



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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Avenue
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 December 2025
Centre ID:	OSV-0001526
Fieldwork ID:	MON-0044169

About the designated centre

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

Rochestown Avenue is a designated centre operated by Peter Bradley Foundation CLG. The designated centre provides 24 hour residential care to five adults with acquired brain injuries. Residents are gradually supported by the (neuro-rehabilitation) team to regain skills, adapt to the environment and learn new ways to cope with day to day life. The centre is comprised of a large semi-detached house and adjoining self-contained apartment in a South County Dublin suburban area. In the main house there is a entrance hallway with a stairwell to the first floor and a main bathroom. Also found on the ground floor are a large sitting and living room, a spacious dining room with kitchen, and an exit to a decked area in a spacious rear garden. This area also houses an external laundry room. The first floor of the building contains four resident bedrooms (all with en suite facilities) and two staff sleep over and office spaces (both with en suite facilities). On the ground floor, adjacent to the main building, is a separate apartment which contains a bedroom, bathroom, modest sized kitchen area, and a living room. The person in charge works part-time at this centre and is supported in their role by a full-time team leader, and by a staff team of rehabilitative assistants. The whole time equivalent of rehabilitative assistants is 7.0, and of the team leader and person in charge is 1.5. A service transport vehicle is provided to assist residents attend social activities and to facilitate develop networks with the wider community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 2 December 2025	10:00hrs to 17:45hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 23: Governance and Management and Regulation 28: Fire Precautions.

The designated centre comprised of a large two storey semi-detached house, with an apartment attached. The house comprised of four individual bedrooms (all of which were en-suite), a kitchen, dining room, sitting room, bathroom and two staff offices/sleepover rooms. The apartment had its own external access and comprised of a living/dining area, bathroom, kitchen and bedroom. Four residents resided in the main house and one resident resided in the apartment, with their own staff team. There was a garden to the rear of the house which was accessible and contained gym equipment and a seating area. The centre was close to local amenities and services including shops, restaurants and public transport.

The inspection was facilitated by the team leader, a member of the provider's quality team and one of the provider's national service managers. On arrival to the centre, the inspector was greeted by a member of staff. One resident had already left for their job and the other residents were getting ready for the day.

The centre was well-maintained, clean and homely. Residents had decorated the house and apartment for Christmas, over the previous weekend. Residents' artwork was displayed throughout the house and the apartment. The residents enjoyed watching movies and reading books and they had a large collection of DVDs and books stored in the sitting room. On the day of the inspection, all communal areas in the downstairs of the house were being painted. The residents had chosen the paint colours and spoke with the inspector about how happy they were to have the painting completed before Christmas.

The inspector had the opportunity to meet with four of the residents, who spoke very positively of their experiences living in the centre. They spoke very warmly about the staff team in the centre and one resident said "staff make it feel like home". The inspector chatted with two of the residents on their return to the centre in the evening. They had both attended their day service, where they had made Christmas decorations. One resident chatted about an upcoming big birthday they had and their plans to take a family trip to mark this occasion.

Over the course of the inspection, the inspectors observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff. The inspector spoke with three staff members during the inspection and they were very knowledgeable of the

residents' needs and the supports in place to meet those needs.

The service operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences. They were being supported to develop independent living skills. For example, one resident was independently preparing and cooking their own dinner on identified evenings each week. Some residents accessed the community independently and one resident had a job.

Residents engaged in activities of their choice and the inspector observed that residents were able to make choices on a daily basis about what they did. Residents engaged in a variety of activities including music therapy, personal training and one resident was completing a college course. Residents enjoyed accessing their local community and visiting coffee shops and restaurants. It was evident that they knew these places well as they gave the inspector recommendations of which coffee shops in the area to visit. Residents were in close contact with their families and two residents spoke to the inspector about their plans for visiting family at Christmas.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Improvements were required in the reporting systems to ensure that any issues in the centre were appropriately addressed in a timely manner.

There was continuity of staffing which enabled the building of relationships between staff and the residents they support. Staff knew residents very well and were observed interacting warmly with residents.

Staff had access to and had completed training that was up to date and appropriate to the service provided, their role and the needs of the residents.

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. The staff team in the centre was led by the person in charge and team leader and consisted of neuro-rehabilitation assistants. There was three staff on shift during the day and two sleepover staff and one waking night staff working at night. At the time of the inspection there was two vacancies on the staff team. The recruitment process for one of these vacancies was nearly complete and the provider had launched a recruitment campaign for the second vacancy. The vacancies were primarily in the apartment where one resident had their own assigned team.

As a result of these vacancies, this staff team consisted mainly of agency staff. A review of the roster for November demonstrated that this staff team consisted of the same four staff members who worked a consistent shift pattern each week. The team leader advised that this consistency was working very well for the resident.

There were planned and actual rosters in place in the centre. A review of the roster of the months of October and November 2025 demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period.

Team meetings were planned every month. The last one conducted was November 2025. A review of this showed that these minutes were very detailed and addressed a wide range of topics. The agenda items included safeguarding, training, residents' needs and service planning.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training.

Staff had completed training in a number of areas, to include the following:

- Fire safety
- Safeguarding of vulnerable adults
- Manual handling
- Epilepsy awareness
- Children first
- Safe administration of medication
- Infection and Prevention and Control (IPC) of social care
- Human rights

Staff had also completed additional training to meet specific needs of the residents. For example, two residents had recently commenced on new prescribed medicines. Staff had been provided with additional training to ensure that this medicine was

administered correctly and on the reasons for prescribing this medicine.

Notwithstanding improvements as identified under regulation 23: Governance and Management were required to ensure that all training was completed in a timely manner.

The registered provider had a policy in place indicating that staff should receive formal supervision four times a year. A review of these records showed however, that these were not all completed in the earlier part of the year which is discussed under regulation 23: Governance and Management. The inspector was assured, however, that since a new team leader had been appointed all staff had a supervision meeting completed recently.

The inspector reviewed the supervision records for two staff members. These records demonstrated that staff could raise concerns and topics such as safeguarding, complaints, training and advocacy were discussed.

Judgment: Compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care to the residents. However, improvements were required in the oversight of the centre to ensure that effective governance arrangements were in place.

The provider had recently appointed a new person in charge and team leader to the management team of the centre. The team leader was based in the centre full time and the person in charge managed two designated centres. Prior to these appointments, a member of the provider's quality team completed an unannounced six monthly audit in the centre on 28 October, 2025. This audit was detailed and identified over 50 actions which were required to be addressed in order to ensure a safe quality service to the residents.

While the inspector found that the provider was addressing these issues, some of the actions from this audit should have been picked up in a timelier manner through other audits and reviews. For example; this audit, found that a staff member working in the centre, did not have all of the necessary training required to support the residents such as safeguarding vulnerable adults. This was concerning as this is training had also not been delivered in a timely manner and was not completed until 16 November, 2025.

The provider acknowledged that the current reporting systems in place in the centre had not identified the issues and undertaken to review this after the inspection.

In response to the audit, the person in charge met with a member of the provider's senior management team to address the issues. There was a quality improvement

plan in place to address the issues with an associated risk rating and timeline included. Some actions had been completed by the time of the inspection and there was evidence of the work being undertaken by the person in charge and team leader to complete all actions.

There were clear lines of accountability which meant that staff knew who to report issues or concerns to. Staff members spoken with felt supported by the management team in the centre. There was an annual provider review of the quality and safety of care and support in the centre. Residents had been consulted with in the completion of this annual review and had submitted positive feedback regarding the centre.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre.

Improvements were required in the fire containment and safety measures in the centre, with reference to fire doors, emergency lighting and the fire alarm panel.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare for each resident.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities were available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

There were a number of restrictive practices applied in the centre. These were under review by the management team and the provider's clinical team. Positive behaviour plans were in place for residents, where they had an identified need. Staff were aware of how to support residents' with their needs.

The provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse and that residents' were empowered to do the same. Staff spoken with were very knowledgeable about safeguarding measures in place in the centre.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

The provider had recently introduced the process of monthly residents' meetings to the house within the designated centre. The inspector reviewed the minutes of the last meeting. The topics residents' discussed included safeguarding, rights, meals and suggested activities. A residents' officer had also been appointed from within the staff team. This staff member was responsible for completing the administrative tasks surrounding these meetings, including the circulation of minutes to residents and linking with residents to schedule the next meeting.

Where one resident had an assessed healthcare need related to their communication there was a communication plan in place. This provided guidance to staff on assisting the resident with managing their assessed need in this area.

There was a notice board in the centre which displayed a large variety of information for residents to access. This included the staff roster, information around the national safeguarding office and the complaints process in the centre. Information was in a format which was accessible to meet the resident's needs.

Residents had access to the internet, television and tablets. Residents engaged with media in various formats. The inspector observed one resident reading a book, one resident was using their tablet and another resident was watching television.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents engaged in a wide variety of activities, both inside and outside their home. One resident was completing a college course, which they attended weekly. The resident told the inspector this was something they were enjoying. Residents attended day services, both full time and part time. The inspector did not meet one resident until the evening as they were working on the morning on the inspector.

Residents were encouraged to access appropriate health promotion and education, both within the centre and in the local community. Some residents accessed personal training sessions within the centre while another resident completed sessions in a local gym.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that both the house and attached apartment within the designated centre were designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents. The centre was well-maintained, clean and appropriately decorated. The two en-suites in the staff office/sleepover rooms required renovation and this was scheduled to begin the day following the inspection.

On the day of the inspection, all rooms downstairs in the house were being painted. The residents spoke with the inspector about how they had picked the paint colours and were excited to have the house freshly painted for Christmas. Residents' artwork decorated both the house and the apartment.

Each resident had their own bedroom, all of which were en-suite. Residents' bedrooms were decorated with their personal items. The centre was located close to various amenities which included restaurants and coffee shops, which the residents told the inspector that they enjoyed frequenting.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage an outbreak of fire in the centre. However, improvements were required to the fire containment measures in the centre. An external company had completed quarterly checks, on 20 November, 2025, where they had identified that there was a number of issues.

The external company had identified that some of the fire doors were not functioning. This had been identified by the provider in fire drills and had been an ongoing issue in the centre. This included the fire doors for the two staff offices did not always close fully. It was also identified that there was a fault on the fire panel and this would require further investigation. A review of the emergency lights in the centre also found that there was no emergency lighting outside emergency exits. The provider was aware of these issues and was taking steps to have a complete review of fire safety measures in the centre.

The inspector spoke to an agency staff that was working in the centre on the day of the inspection. The staff member confirmed that they had been involved in fire drills in the centre and talked through the process for evacuating the centre. Fire drills were occurring regularly in the centre and residents had no issues evacuating. Each resident had a personal emergency evacuation plans (PEEPS) in place. All staff had

completed fire safety training.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to allied healthcare professionals as required.

The inspector reviewed the healthcare plans for three residents. The range of allied healthcare professionals that residents had access to included: neurology, general practitioners (GPs), urology, endocrinology, dentists, dieticians, opticians, physiotherapists, audiology and psychology.

Where residents had an identified healthcare need, there was a healthcare plan in place. These provided guidance to staff on how to support residents with their health. All plans had been reviewed and updated recently to ensure they represented the resident's current needs.

Residents had access to national healthcare screening programmes, where appropriate. A notice board in the dining room displayed information on the national health screening programmes for residents to access.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were now in place to provide positive behaviour support to residents with assessed needs in this area. The inspector reviewed the positive behaviour support plans in place for two residents. These had been completed by a relevant allied healthcare professional and had been updated in recent months. These plans provided guidance to staff in relation to a number of needs the resident might require support with.

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations. All restrictive practices in the centre had been reviewed by the provider's clinical team in the last month.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect residents' human rights and their health and wellbeing, as well as empowering residents to protect themselves.

In response to a recent safeguarding incident which had occurred, there was one active interim safeguarding plan in place to safeguard residents. The plan detailed measures that needed to be in place to safeguard the residents. Staff spoken with during the inspection had reviewed the safeguarding plan and were able to detail the measures contained within the plan.

Staff spoken with had a good knowledge of safeguarding procedures and requirements. At the time of the inspection, all staff had completed training in safeguarding and it was discussed during team meetings and staff supervision. Information on safeguarding was displayed in the centre and residents discussed safeguarding at their recent residents meeting.

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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rochestown Avenue OSV-0001526

Inspection ID: MON-0044169

Date of inspection: 02/12/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will undertake a review of both local and Provider led audits and governance systems to identify any areas for improvement. This review will inform ongoing quality improvement actions and will take place in January 2026. Since commencing in post, the Person in Charge and Team Leader have strengthened governance and oversight arrangements, with actions progressed and completed and systems now in place to support ongoing monitoring and quality improvement. The Providers Quality Department and Person Participating in Management (PPIM) will conduct separate visits to the centre over the coming months. These visits will focus on monitoring progress and completion of the Quality Improvement Plan (QIP), reviewing current systems and practices and providing additional oversight and support to ensure continued compliance with regulation 23.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC has changed the fire safety company used by the centre to make sure fire safety issues are identified and addressed more effectively. The new fire safety company attended the centre on 12.12.2025 and completed a full inspection of the fire safety systems.</p> <p>During this visit, faults on the fire alarm panel were identified and repaired. Fire doors throughout the centre, including the doors to the staff offices, were checked and adjusted to ensure they close properly and work as intended.</p>	

Emergency lighting was also reviewed, and additional emergency lighting will be provided outside external exits to support safe evacuation in the event of an emergency. Fire safety will continue to be monitored through regular servicing by the fire safety company, ongoing checks within the centre, and oversight by the PIC. Fire drills will continue to take place, and any issues identified will be followed up and addressed promptly.

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 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	31/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2025