents. This inspection found that the staffing arrangements in both houses had been reviewed and enhanced. For example, additional staffing resources had been put in place in both houses to support residents in line with their assessed needs. However, continued work was required to ensure this staffing arrangement was sustainable and further review of the morning staffing arrangements in the second house was required.

Regulation 15: Staffing

The provider had implemented the enhanced staffing levels in both houses. The inspector was informed that the provider has sought funding from their funder to ensure the staffing arrangement was in place on a sustainable basis.

Overall, the inspector found that it was demonstrable that the staffing arrangements in place were in line with the assessed needs of all residents. For example, in house one, the four residents were supported by seven staff during the day and by one waking night and one sleep over staff at night. This ensured that the residents' health, social and personal care needs were met at all times. While on the day of the inspection the staffing was below the planned roster due to unexpected sick leave, from a review of two months of the staffing roster and speaking with the staff team this was not a regular occurrence.

In house two, a safeguarding plan identified the requirement for ongoing supervision. The enhanced staffing levels meant that the three residents were supported by two staff during the day and by a lone member of staff from 22:00 until the following morning. The inspector was informed that the arrangements for a second staff member in the morning was being reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had reconfigured the governance and management arrangements in June 2024 and the inspector found that there was a defined governance and management structure in place. The centre was managed by a suitably qualified and experienced person in charge who was responsible for this designated centre alone. They were supported in their role by a service manager.

There was evidence of quality assurance audits including the annual review and six-monthly provider visits. These audits identified areas for improvement and developed actions plans to address same. In addition, the inspector found that the actions outlined in the provider's previous compliance plan had been completed. For example, enhanced staffing levels had been put in place in line with the residents assessed needs and a practice which impacted on residents' privacy had been discontinued.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accidents and incidents occurring in the designated centre and found that the Office of the Chief Inspector was notified as required under Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured quality, care and support was provided to residents at all times. The inspector found that the provider had taken actions to address the areas of improvement identified in the previous inspections. However, some areas required continued work including positive behaviour support.

There were systems in place for positive behaviour support however further improvement was required. For example, not all behaviour support plans had been reviewed within the required time-frame. There were a number of restrictive practices were in use in the centre. From a review of records, it was evident that restrictive practices had been reviewed by the provider's human rights committee and reduced or removed were appropriate. However, the practice of night-time checks were in place for a number of residents and required review to ensure this practice was in line with the needs of the resident.

There were appropriate systems in place for fire safety. The previous inspection identified areas for improvement in areas of personal evacuation plans and night-time fire drills. This had been addressed.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the residents. The inspector found that the two houses were decorated in a homely manner and well maintained.

The designated centre consists of two houses located within a close proximity to each other. The first house is a two storey house which comprised of a kitchen/dining room, living room, four individual bedrooms (two of which were en-suite), sensory room office and staff sleepover room. The second house is also a two storey house which comprised of a living room, kitchen/dining room, office, four individual bedrooms (one of which was en-suite) and a staff sleep over room. There are gardens to the rear of both houses for the residents to avail of as they please.

The previous inspection found areas for improvement including internal painting, parts of the kitchen cabinets in need of repair, water damage to ceiling of the

sensory room and worn flooring in one resident's bedroom. The inspector found that these had been addressed or were in advanced stages of being addressed.

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. The previous inspection identified areas for improvement in areas of personal evacuation plans and night-time fire drills. These had been addressed as there was evidence of regular fire evacuation drills taking place in the centre including a night-time/hour of darkness drill which included the residents. Personal evacuation plans had been reviewed to ensure the staff team were appropriately guided in supporting residents could safely evacuate the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. However, a number of the positive behaviour support guidelines required review. This was also identified by the previous inspections.

There was evidence that residents were supported to access psychology and psychiatry as required. There was evidence of practices being reviewed and changes being implemented under the guidance of the residents clinical team. For example, there had been changes introduced for one resident in relation to their bedroom furniture and plans in place to support one resident to spend less time on their transport vehicle.

There were a number of restrictive practices in use in the designated centre. A restrictive practice audit was carried out in February 2024 which made a number of recommendations. There was evidence that the restrictive practices had been reviewed and reduced or removed where appropriate. A follow up to the restrictive practice audit was carried out in March 2025 and found improved practices in place. For example, practices such as black out plastic coverings and external metal shutters on one residents window had been reviewed. The plastic covering had been replaced by blinds and the use of mental shutter had been discontinued.

However, the inspector reviewed documentation which outlined night checks in place for a number of residents. This practice required further review to ensure it was in line with the needs of the residents.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to keep the residents safe. All staff had up-to-date training in safeguarding and demonstrated a knowledge of the residents' needs and what to do in the event of a concern. The inspector reviewed a sample of incidents and accidents occurring in the centre over the last six months and found that there were appropriately reviewed and managed. Residents appeared content and comfortable in their home and in the presence of the staff team.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to promote and protect residents' rights. The staff team had been supported to undertake human rights training. The staff team spoken with demonstrated a good knowledge of the residents and spoke about residents respectfully.

As identified on the previous inspections, two of the residents in house one spent significant portions of the day separately out of the house in order to manage possible negative peer-to-peer interactions. There was evidence that the provider had reviewed the practices in relation to the management of interactions between all residents at the centre. For example, the routines and practices in place had been reviewed and a number of changes introduced including increased staffing levels, changes the premises, introduction of bedroom furniture and reviewing individual supports as appropriate.

The practices in place to support one resident with their personal care had been reviewed and amended to ensure the residents privacy and dignity. In addition, the practice to manage a historical safeguarding concern which impacted on one residents privacy and dignity had been discontinued.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dun Aoibhinn Services Cahir OSV-0005066

Inspection ID: MON-0046118

Date of inspection: 28/03/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The provider has submitted a DSAMT to the HSE for additional funding for staffing for both houses. In the interim the provider continues to cover, when possible the unfunded hours.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • A review of all night time support plans inclusive of night time checks has been carried out and updated. One necessary audible night time check remains in place due to ongoing health concerns. • Ongoing reviews with the team and psychology are occurring in order to update the IBSP's of three persons supported. The most recent review occurred on Thursday the 17th of April. The IBSP's will be finalised by the 30th of May 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 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.	Substantially Compliant	Yellow	31/10/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/05/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	30/05/2025

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			