



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

Issued by the Chief Inspector

Name of designated centre:	Aubrey Respite
Name of provider:	Sunbeam House Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	04 December 2025
Centre ID:	OSV-0007795
Fieldwork ID:	MON-0040537

About the designated centre

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

Aubrey Respite is a designated centre operated by Sunbeam House Services located in South County Dublin. It provides a respite service for adults with an intellectual disability. The maximum amount of residents who can avail of a respite break at any one time is three. The centre is a two-storey house which consists of a sitting room, kitchen/dining area, three individual resident bedrooms, a shared bathroom and a staff room. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge, a deputy manager and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 December 2025	10:15hrs to 17:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff, residents and their family members, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a high level of compliance. Residents were receiving good quality, safe and person-centred care and support that was in line with their needs, preferences and the centre's statement of purpose.

The centre provides short respite breaks for adults with intellectual disabilities. The length of stay is usually for two to three nights; however, longer stays of up to seven nights may be accommodated. The centre can accommodate a maximum of three residents per night, but the occupancy may be less at times and is based on the assessed needs of residents. Residents with particular needs relating to mobility and behaviours are not accommodated in the centre. Additionally, the residents' representatives remain their primary care givers; for example, the provider does not facilitate health care appointments.

The centre comprises a two-storey house in a small town with many amenities and services, including supermarkets, eateries, a pub, parks, and public transport links. The inspector walked around the house with the person in charge. It comprises three resident bedrooms, a staff room, bathrooms, a sitting room, an open plan kitchen and dining room, and a large back garden. The house was seen to be clean, warm, comfortable and well equipped. It was also homely and nicely decorated with nice photos of residents on display.

The inspector also observed good fire safety precautions. The fire detection, fighting and containment equipment appeared to be in good working order, and evacuation plans were available to guide staff on safely evacuating the centre. The premises and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, three residents were in the centre, and the inspector had the opportunity to meet them. Two residents did not express their views, but one resident was happy to speak with the inspector and tell them what it is like to stay in the centre.

The resident said that they loved the centre and would not change anything about it. They said that they could choose how they spent their time, and liked to relax, rest and use their smart device. They said that the staff team were great fun and had a good sense of humour. There was also enough staff on duty to support the resident and their wishes. The resident felt safe, and had participated in fire drills.

During the inspection, the inspector observed staff engaging kindly with residents

and offering them choices about what they wanted to do during the stay, such as going to the cinema, sea side, for a walk, or to help decorate the house for Christmas.

In advance of the inspection, four residents had been supported to complete surveys on what it was like to stay in the centre. Their feedback was positive, and indicated that they felt safe, liked the food, could choose how they spent their time, were satisfied with the care and support they received, and liked the staff team.

The inspector also met one resident's family member in the centre and spoke with another resident's family member on the phone. They both gave very positive feedback on the service provided in the centre. They said that the residents were happy and looked forward to going to the centre. One family member said that their loved one smiled when the centre was spoken about. They told the inspector that the residents were supported to engage in activities of their choice, including using public transport to go on day trips, going to the cinema and for walks, eating out, and using their smart devices.

The family members had no concerns, and said that they felt assured that residents were safe and well cared for. They said that the staff were kind and had a good understanding of the residents. They were also satisfied with the communication from the centre; for example, staff contacted the residents' families in advance of their stays to check if there were any updates to their care and support needs.

During the inspection, the inspector spoke with different staff members including two operations managers, a social care worker, the deputy manager and the person in charge.

The person in charge and deputy manager also managed another respite centre operated by the provider. They said that the centre concerned provided a holiday-like stay for residents in a relaxed and peaceful environment. They said that residents gave good feedback about the centre and looked forward to their next stay. Residents were consulted with, listened to and could choose how they spent their time. Their preferences were respected; for example, some residents liked to go on outings, while others preferred to stay in the centre where they could relax, use their smart devices, or play games and watch television. The management team welcomed family input, and during the summer had arranged a party in the centre for residents' families to attend and meet each other.

The management team were satisfied that residents' needs were met while they were in the centre. The staffing arrangements were appropriate and the premises were homely. Residents' admissions were managed to reduce any risks. For example, resident compatibility was assessed, and some residents were admitted on their own due to their needs. The management team also sit on the provider's funder's respite committee with other providers to discuss potential new admissions.

The social care worker told the inspector that the centre provided an enjoyable break for residents, and that they could make choices while they were there, including how they spent their time and their meals. Some residents had communication needs, and the social care worker was familiar with the different

means they used, such as picture exchange programmes. The social care worker also demonstrated a good understanding of the residents' intimate care, nutrition, and medicine administration plans, as well as the arrangements for reporting safeguarding concerns. They said that their staffing arrangements had improved in recent months, and they had no concerns for residents' safety. They felt supported in their role, and said that they could easily raise any concerns with the management team.

Overall, the inspector found that residents were receiving good quality and safe care in the centre. Feedback from residents and their representatives indicated that they were happy in the centre and were satisfied with the service provided to them. Overall, the centre was well resourced to operate in line with its statement of purpose.

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 affects the quality and safety of the service being delivered.

Capacity and capability

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024; and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report included an organisation improvement plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector's overall assessment of the provider's implementation of the provider's plan and its effectiveness in driving improvements. There had been a number of quality improvements made in the centre which demonstrated progress on the provider's implementation of the improvement plan and how it was impacting on the quality of life for residents in this centre.

This announced inspection was scheduled as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract. The inspector found that there were effective management systems in place to ensure that the service provided to residents was safe, consistent, appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate and the premises were well maintained.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in their role by

a deputy manager. They reported to an operations manager, and there were arrangements for them to communicate and escalate information.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement. Actions from the audits were being implemented to enhance the quality and safety of the services provided in the centre.

The person in charge was satisfied that the staff skill-mix and complement were appropriate. There was one vacancy, but it was managed well to reduce the likelihood of an adverse impact on residents.

There was an induction folder with key information for new staff to refer to. However, the inspector found that four agency staff who had recently worked in the centre had not signed the associated sheet to indicate that they had received an induction. During the inspection, the deputy manager arranged for the four agency staff to be re-inducted and then sign the signature sheet when they next worked in the centre.

The person in charge maintained planned and actual rotas. The rotas clearly noted the staff on duty and the hours they worked. The inspector also reviewed a sample of the staff Schedule 2 files, and found that they contained the required information.

Staff were required to complete training as part of their professional development. The inspector reviewed the staff training log with the person in charge. The log showed that staff were up to date with their training requirements.

There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The meetings were scheduled approximately every eight weeks. The inspector read a sample of the July to October 2025 minutes. The minutes noted discussions on safeguarding, fire safety, staff training, audits actions, risk assessments, incidents, restrictive practices, the provider's overall compliance improvement plan.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of a deputy manager, person in charge and social care workers was appropriate to the number and assessed needs of the residents accommodated in the centre.

The person in charge was satisfied with the staffing arrangements, and told the inspector that the number of staff on duty was sufficient. They said that the staff team worked well together to meet the residents' needs. Residents and their representatives gave good feedback on the care and support provided by the staff. There was one vacancy, and it was covered by staff working additional hours and agency staff. The management team endeavoured to reduce any adverse impact on residents by scheduling a permanent staff member on duty at all times where possible.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas from October to December 2025, and found that they showed the names of the staff working in the centre during the day and night.

The inspector reviewed three staff Schedule 2 files during the inspection. The files contained the required information, including vetting disclosures, written references, and evidence of qualifications and photographic identification.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents.

The inspector reviewed the staff training log with the person in charge. It showed that staff were up to date with their training needs, and had completed training in relevant areas including safeguarding of residents, fire safety, administration of medication, manual handling, communication, infection prevention and control, human rights, positive behaviour support, first aid, assisted decision-making, and supporting residents with modified diets. The management team had also arranged in-person key worker training for staff later in the month.

The management ensured that staff were supported in their roles, and also provided them with formal supervision. The inspector reviewed the supervision records for four staff in 2025, and found that staff had received supervision in line with the provider's policy. Staff spoken with told the inspector that they felt supported in

their roles.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well resourced in line with the statement of purpose; for example, the premises and staff arrangements met the residents' needs.

There was a clearly defined management structure in the centre. The person in charge was full-time, and supported in their role by a deputy manager. They also managed another respite centre operated by the provider. They told the inspector that they had a busy and wide work load due to the large number of residents accessing both centres. This posed a risk to the centre that required ongoing consideration from the provider; however, at the time of the inspection, it was not seen to be impacting the effectiveness of the current governance and management arrangements. There were arrangements for the management team to communicate with the operations manager, including scheduled meetings and informal communications. The inspector reviewed a sample of their governance meetings in 2025. The most recent minutes from November 2025 included a broad range of topics, such as the statement of purpose, incidents, residents' files, audits, staffing, and health and safety matters.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and six-monthly unannounced visit reports. The management team also carried out audits of restrictive practices, health and safety matters, and medication management. The audits identified actions for improvement where required, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the management team, and there was an on-call service during out of normal working hours. In addition to the

support and supervision arrangements, staff could attend team meetings which provided a forum for them to raise any concerns.

On review of documentation and from speaking with the management team, the inspector found that a number of the provider's plans for bringing Regulation 23: Governance and management, into compliance, across their centres, had been completed or were in progress in this centre. For example:

- Key worker training was scheduled for staff
- Documentation was being standardised to ensure consistency and ease of use
- An agency induction folder was in place
- The positive behaviour support plan tracker was in place
- The recently appointed operations manager had received a formal induction

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was updated during the inspection, and was available for residents and their representatives to access.

Judgment: Compliant

Quality and safety

Overall, the inspector found that resident's wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents and their representatives gave good feedback on the centre, and it was clear that the centre endeavoured to provide a relaxing and enjoyable break for residents where they could choose how they spent their time.

The premises comprises a two-storey house. The house comprises three residents' bedrooms, a staff room, bathrooms, a rear garden, and an open plan kitchen and dining room. The house was seen to be homely, comfortable, clean, and nicely decorated.

The inspector also observed good fire safety precautions. For example, there was fire-fighting equipment throughout the house, and staff had received fire safety training. Fire drills were also regularly carried out to test the effectiveness of the evacuation plans.

Residents' needs had been assessed and associated care plans had been prepared as required. The plans, including those on communication and intimate care, were readily available to guide staff practice and included information on residents' preferences and interests. The management team spoke of the ongoing challenges in maintaining the large number of residents' files. However, the provider had initiated a programme to review and standardise documents to ensure consistency, which would also help to ease the burden of maintaining the documentation.

Residents were able to choose their activities in the centre. Some residents liked to stay in the centre and relax, while others preferred to be more active and go on social outings. There was no dedicated vehicle available to the centre. One resident said in their survey that a vehicle allocated to the centre would allow for more outings. However, the centre was very close to public transport links, including buses and trains. There was also various services and amenities within a short walking distance, such as shops, a pub, eateries and parks.

The provider had arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. The inspector found that previous safeguarding concerns had been appropriately reported and managed.

There were also appropriate and suitable practices in place for the receipt, storage and administration of residents' medicines while they were in the centre. These practices were underpinned by a written policy, which was under review at the time of the inspection.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means.

Residents communicated in various means including spoken language and using visual aids such as picture exchange programmes. The inspector reviewed four support plans in relation to communication. The plans were up to date and outlined to staff how each resident communicated their needs and preferences. The inspector also observed that specific visual aids required by some residents were available in the centre.

The provider had also ensured that the resident could access different media forms in the centre, including televisions and the Internet.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider, person in charge and staff team ensured that residents could decide how they spent their time in the centre and choose activities in line with their needs and interests. This contributed to them having an enjoyable break in the centre.

Feedback from residents and their representatives indicated that residents liked staying in the centre and were satisfied with the facilities and their opportunities to participate in social and leisure activities. Some residents liked to be active in the community, while others preferred to relax in the centre. Within the centre, residents could connect their smart devices to the Internet to stream entertainment, and there was an array of books and games for them to use.

Residents' plans outlined their preferences, interests and favourite activities. The inspector reviewed six residents' daily notes from their recent stays. The notes recorded various activities that were in line with the residents' interests. The activities included using their smart devices, watching television and listening to music, using public transport to visit nearby sea side towns, eating out, walking, shopping, and going to the cinema and pub.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a two-storey house in a small town with many amenities and services. The premises were found to be appropriate to the needs of the residents in the centre, and met the requirements of Schedule 6.

The house was seen to be clean, bright, warm, comfortable, and nicely furnished. It was also homely with nice photos of residents on display. There was sufficient communal space including bathroom facilities, an open-plan kitchen and dining room, and a large back garden. The residents' bedrooms were nicely presented, and provided sufficient space and storage for residents' belongings. The house was well equipped and the facilities appeared to be in good working order.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was up to date and included the required information such as the visiting arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. Staff also completed daily, weekly and monthly fire safety checks. The fire panel were addressable and easily found in the front hallway. The inspector observed that a sample of the fire doors, including the kitchen and bedroom doors, closed fully when released.

Written evacuation plans had been prepared and were on display beside the fire panel for staff to follow. Individual evacuation plans for residents had also been prepared which outlined the supports they required. The inspector viewed four plans and found that they were up to date. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge and deputy manager had ensured that appropriate practices were in place for the receipt, storage, disposal and administration of medicines. The practices were underpinned by the provider's medication management policy, and included training for staff on how to administer medicines. The policy was due under review, and the local management team were involved in the review to ensure that it took into account the practices and circumstances relevant to respite services.

The inspector reviewed a sample of two residents' medication documents, including prescription sheets, administration record sheets, and protocols. The inspector found that the documents were appropriately detailed and maintained to show that residents received their medicines in accordance with their prescription sheets. Medicines were also observed to be securely stored.

Residents' representatives are contacted before each admission to check if there any changes to residents' medicines, and their medicines are also checked when the residents arrive and leave the centre to ensure that any discrepancies are identified and managed. There were also good arrangements for the review of medicine errors. For example, errors were recorded, reported, reviewed by the management team, and discussed to reduce the likelihood of recurrence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that suitable arrangements were in place to meet the needs of residents in the centre.

The person in charge had ensured that residents' needs were assessed to inform the development of written personal care plans. The inspector reviewed a sample of four residents' assessments and personal care plans, including those on nutrition, mobility, intimate care, communication, safety, and health care.

They were up to date and readily available to guide staff on the care and support residents required. They also included important information on the residents' interests and preferences so that staff knew how to ensure that they had a good time in the centre. Staff spoken with had a good understanding of the care plans discussed with the inspector.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. The provider had prepared a written policy on the safeguarding of residents to underpin its systems.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff were also reminded of the safeguarding reporting procedures during team meetings. Staff spoken with were aware of the procedures for reporting any safeguarding concerns.

The inspector reviewed three safeguarding allegations in 2024 and 2025. The allegations had been appropriately reported and managed with actions identified to protect residents from potential abuse.

Intimate care plans had been prepared to support staff in delivering care to the resident in a manner that respected their dignity and bodily integrity. The inspector viewed three plans and found that they were up to date.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant