



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

Issued by the Chief Inspector

Name of designated centre:	Bay House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	11 February 2025
Centre ID:	OSV-0008296
Fieldwork ID:	MON-0037623

About the designated centre

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

Bay House provides a residential service for male and female adults over the age of 18 years. Bay house is located just outside of a large town. The location offers a balance of space, privacy and close proximity to local amenities to promote community engagement with the residents. The centre can cater for up to five residents each with their own bedroom two of which are en-suite. There is a wheelchair accessible bathroom. Living areas include a sun room, dining room and a living room. The property has a large back garden. Residents are supported by a team of direct support workers who are led by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 11 February 2025	09:55hrs to 18:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspection findings were very positive. Residents were receiving a service that met their assessed needs by a caring staff team who were knowledgeable in their support requirements.

There had been no new admissions or discharges to the centre since the last inspection. The inspector had the opportunity to meet with the five residents that were living in the centre. Some of the residents spoke to the inspector with support from staff. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home.

The inspector had the opportunity to speak with two residents and they said they were happy living in the centre and that staff were 'nice'. When one resident was asked if they felt safe in their home they answered 'yes'. They said if they had a concern or were not happy with something that they would tell a staff member. Different residents were observed to move around their home freely.

The inspector had the opportunity to speak with the four staff on duty, the centre manager, and the person in charge. They demonstrated that they were familiar with the residents' support needs and preferences. Residents appeared to be comfortable in the presence of the staff on duty. The inspector also observed each staff to support residents in a professional, respectful and caring manner. For example, when the two residents returned from their day service staff greeted them in a friendly welcoming manner and asked them if they had a nice day.

The centre staff confirmed that activities residents participated in depended on their interests and were chosen by the residents themselves. They included; going out for walks, attending salt caves, attending the library, going shopping, going to the cinema, and participating in music therapy.

On the day of this inspection, two residents had attended different day service programmes. One of those residents received a visit from a family member that evening. The other three residents went out for lunch and two went on a train journey. Prior to the end of the inspection one resident said they wanted to go to the cinema and this preference was facilitated.

The provider had arranged for the majority of staff to have training in human rights. The staff member spoken with communicated how they had put that training into every day practice. They communicated that they felt the training had made a huge difference to them. They said in the past they would have made more decisions based on assuming what the person needed not based on asking them. They now ask the person's opinion and used visual aids to ascertain what residents actually wanted. For example, what they would like to wear that day and they

communicated that they respect the decision the resident made.

The inspector observed the house to be nicely decorated and it was observed to be tidy. The inspector observed board games, art supplies, sensory objects, jigsaws, and magazines available for use. One en-suite required slightly more attention to the thoroughness of the cleaning. The person in charge arranged for it to be cleaned prior to the end of the inspection.

Each resident had their own bedroom and their rooms had adequate storage facilities for personal belongings and they were individually decorated. There was an accessible front and back garden. The front garden was used for parking and there was a large back garden that was mainly grass.

As part of this inspection process residents' views were sought through questionnaires provided by the Office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from all five questionnaires was returned by way of the staff representatives who supported the residents to answer the questions. The inspector observed pictures taken of when staff went through the questionnaires with the residents. In the pictures staff were holding up large happy or sad faces to gather residents' opinions of the questions being asked. Feedback from all five questionnaires was positive and all questions were ticked as either 'yes' or 'could be better' with regard to if they were happy the service and the care and support they received. Four of the five questionnaires had all 'yes answers' ticked. One resident used visuals to indicate when they believed some areas could be better. For example, their room and food choices. The person in charge had already actioned those areas based off the resident's feedback and confirmed that the resident's room was painted. The also confirmed that more visuals would be used to provide food choices.

The inspector also had the opportunity to speak with one family representative on the phone and another in person when they were visiting their family member. Both representatives were very complimentary of the quality of the care and support in this centre. One stated "I think the service is brilliant and they are really good at communicating". Both had felt that staff treated their family members with dignity and respect. Both knew how to raise a concern if needed and said they would feel comfortable doing so if required. Neither representatives had any concerns with regard to the care and welfare of their family members. The second representative said that the staff were "marvelous" and that the centre manager was "fantastic". They said they couldn't fault anyone. They particularly complimented one staff that had supported their family member to hospital. That the staff had such patience and that they couldn't get over how good the staff member was at supporting their family member. Both commented that although their family members did get out on outings they felt it would be nice if they could go on more.

At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and

management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2023 as a restrictive practice thematic. That inspection was found to be fully compliant in that area.

The findings of this inspection indicated that the provider had the capacity to operate the service within compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The provider was operating the service in a manner which ensured the delivery of care was person-centred. The provider had also taken out insurance that insured residents against risk of injury.

The inspector reviewed the provider's governance and management arrangements and found there were appropriate systems in place in order to ensure the quality and safety of the service. For example, staff were facilitated to raise concerns about the quality and safety of the care and support provided to residents.

The inspector found that there was appropriate staffing arrangements in place to meet the assessed needs of the residents. There were also systems in place to monitor and facilitate staff training and development. For example, staff had access to necessary training required to effectively do their jobs.

Regulation 14: Persons in charge

The person in charge met the criteria for compliance with this regulation. The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they had leadership experience since 2016.

They also were person in charge for another designated centre and they split their time between the two centres. They were supported in their role by a centre manager who also split their time across the two designated centres the person in charge was over.

The person in charge demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional support needs that residents had. For example, with regard to one

resident's behaviour support needs.

Judgment: Compliant

Regulation 15: Staffing

The information reviewed on this inspection demonstrated to the inspector that there were suitable arrangements in place at the time of this inspection to meet the requirements of this regulation.

The staffing arrangements in the centre were effective in meeting residents' assessed care needs. The staff on duty on the day of the inspection were observed to be respectful and knowledgeable with regard to the residents. One resident and two family representatives spoken with were complimentary with regard to the staff team.

The centre required two whole time equivalent (WTE) staffing posts in order to have a full complement of a staff team. The person in charge was ensuring that consistent temporary or relief staff were filling the positions in order to ensure safe minimum staffing levels and to facilitate continuity of care for the residents. One staff member was in the process of on-boarding to fill one of the vacant positions.

There was a planned and actual roster maintained by the centre manager which contained the full names and role titles of staff. A sample of rosters were reviewed over a three month period from November 2024 to January 2025. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents.

The inspector reviewed a sample of four staff members' Garda Síochána (police) vetting (GV) certificates. All four were completed within the last three years which demonstrated to the inspector that the provider had arrangements for safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. For example, oversight of training was reviewed as part of the monthly governance reports completed by the person in

charge.

The inspector reviewed the training matrix for training completed. Additionally, a sample of the certification was reviewed for six training courses for all staff including a staff who worked in the centre on a relief basis. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively.

Staff received training in areas determined by the provider to be mandatory, such as fire safety training both online and in-person, and safeguarding adults. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

Examples of additional training staff had completed included:

- Feeding, eating and drinking (FEDS)/Dysphagia
- medication management
- positive behavioural supports
- Autism
- assisted decision making
- epilepsy awareness and emergency medication for epilepsy
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

The inspector also reviewed the supervision files and the supervision schedule for three staff. It was found that there were formalised supervision arrangements in place which facilitated staff development and they were occurring as per the organisation's performance supervision guidance.

Judgment: Compliant

Regulation 22: Insurance

The inspector observed that, the provider had ensured that the centre was adequately ensured against risks to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection.

For example, there were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge and centre manager. One staff spoken with was clear on the reporting structure if required.

Management systems ensured that the service provided was safe, consistent and monitored. For instance:

- there were arrangements for annual reviews
- there were six-monthly unannounced provider led visit reports occurring
- there were other local audits on topics, such as restrictive practice, medication, finances, and health and safety.

The person in charge completed a monthly governance report and the inspector observed September to November 2024 reports. They included areas, for example incident management, medication management, social engagement, human relation (HR) management, residents' goals, fire safety, and risk management.

The annual review included family and resident consultation which was positive. For example, one family representative communicated 'the service from the staff team has been excellent'. Their only concern was with regard to accessing day service provision for their family member which they acknowledged that the provider 'continues to work towards this goal'.

The inspector observed that team meetings were occurring monthly as the minutes from January to December 2024 were available for review. The minutes demonstrated that incidents were reviewed for shared learning with the staff team and meetings were an opportunity to raise concerns if any.

The person in charge has a system in place for the supervision of their staff team. This process offered an important channel of communication between management and staff.

Additionally, from the two staff spoken with they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their

assessed needs.

The inspector observed that there were suitable arrangements in place with regard to healthcare, positive behaviour supports, and communication. For example, there were care plans in place that guided staff on what supports residents may require.

There were arrangements in place to support residents' general welfare and development, and to ensure they were safeguarded in their home and in the community.

The inspector observed the premises to be homely and tidy. The inspector also found that there were suitable fire safety management systems in place. For example, appropriate fire detection and containment systems were observed to be in place.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

From a review of two residents' documents related to communication, both had documented communication needs which had been assessed by a relevant speech and language (SLT) professional.

Both residents were found to have communication passports in place which documented their communication abilities and supports required. Topics included 'I may say', 'what it means', likes and dislikes. For instance, one resident's communication passport described that when they say "look" that it meant 'I want to show you....'.

Six staff had received additional training to use the most commonly used signs from a manual signing system. The person in charge confirmed that the remainder of the staff team would be trained once the two outstanding WTE staffing positions were filled. One staff demonstrated a good knowledge of a resident's communication needs and could describe the supports that the resident required.

Visuals were observed in the centre to support residents' understanding of choices provided for food and activity options. In addition, the inspector found that there was easy-to-read information available that staff could use to support understanding of topics. For example, a social story was completed with a resident to help support them with cleaning their room.

Additionally, residents had access to a television, phone, Internet and radio.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and the community.

Residents were supported to maintain relationships with family and family were welcome to visit the house as observed on the day of this inspection.

Residents were supported to set goals for themselves. For example, the inspector was informed that all the residents participated in a charity walk in July 2024 and raised over 1000 euro for charity. There were lots of pictures displayed in the centre of the residents undertaking the walk. From a review of two residents' files, other goals residents were working towards included developing some literacy skills or becoming more independent with regard to food shopping. The inspector observed social stories completed with the residents around their goals to support their understanding.

One resident was being supported by the staff team and a psychiatrist to support them to broaden the activities that they participated in as the person themselves limited what activities they engaged in. Since the last inspection, the inspector observed that the resident had expanded on the activities they chose to engage in, although the range was still limited. The person's family representative communicated to the inspector that they had seen an improvement for the resident and wished for further improvement in activation. The person in charge communicated that it was still a work in progress.

Two residents did not have day service access. In addition, the amount of days another resident attended their external day service had recently been reduced due to the staffing levels in the day service which was out of the control of the provider. The person in charge and a family representative discussed with the inspector how the provider was attempting to gain access to day service programmes and that numerous steps had been taken. The person in charge said their next steps were to lodge a complaint with the funding body and seek the support of advocacy services as they felt the issue was going on too long. They also felt that the provider had taken all the steps available to them to source a placement. The person in charge communicated that in the meantime an opportunity had arisen whereby three residents were being referred for social farming with the intention of attending a few days a week. The person in charge was hopeful that the residents could gain access to a place.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents' use. For example, residents had access to cooking and laundry facilities and a resident was observed accessing the kitchen to get themselves a snack.

The premises was found to be aesthetically well kept. It was observed to be clean and to be in a state of good repair. There were personal pictures displayed around the centre which gave it a more homely feel. There were systems in place to promote cleanliness in the centre. For instance, the inspector observed colour coded chopping boards, cloths, buckets, and mops along with signage to guide staff in order to minimise cross contamination and healthcare related illnesses.

Each resident had their own bedroom with sufficient space for their belongings. The inspector observed that there was adequate communal space in the centre for the residents. For example, there was a separate sitting room and sun room available for use or to have visits in private.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage risk.

For example, the inspector observed that the provider had in place:

- a risk management policy last reviewed February 2023
- a centre specific safety statement that was last reviewed in February 2025
- there was also a recently reviewed risk register.

There were centre specific and individual risk assessments on file with control measures to mitigate identified risks so as to support residents' overall safety and wellbeing. For example, where a resident may be at risk of falling, they were assessed by a physiotherapist and an occupational therapist (OT). There were also a range of supports, such as a shower chair, lap belt on a wheelchair, and a transfer belt were available in the centre.

The centre's boiler was observed to last be serviced June 2024 to order to ensure it was safe for use. The centre's vehicle was observed to be taxed, insured and had an up-to-date national car test (NCT) this was to ensure it was road worthy for residents to travel in it.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety measures and arrangements in place in order to safeguard residents from the risk of fire.

They included:

- fire detection, emergency lighting and firefighting equipment was available
- the inspector observed the firefighting equipment's last annual service was July 2024
- the fire detection and emergency lighting was serviced quarterly and the inspector observed the last four quarters
- there were fire containment doors in place were required and they were fitted with intumescent strips and self-closing devices
- staff had received training in fire safety and how to use an evacuation ski sheet
- regular fire evacuation drills were taking place and the inspector reviewed the last six which demonstrated that the provider was able to evacuate all residents to safety
- an hours of darkness drill was completed with maximum resident and minimum staffing levels
- from a review of two resident's files, there were personal emergency evacuation plans (PEEPs) in place to guide staff
- a fire evacuation plan was in place and displayed prominently in the hall in order to guide staff.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

There were clear personal plans in place for any identified healthcare needs, and these incorporated recommendations of specialists where applicable. For example, there was an epilepsy care plan and an emergency epilepsy medication protocol in place. The protocol was reviewed and signed by a general practitioner (GP) in February 2025. A staff spoken with was familiar with the steps to take as per the protocol as to when to administer the medication. There were other care plans in place to guide staff as to how to ensure residents are supported to have the best possible health. For example, a skin health care plan, and a constipation care plan. The constipation care plan clearly advised staff on the steps to take if a resident had not had a bowel movement in two days.

Residents had access to a GP and a wide range of allied healthcare services. For

example, from a review of two residents' files, the inspector observed that residents had access to a chiropodist, a neurologist, a psychotherapist, and a physiotherapist as required. Residents were also observed to be supported to receive vaccines as deemed required, for example the flu, and COVID-19 vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had access to professionals to support them to manage behaviour positively. For example, they had access to psychiatry and a behaviour therapist. From a review of two residents' files, the inspector found that there were behaviour support plans in place as required. This was in order to guide staff as to how best to support the residents which in turn would help minimise the impact a resident's behaviour may have on themselves or others. The plans were observed to have been reviewed in January 2025 by the behaviour therapist.

The centre manager was very clear on the steps to support a resident which aligned with the resident's behaviour support plan and PRN (medicines only taken as the need arises) protocol. This included the specific time frame in which a repeat dose could be administered. PRN protocols for the usage of chemical restraints were in place as required and signed by a prescribing professional. The inspector observed the centre manager carrying out support with an aspect of a resident's proactive strategies that was contained in their behaviour support plan. This demonstrated to the inspector that care was being carried out in line with defined care supports.

The person in charge had completed a self-assessment questionnaire in relation to how the centre was operating within best practice in the area of restrictive practices. They scored themselves as fully compliant. There were some restrictive practices in use in the centre, for example lap belts, and bed rails. They were observed to be logged and regularly reviewed with last review having occurred in January 2025. Restrictive practices were found to be discussed with residents to gain consent for their usage.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. For example:

- there was an organisational adult safeguarding policy in place last reviewed April 2024

- staff had training in adult safeguarding
- there was a reporting system in place with a designated officer nominated for the centre
- a staff member spoken with was familiar with the steps to take should a safeguarding concern arise.

It was found that concerns of potential abuse were reviewed, reported to relevant agencies, and where necessary, a safeguarding plan was developed.

The inspector observed that social stories were completed with some residents as deemed applicable with regard to feeling safe in the centre. The inspector observed pictures taken of when the social story was completed with them.

From a review of two residents files, the inspector observed that there were intimate care plans in place to guide staff as to supports required.

The inspector found based off a review of two residents' finance check records that, two staff each evening completed daily finance checks of residents' money balances. This was in order to assure the provider that there was appropriate oversight of residents' finances in order to ensure they were safeguarded.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant