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:	Duffcarrig Services Beachway
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	19 June 2025
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0038529

About the designated centre

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

Duffcarrig Services Beachway consists of two residential units located in a rural community setting, that can offer a home for a maximum of seven residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the two houses that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. Residents are supported by a staff team that comprises social care leaders, staff nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 19 June 2025	09:00hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre. This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection had positive findings, with the majority of regulations reviewed found complaint. The provider was self-identifying areas for improvement in line with the findings of this inspection, particularly relating to premises and fire safety and these will be discussed in the body of the report.

In Duffcarrig Beachway, residential care is provided for up to seven adults with an intellectual disability. The designated centre comprises two premises on a campus on the outskirts of a town in County Wexford. On this campus, the provider also operates two other designated centre comprising two houses each.

During the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting six of the seven residents living in the centre, two staff, the person in charge, and the provider's compliance manager. The inspector did not have an opportunity to meet one resident as they were gone out for the day with staff. Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Over the course of the inspection, residents spoke about choosing which activities they wished to take part in. They were observed planning their day with staff, including changing their plans at the last minute from going shopping in the afternoon to going out for lunch instead. A number of residents spoke about looking forward to attending sound therapy on the campus on the evening of the inspection. A number of residents spoke about using the facilities of local hotels regularly. They were going there for tea, meals and snacks, using the gym and using the swimming pool and spa. They were also attending a local mart, going shopping and attending music events. One resident had just successfully applied to engage in social farming.

Residents spoke with the inspector about where they were from and about how important it was to them to keep in touch with and spend time with the important people in their lives, particularly their family members. A number of residents showed the inspector around their homes. They spoke about their involvement in designing and decorating their bedrooms. One resident had recently moved to a bigger bedroom and their old room was in the process of being changed into a sensory room. Both premises were decorated differently and each appeared homely and comfortable. There were numerous communal areas where residents could choose to spend their time. There was a maintenance list in place and outstanding

maintenance jobs had been escalated to the provider. A number of these were in progress during the inspection, particularly those relating to fire safety. Some larger projects were required relating to tarmacadam, sewage and heating and these will be discussed further under Regulation 17: Premises.

One resident asked the inspector, person in charge and a staff member to join them for a cup of tea. They spoke about feeling happy and safe. They described how well they were supported by staff, particularly their two keyworkers. They spoke about the different ways in which staff supported them to be safe, to plan their day, to make decisions, to reach their goals and to maintain a healthy lifestyle. They said "I love living here and I don't want to move".

Throughout the inspection, staff were observed to be aware of residents' communication preferences. Warm, kind, and caring interactions were observed between residents and staff. Residents were observed sharing stories with staff and talking to them about their goals and plans.

Residents and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These were captured in the provider's annual and six-monthly reviews. The inspector reviewed six family surveys with feedback about this designated centre. The majority of this feedback was positive, particularly relating to residents' care and support, the complaints process, staffing supports and the management of the centre. In one survey concerns were raised about transport and in another concerns were raised about staffing and communication. The person in charge was in the process of following up and implementing an action plan following this feedback.

The inspector also reviewed seven questionnaires which had been sent out prior to the inspection taking place. Each questionnaire indicated that residents were supported by staff to complete them. Feedback in these questionnaires was mostly positive with residents indicating they were happy with the house, their access to activities, their safety and security, the staff supporting them, visiting arrangements and the complaints process. Examples of comments in the questionnaires included, "I know everyone, and I know my keyworker very well", and "I like living in …". One resident indicated that their home "could be better".

In summary, residents were being supported to a engage in a variety of activities at home and in their local community. They were supported by a staff team who they were familiar with and who were familiar with their needs, wishes and preferences. They were in receipt of a service which promoted and upheld their rights.

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

Capacity and capability

This announced inspection found this good levels of compliance with the regulations reviewed. This was a well run centre where the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements, particularly those relating to fire safety measures. They were in the process of securing funding, on a priority basis for required premises works.

There was effective leadership, governance and management in place. There were clear lines of accountability and responsibility for all members of the team. There was a clear focus in this centre on quality improvements and implementing a human rights approach to care and support for residents.

The centre was fully staffed in line with the statement of purpose. Staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

In advance of the inspection, the inspector reviewed Schedule 2 documentation for the stakeholder identified as person in charge as an interim measure while the provider recruited to fill the vacant person in charge post. They had the required qualifications and experience to meet the requirements for this regulation. They were also identified as person participating in the management of two other designated centres on the same campus. During the inspection, the inspector found that they were present in this centre regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that residents knew them well. Through discussions with residents and staff and a review of documentation, it was clear that they were motivated to ensure that residents were in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures. A review of a sample of three staff files was completed. They each contained the information required under Schedule 2.

The centre was fully staffed in line with the statement of purpose. The provider had just successfully recruited to fill the vacant person in charge post and they were due to commence in post in September 2025. As described earlier, appropriate interim

arrangements were in place until they commenced in post.

The inspector reviewed a sample of three months of staff rosters and found that they were well maintained. They demonstrated that continuity of care and support was in place for residents. Planned and unplanned leave was covered by regular staff completing additional hours and regular relief covering the remainder. The local management team described some challenges with a new framework for booking agency staff which was being implemented by the funder. They described a number of proactive steps they were implementing while the provider collated feedback to give back to the funder.

A number of residents were very complimentary towards staff and the local management team. They used words such as "caring", "kind" and "nice" to describe staff. They told the inspector that staff really listen to them and follow up on any worries or concerns they may have. In their questionnaires residents also indicated they were happy with staff supports. The inspector reviewed the complaints and compliments log for 2025 which included a eight compliments from residents' families. Comments included in these were, "there is a great team", "thank staff for making such efforts to make ...happy", and "...is receiving excellent care from everyone".

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix, the full training records and a sample of 16 training certificates for six staff was completed. This demonstrated that staff had access to training identified as mandatory in the provider's policy including safeguarding, fire safety, the safe administration of medicines, and manual handling. Staff had also completed additional training in relation to residents' specific care and support needs and in areas such as the guiding principles of the Assisted Decision Making (Capacity) Act 2015, a human rights based approach to health and social care and supporting decision making.

There was a supervision schedule in place to ensure that staff received supervision in line with the timeframes in the provider's policy. A sample of two probation reviews and supervision records for four staff were reviewed. Agendas were found to be focused on residents and staff roles and responsibilities.

The minutes of five staff meetings were reviewed. These were well attended by staff and agenda items included areas such residents' wellbeing, incidents, safeguarding, advocacy, fire safety, restrictive practices, risk management, resident feedback, audits and actions, and complaints and compliments. The records for nine staff handovers and the records for four staff inductions were also reviewed. These documents were detailed in nature and demonstrated that staff had opportunities to discuss residents' wishes and preferences, their care and support needs and the

plans ands risk assessments in place to guide staff practice.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Through a review of this documentation and discussions with residents and staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection. These systems included unannounced provider visits every six months, person in charge audits, area specific audits, and an annual review. The inspector reviewed the last two six-monthly reviews, three person in charge audits, the latest annual review, and eight area-specific audits. The incident review for quarter one 2025 was also reviewed. In addition, the person in charge had a quality improvement plan which combined actions from audits and reviews and demonstrated that actions were being tracked, completed and leading to improvements in relation to residents care and support, and their homes.

There was a clear management structure in place which outlined roles and responsibilities and lines of reporting. The person in charge reported to and received support from a regional services manager. There was an on-call roster in place to ensure that support was available for residents and staff out-of-hours.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration and it was reviewed in the centre during the inspection. It was found to contain the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were taking part in activities they enjoyed on a regular basis and supported to make decisions about their care and support. As previously mentioned the provider was aware that premises and fire safety works were required and these will be discussed under the relevant regulations.

There had been a number of areas where improvements were completed to the premises since the last inspection which were found to be contributing to how homely and comfortable each of the premises appeared. More works were required and planned and these will be discussed under Regulation 17: Premises.

The inspector reviewed a sample of residents' assessments and plans. These documents were found to positively describe their needs, likes, dislikes and preferences. They were supported by health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicles were serviced and maintained. A number of works had been completed in relation to fire safety and more were required and planned. These will be discussed further under Regulation 28: Fire Precautions.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 17: Premises

The provider's six-monthly and annual review was highlighting that works were required to the premises and grounds. For example, the latest six monthly identified the requirement to re-grout some tiling in number of areas, to ensure some pipes were covered, to replace some floor coverings, and to repair and paints some walls.

Concerns were raised about pot holes and uneven surfaces around the grounds and the risk this presented for residents in a number of documents reviewed and discussions held during the inspection. For example, a discussion was recorded at the advocacy group meeting in April 2025 about concerns about the pathways not being fixed over the last few years and the risk of falls. This was also carried over as

an agenda item for the next advocacy meeting. In a sample of residents' meetings reviewed, there was an agenda item on one reviewed which included a picture of pot homes and discussions were held around being careful and watching out for pot holes and uneven ground in order to keep safe. In addition, the inspector reviewed two incidents in 2025 to date where one staff and one resident had fallen near some bins. One resident told the inspector that they only felt safe as staff were with them when they were out and about on the grounds.

The person in charge had met the facilities manager and quotes were being processed to have tarmacadam laid around the bin area. The head of estates and other representative for the funder and representative from the provider's senior management team had recently met and completed a walk around the premises and grounds and identified a priority list for work which included sewage works, works to the heating system and work to the pathways.

A number of staff described some residents' changing and evolving needs and the their concerns about the premises to meet their future needs. This was being kept under review by the provider and physiotherapy and occupational therapy reviews were ongoing for a number of residents.

Judgment: Not compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also reviewed in the centre. It contained all of the information required by the regulations and had been recently reviewed. It included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed. It contained the required information and had been recently reviewed. The risk register, six residents' risk assessments and three general risk assessments were reviewed. These were found to be up-to-date, reflective of the presenting risks and incidents occurring in the centre. For example, following a number of falls, a risk assessment with detailed control measures was put in place relating to the pot holes and uneven surfaces on the grounds in the centre.

There were systems in place to record incidents, accidents and near misses. The

inspector reviewed a sample incident reports for 2025 and the quarter one incident trending report. This demonstrated that were being reviewed and followed up on by the local management team. Learning as a result of incident reviews and trending was being shared with the staff team in the sample of staff meeting minutes reviewed.

There were systems to respond to emergencies. Documentation relating to the service and maintenance of the two vehicles were reviewed which demonstrated that they were roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

A number of works had been completed to improve fire safety measures in the place since previous inspections. During the walk around of the premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors and swing closers, as deemed necessary. The provider had employed the services of a competent person to review the fire safety measures in the centre. They had identified that a number of works were required, including adjusting some fire doors. A schedule of works were in place and being worked through at the time of the inspection.

The inspector reviewed records for 2024 and 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. The evacuation plan was on display in each of the houses.

A sample of five fire drill records for 2025 were reviewed. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios.

Personal emergency evacuation plans for five residents' were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that responsive behaviours were managed in a way which kept everybody safe. A sample of two residents plans were reviewed. They contained proactive and reactive strategies and were sufficiently detailed to guide staff to provide a consistent and safe service. There were also clear protocols in place in

relation to pro re nata (PRN) medication. The provider's psychologist was supporting residents with their behaviour support needs. They were visiting the centre regularly and also available to residents and staff remotely.

There were a number of restrictions in the centre. There was a restrictive practice log in place which demonstrated that there had been a reduction in the number of restrictive practices in the centre in the months preceding the inspection. For example, a door alarm and a lock to a press had been removed. For restrictions that remained, there was documentary evidence to show that they were reviewed by the provider and the provider's rights committed regularly to ensure they were the least restrictive for the shortest duration. Residents' support plans demonstrated a clear rationale for any restrictions which were in place.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding training. Three staff who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. Where there had been allegations or suspicions of abuse the provider was following their own and national policy. For example, the inspector reviewed preliminary screenings and safeguarding plans for four residents. Additional control measures were being implemented, as required.

There were systems in place to safeguard residents' finances. These included money management assessments which detailed the levels of support, if any, residents required to management their money. Each resident had a financial folder which contained social stories on money management, their assessments and plans around money management, their income and expenditure records, their assets registers, financial audits, and their statements of account from financial institutions. The provider's systems for oversight to safeguard residents finances included staff checking cash balances at handover, an electronic and paper based system to record residents' income and expenditure, and regular financial audits to compare electronic and paper based systems.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was a clear focus on embedding a human rights-based approach to care and support in the centre. As outlined throughout the report, residents' rights to make decisions and choices were respected. They were

supported to understand their healthcare conditions, risks, and the steps they need to take to keep themselves safe and healthy.

An advocacy group had been formed on the campus in April 2025. The provider's advocacy officer had attended the first meeting. The inspector had an opportunity to talk to a resident who was part of this group and staff member facilitating the group. They discussed their initial meeting and showed the inspector a sample of the minutes of their meetings. At the first meeting the definitions and residents' understanding of advocacy were discussed. Residents described advocacy as "speaking up for yourself", and "making sure you are heard". Each resident received a pack with the advocacy policy, links to pod casts and videos on advocacy, information and a presentation on consent, the provider's latest advocacy newsletter, and documents in an easy read format. Some agenda items discussed included residents' roles in the group, rights, residents sitting on staff interview panels and residents' plans to hold a sports day and dance night. The first template for capturing the agenda and minutes didn't suit residents preferences so this was discussed and adapted for the next meeting. The staff member who facilitates the advocacy group meetings, described the importance of residents setting the agenda items and of their role of just being there to support them if required, and to record their discussions and action plans.

Residents' right to access information was promoted and upheld. For example, there was information available for residents in their home in the form of posters or easy to read documents. Examples of topics covered included complaints, safeguarding, indicators of abuse, information on independent independent advocacy services and the confidential recipient, staff rosters and the evacuation plan in the event of an emergency.

One resident spoke about how easy it is to voice any worries or concerns they may have. They spoke about how approachable the staff and person in charge are and how they really feel listened to.

The inspector reviewed a sample of nine residents' meetings minutes and discussions were held in relation to activities, upcoming celebrations, safeguarding, rights, complaints, healthy living, health and safety and infection prevention and control.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Duffcarrig Services Beachway OSV-0003610

Inspection ID: MON-0038529

Date of inspection: 19/06/2025

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
Outline how you are going to come into compliance with Regulation 17: Premises: • External contractors have laid new floorings required as identified in the internal 6 monthly inspection. • The BOCSI maintenance operative has carried out maintenance request and grouting has been completed. • A maintenance request has been completed in relation to covering the pipe area and options will be explored with the facilities manager. • A quote has been obtained to lay tarmac at high risk area.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Work continues to be carried out on identified adjustments works on fire doors as identified in fire report. These works have been scheduled for completion.	

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.	Not Compliant	Orange	30/05/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/10/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2025