



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

Issued by the Chief Inspector

Name of designated centre:	Nagle Services Dundrum
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 June 2025
Centre ID:	OSV-0005064
Fieldwork ID:	MON-0045443

About the designated centre

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

The service is described as offering long-term residential care to four adults, both male and female with intellectual disability autism, mental health and age related care needs who require support with nursing oversight available. The designated centre comprises of one two story house located in a community setting in a rural town with good access to all amenities and services. There are day services and training services locally which residents participate in. All residents have their own bedrooms and there is communal living space and suitable shower and bathroom facilities and a mature garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 June 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, from what residents told the inspector, what the inspector observed and documentation that was reviewed as part of the inspection, this centre was operated from a suitable premises, residents were supported in line with their assessed needs and their will and preference was listened to. There were positive examples of residents leading busy lives and engaging in activities of their choosing. However, there were some ongoing safeguarding concerns in the centre where additional controls have been implemented but were not seen to be effective on the day of inspection. The inspector identified a number of areas that required improvement to come into compliance with regulations. Such improvements were required in governance and management, record keeping, submission of notifications, positive behaviour support, protection and risk management.

On arrival to the centre, the inspector was greeted by one resident who was up and dressed, another resident had finished breakfast and was sitting at the kitchen table, while another resident made themselves a hot drink. The remaining resident had been up and had their breakfast and returned to bed for a rest. There were two staff on duty, one core team member and a relief staff. The person in charge was on leave on the day therefore the area manager attended to facilitate the inspection, she demonstrated a good knowledge of the residents needs and the ongoing concerns in the centre.

Residents told the inspector about things they like to do such as swimming, walks, going out for a meal and knitting. They reported they liked where they lived and the staff supporting them. Residents were observed to be comfortable in the presence of staff and staff were observed to be person centred in their approach to residents. One resident on a number of occasions throughout the day sought reassurance from a staff member, staff responded as per clinical guidance, documented in the residents behaviour support plan.

The premises comprises of a two story house surrounded by a large mature garden. The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom. One of the residents showed the inspectors their bedrooms and it was evident that they were able to decorate and personalise their bedrooms the way they wished. While residents were able to spend time alone in their rooms if they wished some additional controls were put in place due to the ongoing safeguarding concerns present in the centre, although on the day of inspection these control measures were not proving effective in ensuring residents had a safe and private space in their

bedroom.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose. However, improvements were required in some regulations including risk management, protection and overall management of documentation and records.

There was a consistent staff team employed and the numbers and skills mix of staff was in line with the providers statement of purpose. The provider had identified the staffing levels as sufficient to meet the assessed needs of the residents living in the centre. Staff were provided with appropriate training, in respect of safeguarding and human rights.

The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

The inspector found there was a core staffing team in place including consistent relief staff, this was in line with the providers statement of purpose. The staff team was established and the area manager assured the inspector that agency use was minimal and the staff members covering shifts from the agency were consistent and familiar with the residents.

Staffing in the designated centre consisted of two staff on duty each day when three residents were present and one waking staff at night. When the four residents were present in the centre the provider had an additional staff on duty to allow residents to engage in activities that interested them and facilitated the implementation of the formal safeguarding plan. The provider had made changes to the skill mix in the centre since the previous inspection. They recruited two social care workers into the team to enhance the skill mix. The social care workers worked opposite each other allowing for oversight at all times.

Additionally, the inspectors viewed a sample of staff meetings and found that topics such as safeguarding, review of incidents, update on residents well being and

human rights were being discussed.
Judgment: Compliant
Regulation 16: Training and staff development
<p>From review of the training matrix and records, staff members were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being.</p> <p>Staff had undertaken children's first, safeguarding vulnerable adults and human rights training. They were also provided with additional centre specific training such as safety intervention (CPI) to support the management of behaviours of concern.</p>
Judgment: Compliant
Regulation 21: Records
<p>The inspector found that records set out in the regulations were available in the centre; however, some improvements were required to the maintenance of some of this documentation to ensure the most up-to-date documents were available to guide staff practice. Some residents had support plans in place that were due for review since 2023 and while clinicians were supporting the resident and sending updates to the staffing team they were documented on another format that did not link in with original plan. A number of documents including assessments and plans were not signed. One money management plans was not signed by the resident, who has the ability to sign their own plans and is assessed to have capacity in relation to money management. The risk register for the centre and the risk assessments did not correlate and therefore their was not sufficient oversight of review dates. This will be discussed more under regulation 26: Risk management procedures.</p>
Judgment: Substantially compliant
Regulation 23: Governance and management
<p>The inspector found good systems in place and a defined management structure and there was a stable team lead by a suitable person in charge. The person in charge was responsible for one other designated centre operated by the same provider, they were found to have the necessary skills for the role with qualifications</p>

in nursing and management and were supported in their role by the area manager.

The provider's last two unannounced six-monthly audits were completed in April 2024 and December 2024 in line with the time frame identified in the regulations. Although, the provider had failed to complete the annual service review by March 2025. The six-monthly audits were found to be identifying areas for improvements and set out actions, these actions were reviewed on the next audit and most were seen to be completed on the day of the inspection. The audits were of good quality and were found to be reflective of the lived experience of the residents in the centre. The audits reviewed areas such as safeguarding concerns and safeguarding plans both interim and formal plans. The provider had identified through these audits that as a result of safeguarding concerns there was a limit on transport and therefore this was having an impact on social opportunities for the residents of the centre. The area manager assured the inspector that additional transport was available from a nearby centre that was closed throughout the day Monday to Friday and day service transport was available at the weekends to ensure all residents had the opportunity to attend social activities and outings.

The inspector found evidence of oversight and effective management all safeguarding concerns, incident forms and subsequent safeguarding plan were in place, reviewed and discussed on a regular basis by the person in charge and the staff team. The area manager was also seen to be reviewing all safeguarding incidents with senior managers at the monitoring and management meetings which is attended by the director of services, lead social worker, designated officer and behavioural specialist and person in charge where applicable.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While a record was maintained of all incidents and accidents occurring in the centre, the provider had failed to ensure that all necessary incidents were notified to the Chief Inspector of Social Services in line with the requirements of the regulations. A number of incidents were submitted late or subsequently submitted after further review or identification through audits.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the staff team were striving to provide person centred care to the residents in this centre. This meant that residents were able to

express their views, were supported to make decisions about their care and that the staff team listened to them. However, improvements were required in relation to risk management, protection and positive behaviour support and these will be discussed under regulation 26, 8 and 7.

The Inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair. Residents personal items were seen throughout the home and their bedrooms provided adequate storage for their belongings. From what the inspector observed, engaging with the staff team and management along with review of documentation it was evident that good efforts were being made to ensure residents were in receipt of a good quality and safe service.

There were a range of systems in place to keep residents safe, including six-monthly audits, safeguarding procedures and a system for recording of incidents and accidents. For the most part these systems were being utilised effectively.

Regulation 17: Premises

This centre comprises of a large two story house located in a rural area but only a short drive from the local town. The premises was laid out to meet the assessed needs of the residents living their. The house is bright and spacious, and on the day of inspection the house was warm and clean, it was well maintained and suitably decorated with several photos of the residents on display. Each resident had their own bedroom with suitable storage and each bedroom had been decorated in line with the residents wishes and preferences. One resident had a specific shelf for their personal bag so they didn't have to bend down to access it. Residents bedroom had lots of items of value on display such as achievements and photos of people who were important to them. One resident showed the inspector their bedroom, where they stored their belongings and they showed the inspector a new frame they had purchased for a valuable photo they had. The resident had taken the sheets off their bed that morning so they could be washed. They also told the inspector they keep their room clean and tidy.

Judgment: Compliant

Regulation 26: Risk management procedures

The previous inspection of this centre found regulation 26: risk management procedures, non compliant, this inspection subsequently found that although some improvements were noted there was still a lack of effective monitoring of risk within the centre.

While there were systems in place to manage and mitigate risk to keep residents

safe in the centre. These systems were not seen to be utilised effectively. There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file, to support their overall safety and well being.

From review of residents individual risk assessments several were past their due for review date. For example, one resident had 11 risk assessments in place including, making allegations, knocking over another resident and smoking, 10 of these risk assessments were significantly past their review date. Another resident had five risk assessments in place including, going on holidays, choking, falls and attending hospital, one risk assessment was closed and the remaining four were significantly past their review date.

There was an overall risk register in place but the information on the register did not correlate to the information provided on each individual risk assessment. Therefore there was not effective oversight of risk management.

There was a supervision protocol in place for one resident as a control measure to keep them safe while engaging in a specific activity, this identified that the resident required eyes on supervision while part taking in this activity. This risk assessment indicated the risk to the resident was them getting dizzy where as the protocol identified the risk as potential burns. Also on the day of inspection the practice of eyes on supervisions while the resident engaged in this activity on a number of occasions was not observed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place and the inspector reviewed two of the four residents plans. Residents were supported to have assessment of need completed to inform their personal plan. Residents support plans outlined individualised supports required under a range of headings such as mental health, drinking, waiting, self injurious behaviour, falls and behaviour support to name a few.

Some residents were seen to have significant clinical involvement, for example, one resident met with their psychology once a month and more often if requested. Multi disciplinary team meetings were held weekly and they were seen to review safeguarding, risks, incidents, administration of as required (PRN) medication and review of health and social needs of the residents. One resident was being supported to have specific blood test completed before their psychiatrist considered prescribing a new medication.

On review of personal centred planning documents, it was evident that residents were involved in planning for future goals, one residents meeting was held in March 2025 and they had set goals such as to recommence swimming, summer holidays to

Galway, and focus on healthy lifestyle including walking and healthy eating. The inspector reviewed the planner for the same resident and could see they had attended swimming, went on several walks and enjoyed kitting and having a foot spa in recent months.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a restrictive practice policy in place and restrictive practices that were currently in place within the centre were identified, recorded and reviewed recently by the human rights committee. While some additional restrictions were in place to help mitigate the impact of the current safeguarding concerns present in the centre these restrictions were seen to be least restrictive at the time of inspection. The provider was seen to identify where some restrictions would be reduced or removed although the resident requested it remains in place as a support to them.

While staff were reporting low level physical holds in incident forms and there was a brief mention of physical holds on the front page of a resident's behaviour support plan, this resident was not prescribed physical holds as a method of managing their behaviour and on discussion with staff they referred to the physical hold as a physical touch of the resident's elbow to redirect them. Staff reported the resident was very responsive to this touch and would never require a physical hold, the understanding and use of this phrase required review.

One resident had a detailed behaviour support plan in place although this plan was due for review in September 2023 and no review was evident. The resident was supported regularly by the psychologist who provided psychological intervention programme notes at the end of each session. The inspector was informed that those notes were updates to the behaviour support plan as they focus on current behaviours of concern, although there was no direct link between both and some were stored separate to the initial plan. This resulted in unclear guidance available to staff supporting the resident with these behaviours. Behaviour support plan and associated risk assessments were not reviewed or updated following a number of safeguarding concerns as a result of one resident's behaviour.

As part of one resident's behaviour support plan they had a waiting plan and this was discussed with them daily when they were preparing their planner for the day ahead, once discussed and the resident was happy they signed it. On the day of the inspection the inspector observed staff implementing this plan respectfully and successfully. The resident remained calm and waiting until staff were able to support them.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that, while safeguarding concerns were being identified, reported to the relevant authorities and managed to some degree in the centre the current control measures were not fully effective at the time of the inspection. The provider was seen to be taken action in relation to this, exploring additional controls that could be utilised while still considering residents rights and the impact of these additional controls. Safeguarding concerns reported were mainly in relation to the impact of one residents behaviour on other residents living in the centre. Behaviours included entering other residents bedrooms and taking items of clothing.

While the incidents had been reported and a formal safeguarding plan put in place, observations on the day of inspection, discussion with the staff and management, along with review documentation it was evident that the currently control measures identified to mitigate the behaviours and impact on others was not fully effective. The inspector review the providers incident and accident record system there was three occasions in May 2025 where the residents behaviour impacted on another resident in the centre.

All staff had received training in safeguarding vulnerable adults, and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. The residents were kept informed about their right to raise a concern or make a complaint, this was also seen to be on display in the hallway.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Notwithstanding, the ongoing safeguarding concerns in the centre, which were negatively affecting some residents' residents expressed they liked living in this centre and were supported to exercise their rights. For example, one resident had discussed with their support workers, management and their family about extending the length of time spent on home visits, this had been explored and was due to commence the week after the inspection.

Each resident was supported to engage in decision making, they were seen to be supported to develop daily or weekly planners to include meals and activities they would like and places they would like to go. One resident attends day service full time and spends the majority of their time at home with family, they mainly stay in the centre at the weekend.

One resident was unwell on the day of the inspection and was advised to isolate from other residents, the staff supported them to understand why they needed to

do this and the resident was seen to comply with this request.

The provider had ensured that residents were informed of their right to access independent advocacy services. At the time of the inspection, one resident had the support of an advocate to support them with their finances.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nagle Services Dundrum OSV-0005064

Inspection ID: MON-0045443

Date of inspection: 03/06/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
<ul style="list-style-type: none">• The clinician has agreed to review and change the format of the documents to link in with original plans. This review will be completed and implemented by 30th Sept 2025.• Support plans and assessments for residents will be reviewed and signed with residents who have the ability and capacity to do so.• All risk assessments have been reviewed and the Services will ensure that the information on the risk register correlates with the information provided on each individual's risk assessments. This is to be completed by the 31st July 2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ul style="list-style-type: none">• The Annual service review 2024 has been completed.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	
<ul style="list-style-type: none">• The PIC will ensure going forward that all notifiable events are submitted in a timely manner in line with regulations.	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • All risk assessments have been reviewed. • The risk register is currently being updated to ensure the information on the register correlates with the information provided on the individual risk assessments risks currently held at the centre. • The supervision protocol in place for one resident has been closed as the resident is currently not experiencing dizzy spells at this time. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The clinician has agreed to review and change the format of the documents to link in with original plans. This review will be completed and implemented by 30th Sept 2025. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The Provider is reviewing additional control measures to prevent behaviours such as entering other residents bedrooms and taking items of clothing. These measures will ensure that residents have a safe and private space in their bedrooms. 	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	19/06/2025

	to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/07/2025
Regulation 31(3)(f)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any other adverse incident the chief inspector may prescribe.	Not Compliant	Yellow	03/06/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	30/09/2025

	practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/11/2025