



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

**Issued by the Chief Inspector**

Name of designated centre:	Ashton Broc
Name of provider:	Dara Residential Services
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	16 October 2025
Centre ID:	OSV-0008468
Fieldwork ID:	MON-0039290

## About the designated centre

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

This designated centre can provide full-time residential care for up to four adults with intellectual disabilities. The designated centre comprises of two separate houses, each located quiet residential estates in a town in Co. Dublin. Each of the houses can accommodate up to two residents who would each have their own bedroom, a communal kitchen, sitting room and bathrooms.. There is a garden to the rear of both houses. The centre has its own vehicle available for residents to bring them to community and social activities in the local town and to appointments when required. The staff team comprises of an interim person in charge, team leader and support workers.

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

Number of residents on the date of inspection:	2
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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
Thursday 16 October 2025	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents living in the centre received a good quality of care in which their independence was promoted. However, it was identified that some improvements were required to ensure that goals identified for residents were specific and measurable. A number of policies and procedures were overdue for review, and the current vacant premises required some maintenance. The purpose of this inspection was to inform an application by the provider to renew the centre's registration.

The centre comprised of two separate houses which were located in separate housing estates, a relatively short drive by car away from each other. The centre had originally been registered in February 2023 to comprise of one house for two residents. However, in September 2025, the provider was granted an application to vary the conditions of registration and increase the footprint of the centre from one to two houses and to increase the bed numbers from two to four residents. At the time of this inspection, there were only two residents living in one of the houses and consequently there were two vacancies. The houses were located within walking distance of a range of local amenities.

The residents had transitioned to living in the centre from their own family homes in February 2023 soon after the centre's original registration. Relatively recently, these two residents had moved to the newly registered house as it was considered that the layout and size of the house better met the residents' individual needs. New referrals for the vacant positions were being considered. It was reported that the residents' transition to the new house had gone well and both residents had settled well into their new home. The residents were considered to be compatible with each other and to enjoy some social activities together but overall enjoyed their own space and individual activities. There had been one safeguarding concern in the centre in the preceding period which had been appropriately responded to.

On the day of inspection, the inspector met separately but briefly with each of the residents on their return from their respective day service programme. Both of the residents were reluctant to engage with the inspector but appeared in good spirits and comfortable in their home. It was noted that one of the residents could find the transition from their day service programme to an evening routine in the centre difficult for a period each day. Staff were observed to be patient, kind and supportive with each resident as they sought their assistance and reassurance. Overall, there was an atmosphere of friendliness in the centre and it was evident that staff had a close relationship with the residents.

The house where both of the residents were living was found to be comfortable, homely and in a good state of repair. There was a fully equipped kitchen come dining area, downstairs toilet, two bedrooms upstairs with a shared main bathroom. There were two separate sitting rooms on the ground floor with one allocated to each of the residents. Each of the residents had their own television and other

personal items of significance to them in these rooms. There was a notice board and a board outlining the individual resident's planned routine which supported individual residents to reduce anxiety. Both of the residents had their own bedroom which had been personalised to the individual resident's tastes and were a suitable size and layout for the resident's individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. Pictures of the resident and important people in their lives and other memorabilia were on display.

One of the residents had posters and other memorabilia of 'Mario' and other Marvel characters in their bedroom. The other resident had a large collection of DVDs and cuddly toys. Staff reported that both residents enjoyed spending time in their sitting rooms. One of the residents enjoyed playing computer games on their lap top and gaming machine. The layout of the new house facilitated this resident to play their video games in their allocated sitting room. In the former house, one of the residents would have only played their video games in their bedroom which was not always conducive to the room, being a restful area. There was a small sized garden to the rear of the centre which included a seating area for outdoor dining. The person in charge reported that there were plans to develop the new garden over the coming period.

The inspector visited the other house, from where the residents had transitioned from. It was noted that there was some worn paint on walls and woodwork throughout the house. Items of furniture had moved with the residents, so sitting room and bedroom furniture and kitchen utensils had yet to be replaced in the house.

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents. Neither of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. A detailed transition plan had been put in place to support residents' transition to the new house. The provider had a rights officer in place and their contact details were available for residents and on display. Staff were observed to check in with each resident in a kind and dignified manner on their return to the centre and to seek permission to enter residents' personal areas.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that their loved ones were receiving. The provider had completed an annual review of the quality and safety of the service and this included a survey with relatives who indicated that they were happy with the care and support provided. Both of the residents were supported by staff to complete an office of the chief inspector questionnaire which indicated that the residents felt that their home was a nice place to live and that they were enabled to make choices in their daily lives. There had been no recorded complaints in the preceding six-month period.

Residents were supported to engage in meaningful activities in the centre and local

community. Both of the residents were engaged with a day service programme which they were reported to enjoy. Each of the residents engaged in some activities within the local community. Examples of activities that residents engaged in included, walks to local scenic areas, drives, family visits, bowling, horse riding/ equine therapy, cinema and meals out. From their day service programme, residents undertook activities such as swimming and gym. One of the residents had completed a valet course the previous year and the other resident had enrolled in a healthy eating and computer course this year.

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

## **Capacity and capability**

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person. An interim person in charge had been appointed to the centre pending the recruitment of a new full-time person in charge which was in the final stages. The interim person in charge held the position of director of administration and was suitably qualified and experienced. The interim person in charge was being supported by a team leader in this centre who had some protected time for their role.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge reported to the chief executive officer. The interim person in charge and chief executive officer held formal meetings on a regular basis. The team leader reported to the director of administration and reported that they felt supported in their role.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, health and safety checks, fire safety, finance, medicine and infection prevention and control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of both residents. At the time of inspection, the full complement of staff were in place. A number of staff had been working in the centre for a significant period and the full team had transitioned with the two residents to the new premises. This provided consistency of care for both of the residents. The

actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their roles. Refresher training had been scheduled for staff requiring same. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

#### Regulation 14: Persons in charge

The interim person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. Recruitment was in the final stages for a new full-time person in charge. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the interim person in charge. These documents demonstrated that the interim person in charge had the required experience and qualifications for the role. The interim person in charge was in a full-time position but also held the title of director of administration across the wider organisation. The interim person in charge reported to the chief executive officer. In interview with the inspector, the interim person in charge demonstrated a good knowledge of the residents' care and support needs and oversight of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of both residents. At the time of inspection, the full complement of staff were in place. Recruitment was in the final stages for a full time person in charge. The full staff team had transitioned with the two residents to their new home. This provided consistency of care for the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their roles and to improve outcomes for residents. Staff had attended all mandatory training and it was noted that refresher training had been scheduled for residents identified to require same.

Staff supervision arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits had been completed and there was evidence that actions were taken to address issues identified in those audits.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for each of the residents which detailed the services to be provided and the fees payable.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to appropriately reflect the service provided and to contain all of the information set out in schedule 1 of the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted a suite of policies and procedures on the matters set out in schedule 5 of the Regulations. However, the inspector identified that a small number of the policies and procedures had not been reviewed in line with the requirements of the Regulations. These included, the staff training and development policy, dated September 2022, the policy for the provision of information to residents, dated September 2022 and the access to education, training and development policy, dated September 2022.

Judgment: Substantially compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality and person-centred, which promoted their rights. However, some improvements were required to ensure that suitable goals were identified for the residents and to ensure that the premises currently vacant was suitably maintained and had suitable furniture and facilities in place.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan 'All about me and how to support me' document reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. A valued social roles plan was in place for each resident which covered their individual needs, desired goals, actions to achieve the identified goals with timelines and persons responsible identified. It was noted that an annual review of the personal plans had been completed to review the effectiveness of the plans in place. However, on review of documentation and from speaking with staff, it was considered that the goals identified for individual residents were in some cases not specific or measurable. For example goals identified included to 'maintain contact with family' and to 'support access to community'.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments were in place. An 'My safety assessment' and 'My safety plan' had been recently reviewed. These outlined appropriate measures in place to control and manage the risks identified.

Health and safety, and infection control audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse

events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire-fighting equipment and the fire-detection system were serviced at regular intervals by an external company and checked regularly as part of internal checks in both houses. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving residents, had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. Fire drills had successfully been undertaken with both residents following their transition to the centre.

#### Regulation 17: Premises

The centre comprised of two separate houses which were located a relatively short distance away from each other by car. The house occupied by the two residents was found to be comfortable, homely and in a good state of repair. The layout of this house was noted to be suitable for the assessed needs of the residents. The other house had previously been occupied by the residents prior to their transition to the new house. It was noted that there was some worn paint on walls and woodwork throughout the house. Items of furniture had moved with the residents. Furniture in the sitting room and bedroom and kitchen dishes and utensils had yet to be replaced in the house.

Judgment: Substantially compliant

#### Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Overall, there were a low number of incidents in this centre.

Judgment: Compliant

#### Regulation 29: Medicines and pharmaceutical services

Overall, there were suitable and appropriate practices in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. However, it was noted that a self administration of medicine assessment had not been completed for one of the residents. A self administration assessment was on file for the other resident but was not dated. There were regular medicine audits completed and medicine checklists.

Judgment: Substantially compliant

#### Regulation 5: Individual assessment and personal plan

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices. However, on review of documentation and from speaking with staff, it was considered that the goals identified for individual residents were in some cases not specific or measurable. For example goals identified included to 'maintain contact with family' and to 'support access to community'.

Judgment: Substantially compliant

#### Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for residents. A reduction plan for unhealthy foods was in place for one of the residents. Emergency transfer information sheets were available with pertinent information for both of the residents should a resident require transfer to hospital.

Judgment: Compliant

#### Regulation 7: Positive behavioural support

Residents living in the centre were provided with appropriate emotional support. It was noted that the behaviours of one of the residents could be challenging and difficult on occasions to manage in a group living environment. However, incidents were considered to be well managed. Behaviour support plans were in place for

residents identified to require same and these provided a good level of detail to guide staff in supporting residents. There were a small number of restrictions in use and these were regularly reviewed. It was noted that the layout and design of the new house which provided an identified sitting room for each resident promoted the residents' emotional support.

Judgment: Compliant

#### Regulation 8: Protection

There were appropriate safeguarding arrangements in place. There had been one allegation or suspicion of abuse in the preceding three-month period. This had been appropriately responded to in line with the provider's safeguarding policy. Staff spoken with had a good knowledge of safeguarding procedures and requirements.

Judgment: Compliant

#### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. A detailed transition plan had been followed to support two residents' transitions to the new house. The residents had access to the national advocacy service and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights officer in place and their contact details were available for residents. A number of staff had completed training on residents' rights. A staff member spoken with told the inspector that the training had supported them in upholding residents' rights in the centre.

Judgment: Compliant

## **Appendix 1 - Full list of regulations considered under each dimension**

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ashton Broc OSV-0008468

Inspection ID: MON-0039290

Date of inspection: 16/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policies due for review have been reviewed and awaiting approval from the Board of Directors.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The vacant will be repainted and brought to a good standard before the next resident moves in. Furniture in the sitting room and bedroom and kitchen delph and utensils will be replaced in the house before the house is occupied.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Self administration of medicine assessments will be completed for all residents.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Personal Plans will be reviewed to ensure goals identified for individual residents are specific and measurable.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes	Substantially Compliant	Yellow	30/11/2025

	and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2026