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 Ri
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	05 May 2026
Centre ID:	OSV-0008624
Fieldwork ID:	MON-0041819

About the designated centre

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

Dun Rí is a detached bungalow set in a residential area close to a Wexford town. Residents have access to a centre vehicle and can access shops and restaurants or leisure facilities that are in close proximity to the centre. The house comprises two resident bedrooms, a shared bathroom, a communal sitting room, kitchen-dining room and a staff sleepover and office space. There is a small garden both lawn and a deck area to the rear. This centre provides a home for a maximum of two adults with an intellectual disability and/or Autism. Individuals who live here may also have high medical or physical needs and may require support to manage behaviour that is challenging. The centre is staffed at all times when residents are present by a team comprising social care workers and care assistants with a person in charge also allocated to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 5 May 2026	10:00hrs to 17:45hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

Overall, the inspection found good levels of compliance with the regulations inspected, with a dedicated staff team who were very familiar with the resident's needs. Based on the inspector's observations, conversations with residents and staff, and a review of documentation, it was evident that the residents living in Dun Ri were receiving good quality and safe care. While a good quality service was being provided, some improvements were required to ensure there were effective systems in place for communication and to ensure that all staff working in the centre participated in fire drills. A review was also required for staffing arrangements to ensure that residents had the opportunity to engage in activities of their choosing.

This was an announced inspection to assess the ongoing levels of compliance with the regulations. The inspection also informed the provider's application to renew registration, which was under review. It was conducted by one inspector over the course of one day.

The centre comprised of a detached bungalow near Wexford town. It was registered to accommodate two residents and had no vacancies on the day of inspection. Residents had access to a shared vehicle. Both residents could freely access all parts of the house without any restrictions on their movement. The centre consisted of three bedrooms, a shared bathroom, a kitchen/dining room, sitting room and a staff office. Resident also had access to a small, enclosed back garden.

The inspector found that the centre was bright, comfortable and in a good state of repair. There was a notice board which had relevant information for residents like their weekly food menu and visuals for them to use. Information on advocacy, how to make a complaint and who the complaints officer was were also clearly displayed throughout the centre.

Residents had their own bedroom which was personalised and decorated to the residents own taste. Residents' rooms were filled with family photos and photos from different events and activities they had attended. Their rooms also had items of significance to each resident.

Both residents attended a day service five days a week and had already left for their day service when the inspector arrived. The inspector met with both residents when they returned to the centre later in the afternoon. Both residents had communication needs, which were clearly understood by staff, with staff responding immediately to their requests. After day service, residents went for a walk with staff. When they returned staff began to prepare dinner, one resident sat in the kitchen with staff and the inspector watching television and joked with them using lamh. The resident was observed to be very relaxed with their feet up and smiling throughout this time.

The second resident spent time in the sitting room watching television while dinner was being prepared. The inspector also spent time sitting with this resident. The resident indicate that they were happy living in the centre when asked.

One resident's survey had been completed in advance of the inspection with the support of the resident's family. The inspector also had the opportunity to speak with one resident's family over the phone. Feedback given was that residents were very happy with the care and support they were receiving. Following a significant life event for one resident, the feedback provided described how supportive staff were during this time and that the resident was being 'loved' and not just supported. It was evident from feedback that both residents had settled into their new home.

Residents rights were respected in the centre and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly residents meetings, which they both usually attended. They covered topics like planning the menu for the week ahead, residents rights, fire safety and dignity and respect. Residents also reported in these meetings that they were happy.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

Capacity and capability

Overall, the inspector found that there were established management structures in place, with key roles clearly identified within the management team to oversee the operation of the centre. While a good quality service was being provided some further improvements were required to the communication systems in place and to the annual review of the quality and safety of care and support provided in this centre. A review was also required for staffing arrangements to ensure that residents had the opportunity to engage in activities of their choosing.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They were supported in their role by a clinical nurse manager 3 and was responsible for the oversight of a small team of two permanent social care workers and one healthcare assistant, which was covered by regular relief.

There were systems in place to manage risks associated with the quality of care and the safety of the residents. The provider was proactive in identifying and managing risks in the centre. The centre's management team met regularly, this ensured that

the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the centre's registration. The application contained the required information set out under this regulation and the related schedules, such as floor plans, a statement of purpose, and the residents' guide. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the planned and actual staff rosters for March and April 2026, as well as the current roster for May 2026. The person in charge maintained a clearly documented roster.

Since the centre had been registered there had been significant changes to the staffing levels, which were not consistent with the centre’s statement of purpose. The staffing levels had been reduced with only one staff scheduled to work for the majority of days, including weekends. Residents attended a day service five days during the week. Occasionally, there was an additional staff scheduled to work late for an evening, and on the weekend twice for the period reviewed. The inspector was informed that one resident often went to visit their family at the weekend so two staff were not always needed. However, it was difficult to ascertain when the resident was away visiting family.

The inspector was informed that the person in charge could request additional staffing if the residents had a planned activity they wished to attend and this was always facilitated. If there were no planned activities this reduction in staffing levels meant that residents were unable to do different activities of their choosing and usually engaged in an activity like a walk when together.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a well-established management structure in place for this centre, and all staff spoken with were aware of their respective roles and responsibilities. There were effective oversight and monitoring of the care and support provided in the centre, with the person in charge working front-line full-time within the centre. It was evident from feedback received from residents and families that they were satisfied with the service that was being provided.

The provider had conducted a six-monthly visit to the centre in September 2025 and April 2026. The inspector reviewed both and found that they focused on relevant areas of care and support specific to what residents received. A time-bound plan was put in place to address areas that were identified for improvement which ensured that these were driving quality improvement.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents and their families. The provider assessed the service as requiring no improvements or actions in all areas reviewed, which is not consistent with the findings of inspection. Some parts of the report also required review and clarity. For example, the report detailed that there were four staff meetings throughout the year. However, only one staff meeting occurred.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. While this was generally effective, the communication system in place with staff to ensure they are supported and facilitated to raise concerns required action. On review of staff meeting records there had been no staff meetings between January 2025 and March 2026. Staff had been supported individually through supervision during this time.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was prominently displayed in residents' bedrooms, along with pictures of the complaints officer who residents could bring their complaints to. Information on independent advocacy services was also available to residents.

The registered provider held a complaints log; at the time of inspection no complaints had been made.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents, including guiding staff in delivering safe and appropriate care.

On a review of the centre's Schedule 5 policies, all policies and procedures had been reviewed in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be relaxed and comfortable with staff who knew the residents very well.

Some areas required improvement to ensure that all staff working in the centre participated in fire drills so they could ensure the safe evacuation of residents in an emergency.

Regulation 10: Communication

Residents could communicate freely and were appropriately assisted and supported to do so in line with their needs and wishes. This resulted in residents being listened to and supported to express their thoughts, feelings, needs and wants in relation to the service and their personal care. Residents' communication was supported to ensure they were enabled to actively make informed decisions.

Residents were assisted and always supported to communicate in line with their needs and wishes to ensure they were at the centre of the decision-making process. Staff supporting the residents ensured that residents could express themselves in a communicative format that they preferred. There were clear communication plans in place to ensure that staff were aware of residents' communication style which guided staff practice. Residents had access to and were supported to use communication aids, in line with their assessed needs.

Residents were given information in a timely manner using formats and methods that they could understand. For example, easy-to-read versions of the staff rota, menu, complaints policy and a resident's guide were available.

Residents also had access to television, radio, newspapers and the Internet.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported and encouraged to bring items of significance with them when they moved into the centre. They had adequate space to store their personal possessions and clothes, which were neatly maintained. Residents clothing was laundered regularly and returned to them in a timely manner.

Residents were provided with support to manage their finances in line with their assessed needs. Residents had their own financial account in their name and could easily access finances when they wished. There were also statements available for review to ensure that there was a transparent record of money spent.

Judgment: Compliant

Regulation 17: Premises

The premises was suitably furnished to support residents' existing mental health, physical health and overall wellbeing, as well as their long-term requirements. The provider ensured that the premises, both internally and externally, were of sound construction and kept in good repair. The centre was clean and bright, offering a homely environment, which residents appeared to enjoy.

Residents had access to private and communal spaces and could meet friends and family privately if they wished.

Some minor equipment replacements were required, such as a dryer. However, this was already identified on the centre's maintenance log and had been escalated to management for replacement.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a residents' guide, which contained all required information, available to residents. This was completed in an easy-to-read format and was accessible to residents.

The guide had information detailing the services and facilities to be provided, the terms and conditions relating to residency, arrangements for resident involvement in the running of the centre, arrangements for visits, information on how to make a complaint and how to access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. There were clear and consistent processes in place for managing and assessing risk. The risk register accurately reflected the risks in the centre and was updated and reviewed at regular intervals. The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

The provider ensured the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk. Residents had individual risk assessments in place with appropriate control measures to ensure that residents had the opportunity to participate in activities of their choosing.

A comprehensive risk management policy was in place, which met the requirements of the regulations and was implemented in practice as well as a centre-specific emergency plan. The policy was kept up-to-date and reviewed at least annually.

Judgment: Compliant

Regulation 28: Fire precautions

On the day of inspection the inspector reviewed the providers emergency plan, personal emergency evacuation plans (PEEPs), fire drill reports, checks outlined by the provider to ensure fire safety, fire risk assessment and the servicing of fire detection and fighting equipment.

The providers emergency evacuation plan was observed to be comprehensive and provided clear instructions to staff and emergency services.

The PEEP's in place for each resident included step by step guidance on how to safely evacuate each resident. The plans also included each residents reactions and responses to previous fire drills. Guidance was observed by the inspector to be individual to each resident.

The provider had a system of daily and quarterly checks. The inspector observed evidence of a competent external provider completing checks and testing of fire detection and fire fighting equipment.

The provider had completed the required number of fire drills, including a drill at night time with the least amount of staff and most amount of residents. However, these had been conducted by the same two staff members since December 2024. Staff generally were lone working in the centre, meaning that the other permanent staff and any relief staff that worked in the centre had not been part of a fire drill during this time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the staff office and prescribed by a registered prescriber.

There were appropriate practices relating to ordering, receipt and disposal of medicines.

Residents had been risk assessed to determine if they could administer their own medicines or needed staff support to do so.

There were systems in place for administering medicines which were effective.

Staff had also been trained to safely administer medicines.

Judgment: Compliant

Regulation 9: Residents' rights

From inspector's observations and findings on the day of inspection, it was evident that residents rights were respected. Residents were provided with relevant information in a manner that was accessible to them and they were given time and support to make a decision.

Residents were supported to exercise their rights relating to choice and control, privacy and dignity, freedom of movement and the right to independence in their home. Residents could access to independent advocacy services. They were provided with information on how to access these supports, if they wished to do so.

Residents meetings were held weekly in the centre which also covered topics such as, residents rights and dignity and respect.

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 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dun Ri OSV-0008624

Inspection ID: MON-0041819

Date of inspection: 05/05/2026

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 staff rota has been revised to clearly identify and record allocated 1:1 support time for each resident. This ensures residents are supported to make choices regarding community outings, activities and personal goals. To facilitate this, additional staffing resources have been allocated each week to support individualised activities and community participation. The Person in Charge will monitor the implementation of these arrangements through weekly review.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: As stated above The staff rota has been revised to clearly review and record allocated 1:1 support time for each resident. The Annual Review for 2026 will clearly identify governance arrangements, in more detail and identify any gaps. The Review will include clearly defined actions and objectives for 2027, identifying areas for service development and continuous quality improvements arising from audits, staff feedback and service reviews. These will be documented within the Annual Review and monitored through the service's governance systems.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All regular staff members have participated in fire drills to ensure familiarity with the evacuation process and resident's individual evacuation support requirements. Relief staff will be facilitated to participate in fire drills while on duty to ensure they are familiar with the centre's fire safety procedures and evacuation arrangements.	

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	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that there	Substantially Compliant	Yellow	01/01/2027

	is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/01/2027
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	30/06/2026

	followed in the case of fire.			