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:	Bower House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0005608
Fieldwork ID:	MON-0041498

About the designated centre

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

Bower House is a community-based respite service for up to six male or female adults with an intellectual disability. It is situated on the north side of Co. Dublin within walking distance of a local village and its amenities such as shops, cafés, restaurants, and a shopping centre. The centre is close to public transport links including a bus and train service which enable residents to access neighbouring areas. The building is a large, two-storey house in a coastal area of Dublin county. There are six private bedrooms for residents, and three shared bathrooms, two with a bath and shower. The kitchen is domestic in nature and residents are encouraged to participate in grocery shopping and the preparation of meals and snacks. There is one dining room, one living room and two sitting rooms in the house. The property is surrounded by a large garden. Staff encourage residents to partake in activities in the local community. The staff team comprises a person in charge, staff nurses and direct support workers and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 8 April 2026	10:00hrs to 16:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the centre's regulatory monitoring and to help inform a decision on the provider's application to renew the centres registration. This inspection had positive findings, with full compliance found under the regulations inspected.

The designated centre consisted of a large two storey property, situated in North County Dublin. The designated centre is close to a number of local amenities such as restaurants, shopping centres, pubs, nature and beach walks and has access to a number of public transport links. The designated centre consisted of respite users bedrooms, bathroom and shower room, large dining room, kitchen, three living rooms, utility and a large enclosed gardens available for use. Support staff discussed that persons availing of the service spend quality time in the gardens on arrival to the centre as it supported them with transitions to and from the centre. The centre also had access to one vehicle and a number of staff who could drive the centres transport in order to support outings. In addition, the centre could avail of a neighbouring designated centres transport for periods if required.

Throughout the course of the inspection, the inspector had the opportunity to speak with four respite users, four staff, the person in charge and the director of services. In addition, the inspector reviewed six questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires sought feedback from those using the service on aspects of the service such as; staffing, the premises, their ability to make choices and decisions, and their participation in preparing meals. Three of the questionnaires were completed with the support of staff in the centre and three were completed with family support prior to accessing respite. Feedback received was positive about their experience of the respite centre. One person noted that ''the WiFi is really good'', another highlighted '' I like to take train trips with staff and the dinners are always ten out of ten''. One respite user discussed that they like going out on the bus for shopping trips, out for lunch or visits to the cinema. Another respite user noted that ''everything is good here, I like everyone and I am happy with the staff''.

On arrival to the designated centre, the inspector was greeted by the person in charge who facilitated the inspection. The inspector was introduced to one respite user who was accessing information on the computer and planning the afternoon out with staff. The respite user greeted the inspector and told them that they liked to go to the cinema with staff and with their peers who were staying in respite for the same time as them. The inspector found that the person in charge and support staff align respite users visits with peers, friends or individuals who have similar interests and hobbies.

The inspector was introduced to another respite user who was finishing their breakfast and was talking to staff about their plan for the day. Support staff

introduced the inspector to the respite user, who greeted the inspector. The respite user was holding a number of meaningful items that they liked to bring on their respite stay from home. The staff asked the respite user if it was OK for staff to discuss the items and they responded with a smile and yes to staff. Staff discussed that respite users often brought a number of small personal items on their stay, some would go on activities with them and other items would remain safe in the house until the respite user returned from what activity they had chosen to do.

Later in the afternoon, the inspector met with one respite user who had arrived for their stay, they had arrived to the centre after being collected by staff from their day service. On they way to the centre, the respite user had stopped to collect lunch which they had wanted to eat in the designated centre. The respite user was relaxing in the small living room browsing different interest on the Internet while having their lunch. While the inspector waited for lunch to be finished and talk to the respite user, support staff informed the inspector of their communication support plan in place. The staff discussed how the inspector should use short sentences, give time for the individual to process the information and ask if they could show the inspector their passport wallet during the communication.

When lunch was finished the inspector had the opportunity to speak to the respite user. They informed the inspector that they have been coming to respite for a number of years and were very happy to enjoy a break away. The respite user informed the inspector that they had recently had a big birthday which they had celebrated with family and friends. The respite user used their communication wallet while communicating with staff about their birthday. They discussed that they felt lucky when they got respite as the staff in the house were very helpful and kind.

The inspector found that the atmosphere in the designated centre was relaxed and welcoming. The inspector observed respite users coming and going from activities or checking in for their respite stay. The inspector found an atmosphere of laughter and enjoyment with respite users making jokes with staff about their stay or previous stays in the centre.

The inspector found that communication was a key element of support for respite users during their stay. The inspector observed them communicating with staff through eye contact, for example when introduced to the inspector one respite user kept eye contact with one support staff until they felt comfortable to talk to the inspector. They then informed the inspector of their plans for their stay. Staff were observed using communication passports and communication tools such as 'now and then boards' which support a respite user to understand what activity was happening in the present moment and what would happen next.

On arrival of one respite user to their over night stay, they informed the staff that they would take their usual room with a sea view. When asked if they would like to meet the inspector the respite user informed staff that they did not want to meet the inspector and that they wanted to relax and settle their belongings in. The respite user did not want to meet with the inspector during the remaining time of the inspection.

Over the course of the inspection, the inspector observed respite users coming and going from the centre. They were attending cinema with peers, going for walks along the beach front located directly outside of the designated centre and trips on public transport. The inspector found that respite users had access to a number of social activities in line with their personal interests while availing of the service. Those spoken with informed the inspector that there was a number of good places to eat in the local area or if they wanted something that was not close by, staff were always available to drive them to places that they wanted to go.

Overall, the inspection found that respite users were in receipt of a safe and quality service which was supported by a person in charge and staff team with relevant training and experience which promoted each individuals respite stay.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management effects the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. This inspection found that there were strong oversight and governance systems in place in the designated centre led by an appropriately qualified and experienced person in charge and supported by a responsive provider.

The registered provider had implemented governance and management systems to ensure that the service provided to respite users was safe, consistent, and appropriate to their needs and therefore, demonstrated that, they had the capacity and capability to provide a good quality service. The inspector found that the provider and person in charge had completed a number of reviews following on from previous inspection of the designated centre in March 2025, which had enhanced the compliance levels in the centre.

Resources in the centre were planned and managed in order to deliver person-centred care. There was a planned and actual roster maintained for the designated centre. Staff had access to training and supervision that was further enhancing the care and support for each respite user in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was reviewed by the Office of the Chief Inspector (Chief Inspector) and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and found to be suitably qualified, experienced and skilled for their role. The person in charge demonstrated a clear understanding of respite users individual needs and personalities. From review of documentation it was clear that the person in charge was identifying relevant supports and training requirements for staff that would further enhance respite users experience while availing of the respite service.

The inspector had the opportunity to speak to four respite users and four staff during the course of the inspection. Feedback gathered from Respite users included that the person in charge was involved in making their stay enjoyable. Respite users discussed that they would talk to the person in charge if they needed support. Feedback from families noted that the person in charge promoted strong communication and ensured that the centre was adapted in order to meet the needs of their loved one.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of respite users. The staffing resources in the centre were well managed to suit the needs and numbers of respite users. The inspector found evidence of staff numbers adapting and increasing to met the needs of respite users as required. For example, for some respite users in order to enhance their respite stay and enjoy safe experiences in the local community additional support staff were required. The inspectors found that the provider had put staffing increasing in place both day and night in order to ensure a safe and enjoyable stay for respite users if required.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed planned and actual rosters at the centre for January to April 2026. These reflected the names and grade of staff working in the centre during day and night.

The rosters in place clearly identified the shift lead and who to contact in the absence of the person in charge.

The inspector had the opportunity to speak to four staff during the course of the inspection. Staff spoken to discussed the importance of making respite stays enjoyable and person centred. Staff spoke to the inspector about respite services developing with each individual, staff discussed that some respite users had started availing of services once they turned 18 years of age and have been coming to respite for the last six years. Staff discussed the importance of adapting and developing activities and interests in an age appropriate manner in line with respite users hobbies and wishes.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support respite users. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults.

Where the person in charge and support staff had identified the requirement of additional supports for respite users such as positive behaviour support plans, the provider had identified external multidisciplinary referral which would be sought through the providers funding body. In addition, staff had training in a number of areas which further promoted the respite experience for each individual such as enhanced communication, human rights, active listening and understanding autism.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The inspector reviewed eight staff supervision records and found that there were in line with the provider's policy and included a review of the staff members' personal development and provided an opportunity for staff to raise concerns.

On review of supervision, the inspector found that staff were taking on board communication from families for additional activities for respite users to avail of. For example, one family had identified for their loved one to attend swimming while at respite. Staff had identified this as a goal for respite services. Through supervision staff identified that respite stays should promote happiness and well being while on a short break. Staff utilised their supervision to identify areas that they would like to enhance for further development such as completing management courses or courses to further support respite users form of communication.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. They were supported in their role by an assistant director of services, who in turn reported to a director of services.

There were good arrangements in place such as monthly governance and management meetings. The inspector reviewed meetings from January to March 2026 and found that the meetings covered areas of achievements for respite users, staff development and an overview of trending in the centre.

An annual review of the quality and safety of care had been completed for 2025, which consulted with respite users, their representatives, and staff. Positive feedback from family included: *"So happy when our loved one is in Bower House. We find the staff to be kind and caring. No short cuts are taken and the staff are just amazing".* Another family member noted that *"We have put our trust in Bower House and we are extremely grateful to have this service".* One family discussed that their loved one *"likes to chill out and have a break. They will ask when is the next visit when they come home, which means they obviously like it".*

Family feedback within the annual review also included recommendations for activities within the designated centre during respite stays. One family recommended that their loved one have access to a swimming pool or gym while staying in respite. The inspector found that input from family feedback had been reviewed through a number of pathways within the designated centre. For example, swimming had been identified by one staff as a goal during supervision. Respite users goals had been reviewed with a number of individuals to identify if swimming would be an activity they would like to avail of and the person in charge had identified local swimming pools that could be attended.

In addition to the annual review, the inspector found that feedback was regularly sought from respite users by the person in charge and support staff through respite users meetings, each respite admission stay and discharge, and updates prior to admission. This information was then utilised to further enhance respite users experience when they came for overnight stays in the centre. For example, a review of new admissions to the centre had identified an increase in respite users who use Lámh an Irish form of sign language to communicate. On the day of the inspection their was a plan in place for all staff to complete Lámh training in order to further support respite users visit.

There were effective arrangements for staff to raise concerns. Staff spoken with said that they felt supported in their roles. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an

opportunity for them to raise any concerns about the quality and safety of care and support provided to respite users

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.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to respite users in the service and the day-to day operation of the designated centre. The statement of purpose was available to respite users and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the respite users in the designated centre. Overall, the inspector found that respite users were in receipt of a safe and quality service. The provider had a completed provider level reviews to ensure that the quality of the service delivered to residents was person-centred to respite users and was subject to on-going and regular reviews.

Where required, positive behaviour support plans were developed for respite users, and staff were required to complete training to support them in helping to manage behaviour that challenges. The provider had identified possible short comings in relation to the review and implementation of support plans and had a satisfactory plan in place for external reviews as required.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support respite users and minimise risks to their safety or well being. Risk control

measures were found to be proportionate, and supported respite users to safely take positive risks.

Regulation 10: Communication

The inspection found that the designated centre was operated in a manner that promoted each individual respite users communication need in accordance with their needs and wishes. The inspector reviewed five respite users files and found that each respite user had a clear communication support plan in place which identified if the respite user required any additional supports in order to enhance their communication with staff and peers in the centre.

The inspector found that supports identified were in place on the day of the inspection. For example, one respite users communication support plan identified the use of a communication wallet for one respite user. This was updated on arrival to respite with the activities that the respite user had chosen and details of the staff working during their stay. The inspector had the opportunity to meet with the respite user and they demonstrated how their communication wallet worked when they were in respite.

The person in charge and support team had implemented accessible information for respite users which was evident throughout communal areas of the centre. For example, respite users had access to a number of communication aids across the centre, including an emotional expression board where respite users could communicate or identify a feeling or expression to support staff. The board used text emojis that respite users were aware of from using on their electronic tablet devices or mobile phones to identify emotions or feelings.

In addition, respite users had access to multiple communication devices, television and WiFi access. One respite user noted in the residents questionnaires that the respite service had excellent WiFi speed. The centre also had a number of desktop computers available for respite users to utilise during their stay. On arrival to the designated centre, the inspector met with one respite user who was checking cinema times and shows that they would like to see when on their stay.

As previously discussed, the provider and person in charge had identified the need for Lámh training for all staff in the designated centre in order to support a number of respite users during their stay.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of respite stay, information on the running of the centre and the complaints procedure.

It was evident that respite users were attending meetings during the course of their stay in order to identify activities, express their views on the service and for staff to update them on any changes that had occurred at centre level since their last stay.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. For example, there was a risk register in place which was regularly reviewed. Respite users' had individual risk assessments in place.

Accident, incidents and near misses were found to be documented and reported in a timely manner. These were trended on a monthly basis by the person in charge and were discussed at both senior management meetings and staff meetings. In the event of an incident or near miss in the designated centre, the person in charge conducted debrief sessions with support staff. The debriefs included an overview of the incident or near miss, the supports in place that worked well and areas that required improvement in order to reduce possible re-occurrence for a respite user.

The inspector found that the person in charge was ensuring that the risk register was regularly discussed at staff meetings and subject to regular reviews. From discussion with staff and from a review of the risk register the inspector found that staff were promoting positive risk for respite users when staying in the centre. Support staff reviewed respite users goals regularly and identified for each stay areas that may require additional support and seek appropriate control measures prior to a respite users stay.

The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas

appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

Following from an inspection of the designated centre in March 2025, the person in charge had completed a review of the medication management systems in relation to the dispensing of medication in the designated centre in order to ensure protection against infection was promoted. The inspector found that the system was promoting safe practices and that staff spoken to during the course of the inspection were up to date and knowledgeable of the systems in place.

The inspector spoke to two staff about the review of infection prevention and control (IPC) standards in the designated centre and found that they were knowledgeable of the providers policies, local centre polices and the schedules in place for supporting a clean environment for respite users. The inspector found that all staff had completed training in IPC measures.

In addition, the inspector found that monthly audits had been completed by support staff and reviewed by the person in charge in relation to protection against infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout the centre. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector completed a walk through of the designated centre and completed a manual check of each fire door. All fire doors were found to be fully operational and closed upon activation of the self closing mechanism. During a period while all respite users were availing of activities in the community, the person in charge activated the fire alarm to demonstrate the full closure of all doors in the event of a fire.

The provider had put in place appropriate arrangements to support each respite user's awareness of the fire safety procedures. For example, the inspector reviewed five personal emergency evacuation plans (PEEPS) and found that each plan detailed the supports respite users required when evacuating in the event of a fire.

The inspector reviewed fire drills completed in the designated centre from January 2025 to February 2026 and found that the person in charge and support staff were ensuring that all respite users had the opportunity to participate in a fire drill. The

person in charge had completed a fire drill which identified safe evacuation time for the designated centre based on the highest number of respite users to the lowest number of staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where respite users required behavioural support, suitable arrangements were in place to provide them with this. As a respite service the provider had identified that for some individuals the support and guidance provided from their day service support was appropriate to guide and support staff practice with the additional support of positive behaviour training provided as part of staff mandatory training. For respite users who required additional support the provider had recently developed a referral to the providers funding body to access an external behaviour support team to provide guidelines where when required.

The provider had also identified as part of the admission process what level of positive behaviour support could be provided in the designated centre and if additional support such as day service guidance could be utilised for respite users if their admission was completed.

On the day of the inspection, the director of services informed the inspector that the provider was commencing additional positive behaviour support training for persons in charge of respite services in order to further enhance the care provided under this regulation.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible. The inspector reviewed the restrictive practices in place in the designated centre and found that the person in charge and staff were attempting to reduce restrictive practices and had documentation in place which reviewed the frequency of each restrictive practice in use.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre

completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

The inspector spoke to four staff in relation to the safeguarding of respite users in the designated centre. Staff discussed the importance of compatibility assessments for new admissions to the respite service and for review of the compatibility assessment should an incident occur in the designated centre during any respite users stay. Staff discussed that the compatibility assessment is a vital tool when reviewing respite users planner for their upcoming stay and that respite should be an enjoyable and relaxing experience with people of similar interests or to have the opportunity to attend activities of choice as a one to one experience with staff.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the respite users' rights and wishes. On the day of the inspection, there was one open safeguarding plan in place which had appropriate supports in place for respite users. This safeguarding plan had been reviewed in line with the centres compatibility assessment and had been actioned by the person in charge in order to reduce possible re-occurrence.

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	
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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant