



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

## Issued by the Chief Inspector

Name of designated centre:	Grancore
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	16 September 2025
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0039500

## About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individual's need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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 16 September 2025	09:00hrs to 16:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

This announced inspection and was carried out by one inspector to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Overall high levels of compliance were found in the centre, with compliance noted in all areas of the specific regulations reviewed.

There were three residents living in the centre on the day of inspection and one vacancy. The provider had previously registered the centre for five residents to live there but had applied to reduce this to four in the most recent registration renewal application. This was appropriate to the needs of the current residents living in the home, and the layout of the designated centre.

The inspection began with a walkaround the premises, accompanied by the person in charge. The premises was a spacious, detached three story house on its own grounds in a rural setting. All three residents had their own bedrooms along with separate living spaces and bathrooms. One resident also had a sensory room in their living space. Communal areas were also situated around the house, including living rooms, a dining room, and a kitchen. Some rooms in the house were used for staff offices, medication storage, and staff sleepover shifts. The house was surrounded by large gardens and outdoor spaces. Residents had a large polytunnell, where the inspector noted ongoing projects including growing some vegetables. There was a paved outdoor area with a table and seating. The person in charge communicated that they had hosted a barbeque in the summer months. The grounds also had a basketball court, an outdoor gym and accessible gardens. All of these were regularly used by the residents. Overall, the premises and the grounds were maintained to a high standard and suitable to meet the assessed needs of the residents.

The inspector had the opportunity to meet with the three residents living in the centre. Some residents used verbal methods to communicate and others used non verbal methods. The inspector noted one resident relaxing on their couch on the morning of the inspection. The resident made some happy sounds when greeted by the inspector and appeared very content. The inspector met another resident in their individual living area. They were relaxing in their space and they communicated that they were happy living in the centre, when asked. The third resident regularly used a translation application with staff, as English was not their first language. They communicated briefly with the inspector throughout the day with waves and thumbs up to communicate they were happy.

All three residents were observed to be engaging in individual and meaningful activities throughout the day. One resident was going horse-riding with support from staff and they appeared very happy to be heading out to this. The inspector observed one resident telling staff that they did not want to go to a scheduled activity that day. This choice was respected and plans were made with them to join another resident in the community to go for a coffee. All residents had individual

daily planners and these were available in an accessible version to residents. These encompassed activities for the residents ongoing rehabilitation and included daily activities such as walks, swimming, meeting family and friends, reading, going to the gym, physiotherapy, meals out and cooking. Two residents had recently enjoyed a holiday in Co.Clare.

One staff member regularly brought their dog to visit the centre, and they were there on the day of inspection. Staff and residents noted that the dog was part of the home and familiar with the service and the residents. This appeared to be of particular benefit to one resident who loved animals and made very happy sounds when they engaged with the dog.

Satisfaction questionnaires were sent to the centre prior to the inspection day as part of the registration renewal process. All three residents had completed these. Some had completed them independently and some had completed with support from staff. All questionnaires detailed that residents were happy living in the centre. One resident noted that "life is good here", while another stated "good space and comfortable". One resident said that "communication can be difficult, but we get through it and we have a laugh". Questionnaires noted that residents got on well with the people they lived with and were happy with the staff supporting them.

The inspector had the opportunity to meet with one family member on the day of inspection. This person spoke with the inspector one to one and expressed high levels of satisfaction with the service provided, particularly in areas such as staffing, healthcare, the premises and general welfare and development of their family member.

The residents were supported by a team of familiar staff, some of whom had worked in the centre for many years. The team was supported by a person in charge and a team leader, both were regularly present in the centre. Staff spoken with were familiar with the residents needs and preferences and knew who to speak with to raise a concern or issue. Residents experienced regular key working sessions and had meetings monthly with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning.

The inspector noted a calm atmosphere in the centre at the close of the inspection day. Residents were all relaxing in their individual living environments. The inspector observed some food being cooked for dinner and staff communicated that one resident had prepared this meal independently.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

## Capacity and capability

This was an announced inspection to inform a registration renewal decision. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in Grancore.

There was a clear management structure in the centre which was outlined in the centres statement of purpose. The person in charge was present in the centre regularly and was supported by a full time team leader. The centre was fully staffed in line with the statement of purpose. The inspector was assured that residents were in receipt of continuity of care and support in line with their own preferences and assessed needs.

The inspector completed a review of staffing arrangements, training records, and management audits and reviews and found that the provider had ensured that the centre was adequately resourced and that the service provided was safe and effectively monitored. The person in charge and team leader had clear review systems to ensure day-to-day oversight of the centre's running.

#### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had recruitment policies and procedures. A sample of eight weeks of rosters were reviewed. They were well-maintained and demonstrated that all of the required shifts were covered in line with the centres Whole Time Equivalent (WTE). Planned and unplanned leave was covered by regular staff. There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents during the day and night. The staff team comprised of rehabilitation assistants and a full time person in charge and team leader.

Staff meetings were held monthly and these were used as an opportunity to review residents ongoing care and rehabilitation needs. Residents social goals and activation schedules were included in this review and actions were assigned to key workers when required.

Judgment: Compliant

## Regulation 16: Training and staff development

Management were completing formal one-to-one supervision with all staff. Supervision was scheduled and completed every 3 months. The inspector reviewed training records for all staff working in the centre. Training records reviewed demonstrated that staff had up-to-date training and refresher training. Staff had completed training in a number of mandatory areas including:

- Fire Safety
- Safeguarding of Vulnerable Adults
- Children's First
- Medication Management
- Manual Handling
- Epilepsy management
- First Aid
- Human Rights

New staff working in the centre underwent specific rehabilitation training and induction with the provider, in line with the residents' needs and their role as a rehabilitation assistant.

Judgment: Compliant

## Regulation 22: Insurance

A contract of insurance was acquired by the provider for the designated centre. A copy of this submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was a robust management system in place which ensured that there was effective oversight of the daily running of the centre, and that there was sufficient monitoring of the quality and safety of the service provided on a regular basis. The centre had a full time person in charge who shared their role with one other designated centre. The centre also was supported by a team leader and an area manager.

The team leader and person in charge were completing monthly audits which included a review of areas such as staffing, admissions, complaints, accidents and incidents, and medication management. Issues identified during these audits were promptly addressed and reports were reviewed by the senior management team.

An annual review of the care and support provided in 2024 had been completed. Feedback on the service had been sought from residents and their families as part of this review. Unannounced inspections were also carried out in the centre six monthly. These included a review of the centres compliance with the regulations and were appropriately identifying areas in need of improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the centres registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a clear complaints procedure in place and there was an accessible version of this available to residents. The service had a designated complaints officer who managed and addressed any complaints received. Complaints were regularly reviewed by the management team. There were no complaints communicated with the inspector on the day of inspection. The management team and staff were in the

process of advocating for one resident to manage a complaint regarding the price of their prescribed medication.

Judgment: Compliant

## Quality and safety

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to the residents. The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety.

The residents were found to be in receipt of individualised care and support, relative to their needs and associated risks. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their goals and participate in a range of activities.

## Regulation 13: General welfare and development

Residents were all provided with appropriate care and support in accordance with their assessed needs and disabilities. All three residents had good access to recreation facilities and all residents had individual daily planners. These were available in an accessible version to residents. These encompassed activities for the residents ongoing rehabilitation. These included daily activities such as horse riding, walks, swimming, meeting family and friends, reading, going to the gym, physiotherapy, meals out and cooking.

Residents experienced regular key working sessions and had meetings monthly with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plan of care and future planning.

Judgment: Compliant

## Regulation 17: Premises

Overall, the premises and the grounds were maintained to a high standard and suitable to meet the assessed needs of the residents. The premises was a spacious, detached three story house on its own grounds in a rural setting. All three residents had their own bedrooms along with separate living spaces and bathrooms. One resident also had a sensory room in their living space. Communal areas were also situated around the house, including living rooms, a dining room, and a kitchen. Some rooms in the house were used for staff offices, medication storage, and staff sleepover shifts. The house was surrounded by large gardens and outdoor spaces. The grounds also had a basketball court, an outdoor gym and accessible gardens. All of these were regularly used by the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were clear systems in place for the assessment, management and ongoing review of risks in the designated centre. There was a service specific risk management policy and safety statement in place. General risks were managed and reviewed through a service risk register. The risk register was up-to-date and outlined the controls in place to mitigate potential risks in the centre, along with actions required, potential impact and persons responsible.

Residents all had a number of individual risk assessments in place. The centre maintained an accident and incident log as a record of any adverse incidents in the centre and incidents were appropriately addressed with follow up actions and supporting documentation such as referrals, when required. Health and safety measures were regularly reviewed in the centre by staff and management.

Judgment: Compliant

### Regulation 28: Fire precautions

In general, the inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walkaround the centre found that there were appropriate detection systems, emergency lighting, and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. Daily fire safety checks were being completed by staff.

The centres evacuation procedures were prominently displayed in the centre. Staff and residents were completing monthly fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire.

The inspector noted a query regarding the containment measures in place for one bedroom in the designated centre on the day of inspection. A report regarding the efficacy of the containment systems for this bedroom was requested by the inspector and this was received, as requested, following the inspection date and was completed by an appropriate fire safety specialist. The report detailed that appropriate containment measures were in place for this bedroom.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The designated centre was suitable for the purposes of meeting the assessed needs of each resident. All residents had comprehensive assessments of need and an individual rehabilitation plan of care. These appropriately reflected the residents health, personal and social needs and supports required for activities of daily living. All residents experienced an annual review of the care and support provided and these was used as an opportunity to discuss the residents plan for the year ahead and to assess any changing needs or rehabilitation goals.

Social stories were regularly used by staff and residents, for example to communicate any changes or life events. Residents all had individualised activation schedules and a range of social goals they were working towards. All residents had assigned key workers who were responsible for keeping documentation up-to-date and all residents regularly experienced one to one key working sessions.

Judgment: Compliant

### Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. There were no open safeguarding concerns on the day of inspection. Safeguarding incidents were minimal and residents appeared to be a compatible group. Residents had individual support plans in place for their intimate and personal care.

Staff spoken with were familiar with who to raise a concern with, should a safeguarding concern arise. All staff had up-to-date training in the Safeguarding and protection of vulnerable adults and all staff had up-to-date Garda Vetting. Any safeguarding concerns were treated in a serious and timely manner and in line with national policy.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant