



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

## Issued by the Chief Inspector

Name of designated centre:	Adelaide Road
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0001527
Fieldwork ID:	MON-0044070

## About the designated centre

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

Adelaide Road is a designated centre operated by Peter Bradley Foundation CLG. The designated centre provides 24 hour residential care for up to seven adults with acquired brain injuries. The centre comprises of two adjoining semi-detached houses in a South County Dublin suburban area. The centre can accommodate up to seven adult residents. Each resident is provided with their own bedroom. The centre is located near a village which offers residents' local amenities and transport routes. The centre is managed by a person in charge who is also responsible for another designated centre located nearby. They are supported in their role by a team leader and a staff team of neuro-rehabilitative assistants.

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

Number of residents on the date of inspection:	7
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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 14 October 2025	09:30hrs to 16:15hrs	Karen McLaughlin	Lead
Tuesday 14 October 2025	09:30hrs to 16:15hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This inspection was unannounced and was carried out to ensure ongoing compliance with the regulations. It took place over one day and was completed by two inspectors. Overall, from speaking with residents and staff, observing practices and reviewing records, the inspectors found that residents were being provided with person-centred care, they were supported to lead independent lives and make decisions about how they lived their lives on a day-to-day basis. Improvements were required in relation to Regulation 17: Premises.

The centre consisted of two semi-detached houses in South County Dublin. The houses were connected through a courtyard. The centre was registered for seven residents and on the day of the inspection, there was no vacancies. The centre was close to local amenities and services including shops, restaurants and public transport.

Over the course of the inspection, the inspectors spoke with five of the residents, the team leader, a member of the provider's quality team and one staff member. On arrival to the centre, the inspectors were greeted by a member of staff and a resident. The resident was preparing their breakfast with support from the staff member.

Both houses in the designated centre were generally clean, spacious and decorated to a good standard. One house comprised of a kitchen/dining room, sitting room, staff office, two bathrooms and three bedrooms, two of which were ensuite. A courtyard connected the two houses and residents and staff used this courtyard to move between the two houses. In the second house, there was a kitchen/dining room, sitting room, medication room, office, laundry room and four bedrooms, all of which were ensuite. Works were required to two of the ensuite bathrooms and this will be discussed in more detail under Regulation 17: Premises.

At the time of the inspection, extensive landscaping works had commenced in the centre. This was part of the centre's accessibility goals for 2025. The back garden of the centre was being completely redesigned to include a fully accessible pathway, raised beds, sensory garden, seating area and a decking and paved area for residents to enjoy. It will also include an outdoor room for residents to engage in activities in.

The inspection found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected. From what inspectors observed, there was evidence that the residents had a good quality of life in which their independence, positive risk taking and rehabilitation was promoted.

The service was 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. One of the day of the inspection, some residents were attending day services, accessing their local community and one resident had been transferred to an acute hospital setting and was being supported by staff there. Residents engaged in activities of their choice and the inspectors 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, online educational courses, art classes and personal training. Residents enjoyed accessing their local community included visits to the cinema, coffee shops and restaurants. Residents were supported to keep in close contact with their families and there was evidence of the strong relationship between residents and their families and how staff supported and were involved in this.

The inspectors met with residents throughout the course of the inspection. Three of the residents showed the inspectors their bedrooms. The inspectors observed that residents' bedrooms were laid out in a way that was personal to them. They was family pictures displayed in their bedrooms along with personal items. In one of the resident's bedrooms there was posters and schedules to help the resident with planning their week. The resident showed the inspectors photos from a gig that they had attended and enjoyed. Another resident told the inspectors about their favourite band and told the inspectors a number of interesting facts about one of their favourite TV shows. In the afternoon, one of the inspectors talked to another resident about what it is like living in the centre. They expressed their happiness with staff and how they were supported to maintain and develop skills of independent living.

The inspectors also had an opportunity to speak to one staff member on duty. They were knowledgeable of all residents' needs and spoke of the support they received from management.

The next two sections of the report presents 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

Overall, the management structure in place in this centre was assuring a safe, quality service to the residents at the time of this inspection. The provider ensured that there were competent and experienced staff on duty to meet the residents' assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. The centre was managed by a person in charge and team leader.

A review of rosters indicated that there were sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the residents. Staff received regular supervision and stated they felt supported in their roles.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received specialist training to meet the healthcare needs of a resident.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were afforded choice and autonomy over their decisions and were in receipt of a good quality and person-centred service.

### Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the provider had provided additional staffing resources as a measure to support one residents complex medical care needs.

Inspectors reviewed the planned and actual staff rosters for September and October 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

Staff team meetings were taking place monthly in the centre and staff spoken with felt supported in their roles.

Judgment: Compliant

### Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. There was a training matrix in place in the centre which was comprehensive and included all staff in the centre. Staff had completed training in a number of areas, including:

- Safeguarding Vulnerable Adults
- Fire Safety
- First Aid
- Manual Handling
- Epilepsy Awareness

- Safe Administrative of Medicines
- Infection Prevention Control
- Children First
- Human Rights
- Assisted Decision Making

Staff had also completed training appropriate to the service provided and to meet the needs of the residents. For example, additional training was provided to meet a healthcare need of a resident.

Staff received supervision in line with the provider's policy. One inspector reviewed the staff supervision records of five staff members and found these supervision records to be detailed and discussed a range of topics.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre which ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was evidence of consistent oversight and monitoring of the care and support provided within the designated centre, with regular management presence on-site. Adequate arrangements were in place to ensure effective oversight and operational management during periods when the person in charge was off duty or absent.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included risk management, fire safety, infection prevention and control (IPC), medication management, monthly key working review, restrictive practices and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

A review of monthly staff meetings showed regular discussions on audit findings.

Judgment: 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. However, improvements were required to areas of the premises, namely two resident's ensuite bathrooms.

Improvements were required in two resident's ensuite bathrooms to mitigate infection prevention control and health and safety risks. One of the resident's ensuite did not meet the resident's assessed needs and the second ensuite required works to bring it into a good state of repair.

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

At the time of this inspection, there were a number of restrictive practices applied in the centre. These were regularly audited by the team leader. Positive behaviour plans were in place for residents and staff demonstrated a good understanding of the supports the residents required.

Throughout the inspection, inspectors observed that staff demonstrated flexibility and adaptability in their use of various communication strategies.

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. Residents engaged in activities in the community and in their home. For example, residents accessed personal training and art classes in their home.

Inspectors saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

## Regulation 10: Communication

Inspectors found that residents were supported by staff who understood their communication needs and could respond appropriately. Throughout the duration of the inspection, residents were observed receiving information and being communicated with in the best way that met their assessed needs.

Staff acted as communication partners and were observed to be familiar with the residents' communication needs. Furthermore, they were observed to be respectful of the individual communication style and the preferences of the residents.

Communication aids, including daily planners and AI (Artificial Intelligence) digital assistants, had been implemented in line with residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television. One resident had met with an occupational therapist to review their use of assistive technology and devise additional ways for the resident to utilise their devices. For example, the resident is now using one device to get a daily news briefing each morning.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

The centre was very close to community services and amenities such as shops and eateries, and there was a vehicle available in the centre to facilitate residents accessing community activities.

Staff were observed to be available to residents should they require any support and to make choices.

Personal goals were realistic and relevant to the residents. They included skills of independent living, for example collecting medication independently, cooking, finance management and travel training. Residents were supported and encouraged to engage in hobbies/social experiences such as improving fitness, going to the cinema, out for dinner and accessing further education.

Residents were also supported to maintain personal relationships. Residents' families and friends were welcome to visit the centre, and residents also visited their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The two houses which made up the designated centre were found to be generally clean, warm and welcoming on the day of the inspection. However, improvements were required to ensure that all areas of the centre were meeting the needs of one of the residents. An occupational therapy functional assessment report conducted in March 2023 included a recommendation for the renovation of an existing en suite

due to mobility and balance needs of the resident. The assessment recommended extensive changes to the bathroom. While the provider had plans to commence this work this year, at the time of the inspection there was no identified start date. Additionally, an inspector observed that flooring in the en suite could not be effectively cleaned due to its state of repair.

In addition, works were also required in another resident's ensuite where a portion of the ceiling had visible mould and the flooring required renovation. This room was also included in the proposed building works plan but as stated above, there was no start date for these plans.

As mentioned in the opening section of this report, there was extensive landscape works underway in the centre on the day of the inspection. Once completed, the garden of the centre would be transformed to allow the residents to engage in various activities in their home. As part of this works, the entrance to the front of the centre would be made more accessible for residents. The provider had identified that the tarmac driveway was uneven and posed a trip hazard. Further works were also scheduled to take place to replace all the windows and external doors in the centre.

Judgment: Not compliant

### Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were identified and residents received good support to ensure that they maintained good health through access to a wide range of allied healthcare professionals. For example, residents had access to dental appointments, occupational therapy, chiropody, general practitioners, dietitians and neurology.

Where residents had identified healthcare needs, healthcare plans were in place and guided staff practice. One resident required regular medical intervention for an identified health care need. A staff member spoken with detailed the supported that had been provided to staff to assist them identify if the resident needed medical intervention. This included a specialist nurse delivering training to staff in the centre and also support when and if required.

Two residents had identified risks around falls. There were falls diaries and care plans in place for these residents. They had met with allied healthcare professionals to identify aids to reduce the risk around the falls.

Residents were facilitated and supported to avail of health screening programmes appropriate to their age; for example bowel screening. Residents had a right to refuse care and medical treatment if they chose to. Residents attended medical appointments by themselves where that was their choice.

One the day of the inspection one of the residents had been admitted to an acute hospital setting. Staff from the centre were supporting the resident in hospital to ensure the resident received continuity of care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

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.

A log of the use of the restrictive practice was maintained in the centre. One of the inspectors reviewed the restrictive practices in place for one of the residents. Each of the restrictive practice in use in the designated centre had a risk assessment and intervention plan in place. For one of the restrictive practices, there was a protocol document in place which guided staff on the use of the restrictive practice. It detailed the circumstances during which the restraint could be used and the process of applying the restrictive practice. It also included the resident's consent to the restrictive practice. The team leader had completed a restrictive practice audit in August which had comprehensively reviewed the restrictive practices in place in the centre.

The inspector reviewed the positive behaviour support plan for two residents. The plans outlined strategies and supports the residents required to manage their needs. The plans promoted proactive and reactive strategies. These had been reviewed in the last 12 months by a relevant allied healthcare professional. These plans detailed how staff could support residents via a variety of their needs including their finances, relationships in their lives and healthcare needs

Judgment: Compliant

## Regulation 9: Residents' rights

The residents were able to exercise choice in their daily lives and led self-directed lives.

There were numerous examples found where residents were supported to make their own decisions about what they wanted to do. This ranged from small decisions about their daily lives to bigger decisions such as those related to medical treatments. There was also evidence where residents changed their minds after making decisions and staff respected and supported this.

Staff members spoken with demonstrated a good knowledge of the residents and spoke about residents in a very respect manner. The extensive landscaping work underway and plans to replace the windows and doors formed part of the provider's overall strategy to increase accessibility in the centre which in turn would increase and promote residents' independence and sense of autonomy in their home.

Residents had been consulted regarding the works and the proposed design. There was a risk assessment in place for these works which demonstrated how the provider had considered the impact on the residents of these works. For example, the works will take place at a slower pace to reduce the impact on the residents.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Adelaide Road OSV-0001527

Inspection ID: MON-0044070

Date of inspection: 14/10/2025

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The refurbishment works on the ensuites commenced on the 16/11/2025 with the intention of them taking a week for each bathroom. One ensuite is finished with OT adaptations included as of 21/11/2025. The 2nd ensuite work commenced on the 24/11/2025 with the OT recommendations included. The service user’s whose bathroom has been completed has told staff he likes it. The new bathrooms have floors that are easily cleaned and are non-slip. The bathrooms have been equipped with new extractor-fans to keep moisture out.</p> <p>The windows and doors were replaced in both houses and commenced on the 5/11/2025 and finished on the 21/11/2025. This has made the house more heat-efficient and service users have complimented the work.</p> <p>Garden and landscaping work commenced on 6/10/2025 and is still on-going. When the back garden is done, the front and side of the houses will be surfaced with resin to make it more accessible and even.</p>	

## 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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2025
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.	Not Compliant	Orange	31/12/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	31/12/2025

	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 to ensure it is accessible to all.			
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