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:	The Grange
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0001524
Fieldwork ID:	MON-0045386

About the designated centre

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

The Grange is a designated centre operated by The Peter Bradley Foundation CLG. The centre is a four bed residential neuro-rehabilitation service located in Dublin. The service provides individualised, community based supports, designed to maximise the quality of life for each person living with an Acquired Brain Injury (ABI). Each resident has their own bedroom with access to a kitchen, dining room, living room, bathrooms and a garden area. The service is managed by a person in charge who in turn supervises a staff team of Neuro Rehabilitation Assistants and a Team Leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 18 November 2025	10:00hrs to 14:45hrs	Jennifer Deasy	Lead
Tuesday 18 November 2025	10:00hrs to 14:45hrs	Orla McEvoy	Support

What residents told us and what inspectors observed

This inspection was an unannounced inspection to review the safeguarding arrangements of the centre. Two inspectors visited the centre and had the opportunity to meet with three of the residents.

Inspectors used conversations with residents, observations of care and support and a review of documentation to inform judgments on the quality and safety of care. Overall, inspectors found this centre was providing a very good quality service which was effective in protecting residents from abuse, promoting their rights and enabling residents to have autonomy, control and freedom in their everyday life. There were minor areas for improvement in respect of the frequency of the provider's audits and some outstanding premises upkeep.

The designated centre is located in a busy suburb of Dublin. It is home to four residents, who have lived together in this house for a number of years. Three of the residents were out completing activities of daily living when the inspectors arrived. These activities included paid employment, attending social groups such as men's sheds and peer support groups, and attending appointments in the community.

Inspectors were told by staff members that residents in this house lived busy and active lives. Residents were working on goals as part of a rehabilitation programme following an acquired brain injury. Inspectors were told that one of the residents had recently achieved a significant goal of returning to full-time employment. Two of the residents were progressing with their plans to move to independent living. They were being supported to access housing supports and other resources in order to progress these goals.

Three residents spoke with inspectors about their experiences of living in the centre. All three residents spoke positively of the care and support provided in the service. Residents described the staff team as "very nice". They described the freedom that they had in being able to "come and go as you please". Residents described having busy lives and spoke of the supports they received in being independent in their everyday life and in being connected with their community. One of the residents described the pride they had in being asked to repair a school gate by the director of the men's shed and of the positive outcome this had for the staff and children of the school.

Inspectors completed a walk around of the centre. It was seen to be very clean, comfortable and homely. Each resident had their own private bedroom and shared kitchen, bathroom and sitting room facilities. The garden was well-maintained and contained a hot house for residents to grow vegetables. The provider had recently installed a new kitchen which was maintained to a very high standard of cleanliness.

There were premises upgrade works yet to be completed to an upstairs bathroom with a purpose to enhance the accessibility for residents. One of the residents, who

had their bedroom located upstairs, could not access the shower in the upstairs bathroom and used the downstairs facilities to shower. The resident commented how this arrangement was inconvenient at times, for example sometimes they had to wait until other residents were finished showering before they could use the facility.

There were no restrictive practices implemented in the centre which meant that residents were living in a restraint free environment which was upholding their human rights. Information was available to residents on the complaints procedure, their rights and safeguarding. Inspectors were told that one resident had access to an independent advocate and had been supported to contract a solicitor to assist them with managing their finances.

Staff members spoken with described implementing a human rights based approach to care. They described providing education and support to residents to enhance their autonomy. There was a positive approach to risk-taking and residents were linked in with various multidisciplinary and training professionals to enable them to develop skills to maintain and further develop their independence.

Overall, inspectors found that this centre was ensuring that residents were treated with respect and dignity and that their human rights, including the right to be safe from abuse, were being upheld. The next two sections of the report will describe the governance and management arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report describes the oversight arrangements for the centre. This inspection found that there were clearly defined management arrangements level which were effective in ensuring the quality and safety of care for residents. Minor improvements were required at provider level to ensure that provider-led audits, required by the Regulations, were completed as frequently as defined and, to ensure that works to enhance the accessibility of the premises were progressed in a timely manner in order to limit any impact to residents.

The designated centre was staffed by a staff team who reported to a team leader and to the person in charge. The person in charge was supported in their role by a service manager. Staff members, including the person in charge, had access to regular supervision to ensure their accountability in the provision of safe and effective care.

There was a stable staff team which ensured that there was continuity of support and promoted the maintenance of relationships. Staff members had the necessary skills to provide care and support to residents. There was a comprehensive training programme available to staff to ensure their skills and competencies were kept up to

date. Local managers had recently undertaken additional training to enhance their knowledge and skills to prevent, detect and report abuse.

The residential service was governed in a manner that supported the active involvement of people living in the service. Residents were facilitated to communicate their opinions on the quality and safety of care and to inform the day to day routine of the house. Leadership was demonstrated by the management team and there was a commitment to continuous improvements in the service. Managers spoken with understood the needs of the residents and were committed to assisting residents to achieve their goals in a safe and person-centred manner.

While the provider had a system in place to complete audits to identify areas of improvement in the service, this inspection found that some of these audits had not been completed as frequently as required by the Regulations. This required review by the provider to ensure compliance with the Regulations and to ensure that these audits were carried out regularly in order to achieve better outcomes for the residents.

Regulation 15: Staffing

A review of the rosters for the centre showed that there was a consistent and stable team which was ensuring continuity of care for the residents. Staff members spoken with were familiar with the residents' care plans and preferences in respect of their care.

The inspectors saw, on a review of the October 2025 roster for the centre, that staffing levels were maintained in line with the statement of purpose and that there were sufficient staff on duty on each day examined to meet the needs and number of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training which was relevant to the needs of residents, and training was kept up-to-date through refresher courses. The team lead maintained a system to monitor compliance with the provider's training programme. There was a high level of compliance with mandatory training in the centre. All current staff had completed and were up to date in training in areas including safeguarding, managing behaviour that is challenging and human rights. Staff members had also completed additional training in areas including the Assisted Decision Making (Capacity) Act 2015 and open disclosure training.

The team lead provided support and formal supervision to the staff members. Formal supervision was scheduled quarterly and supervision records were maintained. The inspectors reviewed supervision records for two staff. These were comprehensive and included a review of staff workload and training needs, and gave staff members the opportunity to raise suggestions about the quality of the service, and any supports they required.

The team leader chaired monthly staff meetings. The most recent staff meeting minutes were reviewed. Agenda items included relevant areas such as updates on residents' assessed needs, service provision and quality improvement and health and safety.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the designated centre. Each manager had defined roles and responsibilities. Managers spoken with were informed of their particular responsibilities and duties in respect of the oversight of the service. The centre was adequately resourced and staff members were performance managed and facilitated to raise any concerns in respect of the quality and safety of care.

There were a suite of audits in place, at both local and provider level, in order to ensure oversight of the centre. For example, at local level monthly infection prevention and control and housekeeping audits were completed. Action plans were implemented where deficits were identified as a result of these audits. The provider had completed an annual review of the quality and safety of care in consultation with the residents. However, there was a gap identified in the frequency of unannounced six monthly provider-led audits, with there being 11 months between two of these audits. This meant that the provider had not complied with the requirements of the regulations to complete a provider-led audit every six months.

On the last inspection of the centre, in January 2024, it was identified that works were required to the premises of the centre. The provider had committed, through their compliance plan response to complete these works by June 2025. While some works had been completed, such as installing a new kitchen, other works including to enhance the accessibility of an upstairs bathroom had not been progressed and there was no time frame for when this work would be completed.

Judgment: Substantially compliant

Quality and safety

This section of the report describes the quality and safety of care provided in the designated centre. This inspection found very high levels of compliance with the Regulations. It was evident that the centre was striving to go beyond the requirements of the Regulations to meet the National Standards. Residents' assessed needs were being met in a person-centred manner and their rights were being upheld. Improvements were required to aspects of the premises.

Residents in this centre were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. There was a positive approach to risk taking and a sensible balance was evident between the choices residents made and the reasonable risks that they wished to take. Residents were supported to work out a structure to their daily lives that best reflected their goals, activities and needs, and were provided with assistance with this where required.

The provider had implemented policies and procedures to protect residents from all forms of abuse. Residents were provided with education and support to enable them to develop their skills for self-care and protection. Additional safeguards were implemented, in consultation with the residents, where areas of vulnerability were identified. There were no restrictive practices implemented in the centre. Residents were living in a restraint free environment which was upholding their rights. The provider had effected policies to guide staff in respect of restrictive practices and positive behaviour support.

Each resident had a comprehensive multidisciplinary assessment which was completed in consultation with the resident and their representatives. Residents were supported to access health care professionals in line with their assessed needs. The living environment of the designated centre was homely and comfortable. Residents each had their own bedroom which was decorated in line with their preferences.

One of the bathrooms was equipped to meet the needs of residents with mobility issues; however, an upstairs bathroom required works to enhance the accessibility. Other minor upkeep was also required to aspects of the premises.

Regulation 10: Communication

One of the residents who lived in this centre required support with their communication. A communication support plan was on their file to guide staff in meeting their assessed needs. Staff spoken with were familiar with this plan and how best to meet the resident's communication needs.

Some of the residents used assistive technology to assist them with their communication and their daily routines. A referral had been recently made for one

of the residents for further input and assessment from the provider's assistive technology department.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was seen to be warm, homely and comfortable. Residents each had their own private bedroom and shared communal areas including a kitchen, bathrooms, sitting room and garden. The provider had recently completed works to the kitchen. The new kitchen was seen to be clean and well-maintained. There remained areas for improvement in respect of the premises.

These included:

- an upstairs bathroom remained unsuitable to meet the needs of one of the residents who was accommodated upstairs. This resident was required to use the shower downstairs. They communicated to inspectors that this could be inconvenient to them.
- the downstairs bathroom required upkeep. Some of the fixtures of the bathroom were seen to be rusted and could not be effectively cleaned. These included grab rails and the radiator.
- the door to the downstairs bathroom was very water damaged and could not be effectively cleaned.
- the paint on the ceiling of the downstairs bathroom was flaking and coming away from the ceiling
- minor painting was required to some of the walls and door frames downstairs
- a clothes storage system in one resident's bedroom was damaged and required replacement. A review of the storage arrangements for this resident's belongings was required as they were seen to have insufficient suitable storage for their belongings.
- a washing machine was broken; however, inspectors were told that a new one had been ordered and was due for delivery. In the meantime, residents were being supported to access a local launderette.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had effected a risk management policy which provided guidance to staff in managing risks and adverse events. A comprehensive risk register was

implemented for the designated centre which detailed proportionate and person-centred control measures to mitigate for specific risks.

The inspector reviewed a sample of two residents' individual risk management plans. These covered areas specific to the individual needs and activities of the residents. They were regularly updated and detailed the existing control measures to mitigate the risks. There was evidence of positive risk taking. For example, in respect of a known risk of resident being unexpectedly absent, that resident was provided with education and travel training and supportive control measures such as checking that the resident had their mobile phone on them and charged before leaving were implemented. These measures did not impact on the resident's autonomy or freedom.

There were systems in place to respond to adverse incidents. The inspectors reviewed the risk assessment which outlined actions in response to one such incident, these included actions for the resident and the staff team, and referral to external services for additional support. The inspectors saw that the strategies recommended by the external service were in use on the day of inspection.

There was a known risk of power outages due to the location of the centre. The centre had in place an emergency response plan which detailed measures to be taken should there be a prolonged power outage which impacted on the safety of the service. Staff spoken with were informed of this plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two of the residents' individual assessments and care plans on the day of inspection. Each resident was seen to have a comprehensive and up-to-date individual assessment which clearly detailed their assessed health and social care needs. These assessments were written in a person-centred manner and reflected the residents' preferences in respect of their care. The assessments were informed by the relevant multidisciplinary professionals as required by residents' needs.

The individual assessments were used to inform care plans in respect of each assessed need. Residents were informed of these care plans and any updates to them at their monthly keyworker meetings. Key staff members reviewed care plans and updated them based on any changes to assessed needs every three months. This ensured that care plans contained the most up to date and relevant information to guide staff in supporting residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors reviewed the positive behaviour support plans of two residents. These were comprehensive and were presented in a clear and concise manner. There were proactive and reactive strategies detailed in these plans to guide staff in supporting residents. All behaviour support plans were reviewed by a suitably qualified person annually and were in date.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training.

The provider had implemented a restrictive practices policy which had been reviewed and updated within the past three years as required by the Regulations. There were no restrictive practices in place in this centre and inspectors saw that residents were living in a restraint free environment which was upholding their human rights.

Judgment: Compliant

Regulation 8: Protection

All staff in this centre were up to date with training in Safeguarding Vulnerable Adults. The person in charge and the local services manager had also recently completed designated officer training. Staff spoken with were informed of their safeguarding roles and responsibilities. There was accessible information in the centre on the rights of residents to live in a safe home and of how to contact the designated officers.

The provider had implemented a safeguarding policy which had been reviewed and updated within the past three years as required by the Regulations.

There was generally a very low number of safeguarding concerns in this centre. The inspectors reviewed the safeguarding plans and reporting of two safeguarding concerns which had occurred in recent months. The inspectors saw that allegations of abuse were reported in line with the statutory requirements. Comprehensive safeguarding plans were implemented, which considered residents' needs and preferences. Residents were supported to access external supports such as independent advocate and solicitors in order to address safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living in this centre were supported to understand and exercise their rights. Staff members had completed training in a human-rights based approach to care and used this training to ensure that residents' rights were promoted.

Residents attended regular house meetings. These meetings were used to provide education to residents on their rights, and also to provide residents with the opportunity to influence the structure of the daily routine in the centre. The minutes of the most recent meeting were reviewed by the inspectors and were seen to include topics such as how to make a complaint, your rights and responsibilities, activity suggestions, and service updates such as the residential notice board and maintenance works in the home. The HIQA "Your Guide to HIQA Inspections in Disability Services" video was shown to residents to provide education on what happens during an inspection was discussed.

Residents were supported to set and achieve meaningful personal goals. Inspectors saw that these included goals such as using public transport, managing medication and finances. From discussions with the residents and staff, and a review of residents' documentation, there was clear evidence of progress towards achieving these meaningful goals. The level of practical support given by staff was graded according to the assessed needs of the residents, with a focus on supporting the resident to maximise their independence.

One resident had been supported to access the National Advocacy Service, and the details on how to access independent advocacy supports were on display.

The inspectors saw examples of where the residents' rights to privacy was respected. For example all residents had a key to their own bedroom.
The inspectors saw that assessments had been undertaken to support residents to have independence and control over tasks such as managing finances and the self-administration of medication, and the support provided by staff was tailored according to each residents' individual assessed needs and wishes.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Grange OSV-0001524

Inspection ID: MON-0045386

Date of inspection: 18/11/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider is fully committed to completing the required works and will ensure that the renovation of the upstairs bathroom—designed to enhance accessibility for all service users—is finalized by no later than June 2026. In the interim, the welfare and safety of residents will remain the highest priority, with all necessary measures and supports rigorously implemented to ensure their well-being. Internal audits, led by the provider, will be systematically undertaken every six months to ensure rigorous compliance, transparency, and the ongoing effectiveness of all service operations and quality controls. Last internal audit was completed on 11.12.2025.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider is fully committed to completing the required works and will ensure that the renovation of the upstairs bathroom—designed to enhance accessibility for all service users—is finalized by no later than June 2026. In the interim, the welfare and safety of residents will remain the highest priority, with all necessary measures and supports rigorously implemented to ensure their well-being. The downstairs bathroom is presently undergoing essential maintenance, including the replacement of corroded fixtures such as grab rails and the radiator, repair of the water-damaged door, restoration of flaking ceiling paint, and minor repainting of walls and door	

frames. The provider will ensure that all works are fully completed by no later than June 2026.

A damaged clothes storage system in a resident's bedroom will be replaced by January 2026, and a full review of storage arrangements will ensure adequate accommodation for all personal belongings.

A broken washing machine has now been replaced in the service.

Please note that all remedial works are being actively managed to guarantee a safe, hygienic, and fully functional living environment for all residents.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	30/06/2026

	to ensure it is accessible to all.			
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	31/12/2025