

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

Issued by the Chief Inspector

Name of designated centre:	Brookside House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0005714
Fieldwork ID:	MON-0048484

About the designated centre

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

Brookside House provides residential care and support for up to four adults with disabilities. The house is located in Co. Meath and is in close proximity to a small village and driving distance to a number of large towns. The house comprises of four individual bedrooms (one of which is en-suite), a large communal bathroom, a fully equipped kitchen/dining room, a sun room, a staff office/sleepover room and a large fully furnished sitting room. There is a large private garden area available to residents with ample private parking provided. The house is staffed by a full-time person in charge who is supported in their role by a team leader and a team of direct support workers. Access to a range of allied healthcare professionals including GP services is also provided for.

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
Wednesday 5 November 2025	09:30hrs to 16:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were four adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing, however, governance and management and protection were found to be substantially compliant.

The centre comprised of a four bedroom detached bungalow in a residential area in Co. Meath. On arrival to the centre, the inspector was greeted by the team leader of the centre. The team leader and two residents were present in the house. The second staff member was bringing two residents to their day service (hub). One resident was due to leave to attend a Dublin based day service. The inspector met and spent time with this resident prior to them leaving.

The resident for the most part was happy with the care and support they received however, did note they would wish for additional one to one staffing support to enhance opportunities for social activities and overall care. The resident was noted to have discussed their wishes with staff. The resident was very much aware of their network of support and how to contact advocacy services when and or if they wished. The resident attended day services five days a week, it was evident this was important to them. The resident expressed that they enjoyed living with their house mates and felt lucky to live there. They met and spoke with their family often and overall felt happy living in the centre.

The inspector met with a second resident, who at their wish did not attend a traditional day service setting. The resident was in their bedroom when they met with the inspector. The residents bedroom had items which were important to them on display such as music posters and memorabilia. The resident spoke about their favourite music and concerts which they attended. The resident also enjoyed coffee and had coffee making facilities in their room. The resident expressed to the inspector that they prefer the indoors. During the conversation the house cat joined the resident in the bedroom. It was evident the resident enjoyed the cat's company and was happy to have them in their presence. The resident offered the inspector their personal plan, however declined to look at it with the inspector.

The third and fourth resident returned to the centre at lunch time after attending day service. It was clear they were comfortable in their home as one resident entered the centre in a jovial manner, appearing content to be there. Residents had lunch with staff on their return. The atmosphere was relaxed and homely with staff and residents engaging in conversation and enjoying soup which had been prepared.

Residents were keen to speak with the inspector and appeared to enjoy sharing their life history and how they had come to live in the centre. One resident spoke

about their interest in Irish rugby, and recent matches. They shared their hope to attend a match when Ireland would play England. The staff team advised that a future goal was to attend a game. The resident showed the inspector around outside and demonstrated their interest in growing and maintaining the garden. The resident also shared art work and jokes with the inspector.

The third resident met with the inspector and spoke of their past, and also about those that are important to them. They spoke about their work, it was evident that they took great pride in this and valued the money they earned. Later in the day, the resident returned from shopping and appeared excited about their purchases. When the inspector was leaving the resident was relaxing watching a preferred programme on their device.

The premises overall was well maintained, improvements were required in terms of accessibility to the garden. Residents could access the garden however one resident was required to use the front door and was limited to the path at the rear of the house. The person in charge advised the inspector of plans to upgrade the surface improving accessibility in 2026.

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 inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre.

At the time of inspection, the annual review for June 2023 to 2024 was not available in the centre and had not been made available to the residents. The annual review for June 2024 to 2025 was printed on the day of inspection.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

There was systems in place for the training and development of the staff team, staff spoken to throughout the inspection had the necessary skills and competency to care for residents.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place between 06/10/2025 and 02/11/2025 and found that staffing arrangements were in line with the statement of purpose (version 3).

The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. Two staff members were on duty each day. One waking staff member and one sleepover staff were present at night. There was a core staff team with the relevant skills, qualifications and experience in place, which ensured continuity of care and support to residents.

The inspector reviewed staffing request raised by one resident with the management team on the day of inspection. One to one staffing was previously provided following transition to the centre however reduced following an assessment. The provider was continuing to discuss with the resident about how best to meet their needs.

On the day of the inspection, the inspector met with two staff members on duty. One staff member was the team lead for the house and the second a direct support worker. Both staff were seen to be knowledgeable in their roles and residents appeared content in their presence.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding, infection prevention control (IPC) and medication management. The inspector reviewed the staff training records and found that all staff had received up-to-date

training or refresher training had been scheduled. A new course had been developed, Positive behaviour support in practice. Eight staff were yet to complete this training, the inspector was advised that this was scheduled on a priority basis and would be scheduled in due course.

The staff team in this centre were supported in their role by the completion of formal supervision and a clear staff supervision system was in place. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a team leader.

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The audit schedule for 2025 and sample audits were reviewed by the inspector. Audits reviewed included individual assessment and plan, protection and positive behaviour support, all of which demonstrated 100% compliance.

An audit in governance and management completed in August noted 83% compliance. Two actions were required, the completion of an infection, prevention and control (IPC) audit which was viewed by the inspector and secondly the publication of the annual review for the centre. At the time of inspection, the annual review for June 2023 to 2024 was not available in the centre and had not been made available to the residents. The annual review for June 2024 to 2025 was printed on the day of inspection.

During the inspection, the inspector reviewed an incident which was categorised as 'verbal or threatening behaviour - fellow resident'. This incident had not been reported as per the adult safeguarding policy or notified to the Office of the Chief Inspector.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated

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

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents were of a good standard. The inspector observed that residents had opportunities to take part in activities and to be involved in their local community. Residents were actively making decisions about how they wished to spend their time, and were supported in developing and maintaining connections with their family and friends. On the day of inspection, residents attended day service, went shopping and also relaxed in their home.

The premises was spacious and suitable for the needs of the residents living there, albeit some works were required to improve accessibility in the garden areas. The person in charge advised the inspector that there were planned works in 2026.

The management and staff team were striving to provide person-centred care to the residents in the 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.

As noted previously improvements were required in the identification of safeguarding concerns and reporting to the relevant authorities.

Regulation 13: General welfare and development

Residents were found to be very well supported to have active and meaningful lives.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Some residents chose not to attend a day service however, staff ensured that a number of recreational, social and educational activities were made available to them.

Residents also liked activities such as:

- employment
- day service
- shopping
- meals out
- concerts

- shows.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and was 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 which was decorated in a tasteful manner and had personal items on display in line with the residents' wishes and preferences.

Additionally there was a large sitting room with a TV, a fully furnished kitchen come dining room, a sun room (with a TV) and large communal bathroom.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight. The inspector reviewed a sample of incidents, there was appropriate reporting, recording and risk response evident. The provider was responsive and reviewed control measures to mitigate risk. For example, the location of an outdoor ashtray was relocated to reduce the risk of fire after a resident had failed to extinguish a cigarette fully.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. For example, escape routes were clear from obstruction. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

From review of documentation fire drills indicated residents could be safely evacuated. For one resident a mobile ramp was required, the provider identified works were scheduled to provide a permanent ramp to further reduce the time for evacuation.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist.

Guidelines regarding positive behaviour were integrated into the residents personal plan, plans guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

There were no restrictive practice in use in the centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were observed to be safe and well cared for in this centre. The provider had systems in place for the detection, management and reporting of safeguarding concerns. However, improvements were required.

The inspector reviewed any safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented.

However, during the inspection, the inspector reviewed an incident which was categorised as 'verbal or threatening behaviour - fellow resident'. This incident had not been reported as per safeguarding policy or notified to the Office of the Chief Inspector. It is recognised that the provider had taken action to mitigate risk to

residents at the time of the event and subsequently to limit further incident.
Judgment: Substantially compliant
Regulation 9: Residents' rights
<p>From review of documentation, discussion with staff members and from the inspectors observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manor that was accessible to them allowed them to make a decision.</p> <p>All staff spoke to residents in a respectful, supportive manner and care and support observed was completed in a caring and professional manner.</p>
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookside House OSV-0005714

Inspection ID: MON-0048484

Date of inspection: 05/11/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Unfortunately, the June 2023–June 2024 Annual review was not published. The review is being retrieved and will include a comprehensive assessment of the quality and safety of care delivered, analysis of residents' feedback, incident review, safeguarding information, and actions taken to improve service provision. Once finalised, the annual review will be published and made available within the centre. Residents and their representatives will be informed of its availability, and staff will support residents to review the content in line with their communication needs.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Following the inspection, retrospective NF06 and PSF1 notifications relating to the incident were submitted to HIQA and to the local Safeguarding Team by the Person in Charge (PIC), in line with regulatory and policy requirements. Since the event, no further adverse interactions have been observed between the two residents involved. A review of reporting requirements has been completed within the centre, to ensure all incidents that meet, or may meet, the threshold for potential safeguarding concerns are reported appropriately. This will be monitored through the incident management process, to ensure all notifications are made in a timely manner.	

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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	31/12/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action	Substantially Compliant	Yellow	08/12/2025

	where a resident is harmed or suffers abuse.			
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