



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

## Issued by the Chief Inspector

Name of designated centre:	Boherduff Adult Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	28 October 2025
Centre ID:	OSV-0005071
Fieldwork ID:	MON-0040063

## About the designated centre

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

Boherduff Adult Services consists of two units providing residential care for up to ten residents. One of these is a bungalow located on the outskirts of a urban area while the other unit is a purpose built bungalow located just outside the same area. The two units provide for both genders and those with intellectual disabilities and/or Autism Spectrum Disorder. One unit provides for young adults while the other provides for an older group of residents. Both units are open overnight 365 days of the year and are open on a 24 hour basis at weekends. Each resident has their own bedroom and other facilities throughout the centre include sitting rooms, kitchens, bathroom facilities and staff rooms. Staff support is provided by nursing staff, social care workers and care assistants.

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

Number of residents on the date of inspection:	10
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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 28 October 2025	09:00hrs to 17:30hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection indicated good levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre. However, improvement were required in areas such as staff training, assessment of need, healthcare and fire safety measures.

This centre comprised two large bungalow style houses located a short distance from each other and on the outskirts of a small town in county Tipperary. The centre was home to ten residents in total, four in one property and six in the other. At the time of inspection the centre was at full capacity. Throughout the inspection the inspector got to meet with all the residents. Some residents did not wish to engage with the inspector or had limited verbal communication. The inspector used observation to gather information on how residents were presenting in the centre and overall residents appeared comfortable and content in their homes.

On arrival to the first centre the inspector was welcomed by the person in charge. One resident was present in the centre and the other three had left to engage in their scheduled activities this included day service and swimming. The resident who was present was seen to come in and out of the office where the inspector and person in charge were holding an opening meeting, they engaged in ritual behaviours and soon left to attend their own activities.

Another resident returned back to the centre for a short while mid morning, they were eager to go again to complete their walking plan. The inspector was speaking with the staff supporting the resident, they reported they were very active but settled and that they thrived on predictability of their schedule. They also spoke about the supports in place to help the resident relax in the evening and this supports a good nights rest. The inspector met with the resident while they were waiting in the car, while they didn't engage in conversation they were observed to be sitting in the rear of the car in a relaxed manner. They fixed the seat in front of them and were seen to smile and acknowledge when their support staff spoke to them.

The inspector met with the remaining two residents living in this property in the evening, one was sitting with staff at the kitchen table making jigsaws, from talking to the staff member with them, they were aware of their support needs and preferences. They were seen to encourage the resident to complete the jigsaw and tidy up when finished. The inspector observed the remaining resident as they sat in at the table to have their dinner. All of the residents were seen to have their dinner

together, they all appeared comfortable in the communal space and did not appear to impact each other.

After lunch the inspector attended the second property where they met with all six residents as they arrived from various day services and planned activities. One resident was eager to talk to the inspector and had the support of their staff to help interpret their communication attempts. The staff was very familiar with the resident and was able to understand them with ease. They spoke about activities they enjoy, voting in the recent election and about the upcoming Halloween party in the day service, they were planning what costume they might wear.

Another resident told the inspector about how they like to bake, they had ingredients for sponge cake and were going to the shop to get fresh cream for the cake. They also showed the inspector other ingredients such as chocolate and jelly indicating they also like them. This resident was seen to make everyone hot drinks. They enjoyed being active in the kitchen and took good direction from staff when they needed support. The remaining residents were seen to come into the centre put away coats, bags and lunchboxes, they were seen to pick up items of interest to them such as magazines, some residents come to sit at the table for a hot drink before relaxing in the sitting room. This centre had ample communal space and residents were seen to move around with ease.

Both properties were decorated nicely, they were clean, tidy and in good state of repair. The person in charge was seen to action maintenance tasks as they arose. For example, the side fence had been damaged in recent bad weather, the person in charge had requested that it was repaired or replaced. All residents had their own individual bedrooms some with en-suite facilities. Bedrooms were seen to have sufficient storage for residents' personal belongings.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received ten completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Some residents completed the questionnaires themselves and others were supported by staff. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. Examples of comments in their questionnaires included, I am enjoying my new house, I like going home to visit my family, I am really friendly with people in my new house and I like watching my new TV.

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

## Capacity and capability

The findings from this inspection highlighted that residents were receiving a good quality of care and support, although some areas required improvements. The provider had systems in place to monitor the quality and safety of the care and support provided to residents, including area-specific audits, unannounced provider audits every six months and an annual service review. These audits were leading to service improvement plans.

Through a review of documentation and discussion with staff, residents were encouraged to take part in the day-to-day running of their home and in activities that they enjoyed.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting the relevant fee to accompany the renewal of registration.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. They were in the role since July 2025 with responsibility for this designated centre only.

The person in charge demonstrated a good knowledge of the residents including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre and they were utilising auditing tools to identify areas for improvement.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the

residents. There was currently 1.5 whole-time equivalent (WTE) care assistant vacancy in the centre and these shifts were filled by consistent relief and agency. A new staff nurse had recently been recruited and was due to start in the coming weeks.

There was a planned and actual roster in place, the inspectors reviewed the last three months of rosters and found them to be reflective of the staffing arrangements in place, they were up -to -date and staff were identified by their full name and grade.

Team meetings were held monthly in each house with good attendance from the staff team. Topics discussed included learning from incidents and accidents and policy review. Key workers also prepare a report on each residents health and well being. This comprehensive report includes general health, social activities, risk assessments, person centred planning, any use of 'as required' (PRN) medication, incidents and recent appointments. The person in charge has on occasions, arranged for a person with specific knowledge to attend the team meetings. For example, a member of the health and safety team attending one meeting and explained risk assessments.

Staff personal files were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that for the most part staff had received appropriate training to support residents in the centre. Training had been provided in areas including safeguarding, medication management, fire safety and manual handling.

Nine staff were due refreshers in areas such as behaviour support and de-escalation techniques, and safe administration of medication. These were seen to be booked for the next available session. Although a number of staff were awaiting training to support residents' with specific needs such as epilepsy and catheterisation, it was not evident that all of these had been booked.

Staff were in receipt of supervision once per year in line with the providers policy. The person in charge was utilising the staff supports meeting more often if required.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The person in charge was maintaining a directory of residents for the designated centre. From review of the directory it included information specified in Schedule 3 of the regulation, including their name, date of birth and next of kin details.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place which was lead by the person in charge who had responsibility for this centre only. The person in charge reported to the services manager and they were supported by the regional manager. This ensured that the operational management of the service was effective.

The provider had a series of comprehensive audits both at local and provider level. For example, the medication audit tool was completed every six months for the centre, most recently completed in October and previously in May. This audit was very comprehensive and actions were identified as required. The pharmacy had also completed a medication audit in May 2025.

The provider had completed the required annual and six-monthly unannounced visits to the centre. The six monthly audits were completed per property and were most recently done in October with 15 actions identified including infection prevention and control, premises, archiving of documents and training and staff development.

The annual review of the centre was completed for 2024, this audit was detailed and captured the lived experience of the residents. The audit included an action plan with actions identified where risk or areas for improvement were needed.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

## Quality and safety

From the inspector's observations, speaking with residents, staff and the management of the centre and from the review of documentation it was clear that good efforts were being made by the provider, person in charge and the staff members to ensure that residents were receiving good quality and safe services. Their home was clean, warm and comfortable and residents were seen to be involved in the running of the centre.

There was a range of systems in place to keep residents safe, including auditing, risk assessments and safeguarding procedures and these systems were being utilised in an effective manner. Improvements were identified in areas such as assessment of need, healthcare and fire containment.

## Regulation 17: Premises

As mentioned earlier this centre is located close to a small town in county Tipperary. The centre comprises of two large bungalows located a short distance from each other. Both properties have extensive space to the front and rear of the properties. One property has a specific go-karting area for one of the residents.

The first property had a kitchen- dining room and two sitting rooms as communal spaces it also had an office space, utility and four bedrooms. Residents were seen to engage in table top games at the kitchen table and others watch TV in the sitting room.

The second property was a large property with an open plan spacious kitchen, dining and sitting room. Residents were seen to move around with ease even those who required the use of a wheelchair. All six residents' bedrooms had en-suite facilities and recent structural changes allowed for an additional relaxation space with sofa and TV at the rear of the house where it was quieter.

Overall, the properties were well maintained, clean, warm and homely.

Judgment: Compliant

## Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

The provider and person in charge had ensured that there were centre based risk assessments in place and these were found to be reviewed and updated as required. They contained assessments for risk of fire, lone working and violence and aggression. There were risk assessments developed following incidents such as driving for work.

Each resident had their own individual risk assessments in place, one resident had 14 risk assessments including use of Jacuzzi, accessing other cars and safe walking. Another resident had risk assessments in place for attending hospital, diet and nutrition and manual handling. All risk assessments were seen to be up -to -date and reviewed regularly by the person in charge. Risk assessments were appropriately rated and control measures in place were reflective of the risk.

Judgment: Compliant

## Regulation 28: Fire precautions

Each resident had a personal emergency evacuation plan which clearly outlined the supports they may require to safely evacuate in the event of a fire.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were records to demonstrate regular visual inspection by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment. The provider had also ensured that all fire-fighting equipment were maintained in line with standards and by a competent personnel.

The centre had carried out a number of fire drills in line with their policy and including hours of darkness evacuation. The inspector reviewed the records of drills for 2025 and noted residents were being evacuated promptly.

When completing the walk around of the centre the inspector noted two attic access points, one located in an en-suite and one in a boiler room. It was unclear if suitable fire containment measures were in place at these points. This required review.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents care plans, these plans were found to be detailed and in date. Residents were seen to have support plans for swallow care, head injury, intimate care and oral hygiene. These plans gave clear direction on how to support residents in line with their wishes and preferences.

Although for one resident who moved to the centre from another centre operated by the same provider in March 2025 did not have a comprehensive assessment of needs completed prior to their transition. While steps had been taken to plan the transition and the resident was given opportunity to visit the centre and spend time with the other residents and this was reviewed by a psychologist a full assessment of needs was not completed.

Judgment: Substantially compliant

## Regulation 6: Health care

For the most part residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed clinical professionals such as, general practitioners, dentists, chiropody and neurology.

Two residents were diagnosed with epilepsy and while staff members were aware of their diagnosis and the supports in place which included attending appointments. However, information in the residents' files were not reflective of some recent developments. For example, one resident had been recently referred to psychiatry for a review of all medication. This change was not reflected in their personal file. In addition, an appointment for one resident required follow up and there was limited evidence this had occurred.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Residents who required it had behaviour support plans in place that were regularly reviewed, the inspector reviewed two of these plans and found that they detailed proactive and reactive strategies to support the residents' accordingly. These plans were seen to offer guidance to the staff team supporting the residents where they may require support to manage behaviours.

There were a number of restrictive practices in place across the centre. These were reviewed by the provider's human rights committee in September 2025. These restrictions were also reported to the Chief Inspector of Social Services in line with the regulations.

The person in charge was seen to complete an analysis of behaviours of concern and the use of 'as required' (PRN) medication .This had been completed and reviewed in 2025. Trending of behaviours was considered and any learning from incidents were identified and shared with the staff team through team meetings. For example, during this review it was identified that specific behaviours were occurring in the car. A suitable intervention had been developed to help the resident during this time and the incidents significantly reduced.

Judgment: Compliant

## Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations made, were appropriately documented, investigated and managed in line with national policy.

There was one open interim safeguarding plan in place at the time of inspection. This was as a result of poor care and support practice that lead to an incident involving one resident. The resident had been made aware of the safeguarding referral and given opportunity to make a complaint. The residents expressed their views and wishes in relation to the incident, these wishes were acknowledged and implemented. At the time of the inspection the investigation of the incident was still in progress.

Residents' privacy was maintained in their home, and they were seen to seek out staff support when needed. They had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care.

Judgment: Compliant

## Regulation 9: Residents' rights

Through review of documentation and discussion with residents, staff and management it was evident that residents were offered choice and control over their day and they were supported to choose how and where they wanted to spend their time.

Residents were presented with information in a manner that was suitable to their communication needs. For example, One resident who had a swallow care plan also had an adapted easy-to-read swallow care plan so they could understand the information.

Observations on the day of inspection indicated that staff were respectful and professional when interacting with residents. They responded to residents' requests promptly and in line with the assessed needs of the residents communication.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Boherduff Adult Services

## OSV-0005071

Inspection ID: MON-0040063

Date of inspection: 28/10/2025

### 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	<ul style="list-style-type: none"><li>• The Training Needs Analysis has been completed and submitted to the Training Department. Once the training sessions are scheduled, the PIC will ensure all staff are booked for epilepsy training.</li><li>• Additionally, all newly hired staff will be enrolled in catheterisation training.</li></ul>
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	<ul style="list-style-type: none"><li>• Upon consultation with the relevant specialists a plan was developed to address the fire containment. The plan is to close the existing two attic doors, as there is insufficient space for a proper fireproof attic door and ladder. A new attic access point will be created in the hallway. A fire-rated attic door will be installed at the new location. Quotations have been requested from builders on the trade list and works will be scheduled once obtained.</li></ul>

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• A new Assessment of Needs process is being developed which will enhance the process and provide a consistency of approach across the services. This document will support the provider in ensuring that supports are provided to individuals in line with their assessed need and will include a clear indication of the staffing levels required.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• A follow-up was made regarding a neurology appointment for one resident. The staff nurse spoke with the neurologist's secretary, and they confirmed the appointment will be expedited.</li> <li>• Another resident, who has been discharged from neurology care, will now be reviewed annually by the psychiatrist as per neurologist guidelines. The next appointment is scheduled for December 4th 2025. Once the report is received, it will be filed and made available for all staff.</li> <li>• Going forward, all medical appointments will be discussed during the monthly meeting, including scheduled dates and due dates, to ensure none are missed.</li> </ul> <p>Staff have been advised in the team meeting that all appointment reports must be updated in the Medical Appointment Sheet for clear communication and timely follow-ups.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	16/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/03/2026
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to	Substantially Compliant	Yellow	31/01/2026

	admission to the designated centre.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/03/2026