

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

## Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services Orchard View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0008633
Fieldwork ID:	MON-0046386

## About the designated centre

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

Duffcarrig Services Orchard View consists of two residential units located in a rural community setting, that can offer a home for a maximum of eight residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the two units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. Residents are supported by a staff team that comprises social care leaders, staff nurses, social care workers and care assistants.

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

Number of residents on the date of inspection:	7
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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 1 May 2025	10:15hrs to 18:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told them, and what the inspector observed residents were leading busy lives, making decisions and choices in their day-to-day lives and engaging in activities of their choosing. This unannounced inspection was completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). The inspection was completed by an inspector of social services over the course of one day. Overall, the inspection had positive findings, with the majority of regulations reviewed compliant. An area where some improvements were required related to the premises and grounds and this will be discussed later in the report.

Duffcarrig Services Orchard View provides full-time residential care for up to eight adult residents with an intellectual disability. The centre comprises two large houses beside each other on a rural site in County Wexford. There are also two other designated centres operated by the provider on the same site. The grounds are extensive with mature plants and trees and a number of seating areas. There are two vehicles to support residents to attend appointments and to access their local community.

Over the course of the inspection, the inspector had an opportunity to meet and communicate with six of the seven residents living in the centre, three staff members, the person in charge and two persons participating in the management of the designated centre (PPIM). One resident was out at a local men's shed so the inspector did not have an opportunity to meet them.

During the inspection, the inspector had an opportunity to engage with residents and to observe them as they went about their day. They had a variety of communication support needs and used speech, sign language, vocalisations, facial expressions, and body language to communicate. Four residents told the inspector what it was like to live in the centre, one resident used sign language to tell them, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of the remaining residents.

Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in the centre. Residents who spoke with the inspector informed them that they liked living in the centre, felt safe and were well supported by the staff team. Residents spoke about the important people in their lives, their hobbies and interests and the supports that were in place to enable them to explore their community. They spoke about making choices and decisions on a daily basis.

From what the inspector observed, residents dictated the pace of the day. They got

up when they wished to, had meals and snacks when it suited them and went out and about, when they wished to. During the inspection residents were engaged in a number of activities in their home. They were observed making snacks, meals and drinks, relaxing watching movies or listening to music, or spending time in the multisensory room. They were also observed coming and going to appointments or trips with the support of staff. For example, in the morning one resident went to an appointment, while another went swimming. In the afternoon, one resident went out on a shopping trip with staff. A number of residents spoke about their plans to attend a music session in the hub on site in the afternoon.

One resident spoke about a recent trip to meet their family. They spoke about their favourite sports, their favourite football team and what they would do if they had any worries and concerns. Another resident showed the inspector around their apartment. They had an extensive collection of books and showed the person in charge and the inspector some of their favourite ones.

Based on a review of a sample of residents' support plans and activity planners, they were engaging in their local community on a regular basis. For example, they were going to the local shops, using local services such as hairdressers, going out for meals and snacks, meeting and spending time with their friends and family, and taking part in activities such as swimming, bocce, going to the gym, sound therapy, horse riding, and bowling.

Staff were observed to respect residents' privacy in their home. They were observed to knock on residents' apartment and bedroom doors before entering. Staff who spoke with the inspector used person-first language and focused on residents' strengths, talents. They also spoke about encouraging residents' independence and the ways in which residents contributed to their home and their community. Throughout the inspection, staff were observed to be very familiar with residents communication styles and preferences. They were available to residents should they require support. They were observed spending time with residents and to take time to listen to them and support them to make choices and decisions.

There were easy-to-read documents available about areas such as, complaints, rights, safeguarding and how to access independent advocacy services. There were picture rosters and menu planners on display. The inspector reviewed a number of complaints from residents about accessibility of the grounds around their home and this will be discussed later in the report.

Resident and family input was sought as part of the provider's annual and six-monthly reviews. The feedback from residents mostly related to the activities they enjoy. The feedback from their representatives indicated they were happy with care and support in the centre. An example of one comment included was "very satisfied with care and consultation". The inspector also reviewed the complaints and compliments log. Three compliments were reviewed and comments included, "happy warm house", "staff warm and friendly", "staff attitude of dignity and respect and caring", "I really couldn't be happier with how well .... is cared for by all the staff team".

In summary, it was evident that residents living in this centre were receiving a good quality service which was promoting their rights, and ensuring that they were safeguarded. Residents appeared to be comfortable and content in their home and were taking part in activities they found meaningful at home and in their local community.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The inspector found that this was a well-run service where residents' rights were respected and upheld. The provider had employed staff who had the necessary skills and experience to support residents. The provider supported staff to be aware of their roles and responsibilities in relation to the care and support they provide for residents. The provider was aware that additional staffing was required, at times, particularly in one of the houses and the inspector was informed they were keeping this under review.

The inspector found that staff had access to training and refresher training in line with the organisation's policy, including safeguarding training. Information was shared with the staff team at handovers and staff meetings to ensure that all staff were kept informed of residents' current care and support needs, their wishes and goals, and any control measures in place to keep them safe.

The provider had effective governance and management arrangements in place to assure itself that a safe service was being provided to residents. There were clear lines of responsibility and accountability. Safeguarding and incidents were regular topics discussed at staff meetings and in the provider's annual review and six-monthly reviews.

## Regulation 15: Staffing

There were planned and actual rosters and a sample of two months rosters in 2025 were reviewed. These demonstrated that all the required shifts were covered by regular staff, relief staff and a small number of agency staff. A staff vacancy had recently been filled and the staff was on boarding at the time of the inspection. In the interim, the provider was ensuring continuity of care and support for residents. For example, an average of 12 shifts were covered every two weeks by two to three relief staff and two shifts were covered by agency staff.

As previously mentioned, the provider was aware that additional staff support was

required, at times, particularly in one of the houses. They were putting additional staff in place three to four times per week and keeping this under review. The inspector was also informed that additional staff were available in some of the other houses on the campus to support at times and that staff could access additional support, if and when required through the on call manager. The inspector was informed by the local management team that assessments were in progress and if required an application would be submitted to the funder for additional staffing supports.

A sample of three staff files were reviewed and these contained the required information. This included Garda or police vetting, reference checks and valid identification for staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and a sample of certificates of training for five staff. 100% of staff had completed safeguarding training. In addition, the majority of staff had completed, human rights training online and eight staff had completed in person training. Staff had also completed training on the Assisted Decision-Making (Capacity) Act 2015, open disclosure, supporting decision making and autism awareness. Plans were in place for staff to complete sign language training.

The inspector spoke with two staff who reported that they were well supported by the local management team and aware of how to report any concerns they may have. The inspector reviewed the supervision and probation schedule and a sample of supervision records for four staff. Discussions at these meeting varied and included topics such as staff's roles and responsibilities, residents' goals and wellbeing, complaints and compliments, incidents and safeguarding.

The inspector also reviewed a sample of staff and management meeting minutes. Discussions were held around maintaining a safe environment for residents, ensuring residents were satisfied with care and support in the centre, presenting and potential risks, complaints, compliments, incidents and accidents, risk management and safeguarding.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the provider was successfully implementing a number of



control measures to reduce presenting risks relating to incidents, accidents and safeguarding in this designated centre. There was a clear focus on promoting residents' safety and wellbeing.

Based on a review of rosters and discussions with residents and staff it was evident that the person in charge and PPIM were present in this centre on regular basis. The person in charge had worked in the centre for a number of years and had been recently promoted to the person in charge role. They had the qualifications, skills and experience to fulfill the role. Residents were observed to be very familiar with them and to be comfortable in their presence. The person in charge spoke about the importance of ensuring that each resident was safe, happy and living a good life. There was an on-call manager available out-of-hours.

A sample of area specific audits were reviewed. These included two comprehensive person in charge audits, three medicines management audits and the quarterly review of incidents for quarter one 2025. The person in charge audits included review and oversight of financial audits, keyworker supports for residents, staff training, supervision and probation, health and safety audits, fire drills, residents personal emergency evacuation plans, a review of restrictive practices, and audits of residents' personal plans.

A sample of staff handovers were reviewed in both houses. Areas covered during handover included a review of financial balances, residents' activities and menu planning, cleaning, the shift plan and staff specific roles and responsibilities. The person in charge and PPIM had a quality improvement plan in place. Examples of areas included on this plan were, premises works, fire safety works, staff training and works to the grounds.

The provider's last annual review and two six-monthly reviews were found to be highlighting areas of good practice and areas where improvements were required. The actions from audits and reviews were being tracked and found to be leading to improvements. For example, significant works had been completed to the premises internally. In addition, significant fire safety works had been completed or were ongoing at the time of the inspection. Audits and resident complaints were highlighting that further works were required to the outside of the premises and the grounds and this will be discussed under Regulation 17: Premises.

Judgment: Compliant

## Quality and safety

The inspector found that every effort was being made in this centre to implement the principles outlined in the National Standards for Adult Safeguarding. Work was ongoing to ensure residents were receiving a service which promoted and upheld their rights. If and when they wished to, they were regularly engaging in activities they found meaningful. They were supported to communicate their wishes and

preferences.

As previously discussed, the provider had completed significant internal premises and fire safety works since the last inspection; however, some were outstanding and a number of residents had submitted complaints, particularly relating to the accessibility of the grounds and pathways. This will be discussed further under Regulation 17: Premises.

Residents had support and risk management plans which had considered their safety and safeguarding. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Where possible, they were reduced or eliminated. Residents rights were recognised and promoted and they were supported to engage in shared decision-making about their care and support.

## Regulation 10: Communication

Residents were kept informed of the supports available to them in a manner that was meeting their communication needs and preferences. For example, the inspector observed staff using sign language to communicate with one resident and observed and heard them speak with other residents about upcoming events and about their plans for the day.

From a review of the residents' plans, they had their communication needs assessed. They had a communication section in their care plan which described how staff should present information to them in a way that best suits their communication needs, styles and preferences. The inspector also reviewed a sample of keyworker meetings for two residents and found that discussions were being held around residents' rights and how they communicate their choices and decisions.

Plans were in place for a number of staff to complete sign language training. In the interim, a resident was informally teaching staff some signs and staff were writing things down to support the resident to understand what they were saying and to afford them an opportunity to respond. In addition, this resident was planning to support the provider's speech and language therapist to deliver sign language training.

Judgment: Compliant

## Regulation 17: Premises

The provider had considered safeguarding in ensuring the premises was designed and laid out to meet the number and needs of residents. For example, in each house the layout has been reconfigured to create an apartment for one resident. Both apartments had living spaces, a bathroom and a bedroom. One apartment had

a kitchen and the resident in the other apartment had access to the kitchen in the main house.

In each of the premises, residents had photos and art work which reflected their interests. For example, one resident had a room dedicated to their books and movie collection and another resident had a Foosball table, a number of seating areas and a space to display some of the baskets they had made. A multisensory room had been added to one of the houses and the inspector observed one resident having a snooze in their after being out and about for the morning.

As previously mentioned a number of works had been completed in the centre since the last inspection. This included, the installation of fire doors and signage, painting internally in both houses and a number of bathrooms had been refurbished. The grounds were extensive and there were a number of outdoor seating and large garden areas with mature shrubs and trees. As previously mentioned, work was required to improve accessibility for residents across the campus. The inspector reviewed feedback from three residents about their dissatisfaction with accessibility of the grounds around their homes. One resident referred to "a lot of potholes" on the footpaths and driveways, one resident mentioned the "uneven surfaces/footpaths and big puddles", and another resident was not satisfied with the "uneven path". One resident spoke to the inspector about the impact of the uneven ground and potholes on how safe they feel when walking around the grounds. They spoke about avoiding walks around the campus for that reason.

In addition, there was one open complaint from a resident about the paths and it was recorded that the resident was not satisfied to close it. The resident had met with a social worker and psychologist to review their complaint. They were informed it was the responsibility of the funder to complete works on the grounds. The resident had agreed to meet them again in six weeks to review their complaint.

Judgment: Not compliant

## Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There were systems to identify, assess and manage risks in the centre. The inspector reviewed the centre-specific risk register and 10 general and individual risk assessments. These outlined control measures which mitigated against risks in the centre. Risks and incidents were discussed at staff meetings to ensure staff were knowledgeable about risks and the controls in place to address these risks.

Safeguarding was recognised as a risk, and there was a general risk assessment in place. In addition, where specific risks presented for residents, plans were put in place to ensure each person's safety.

Residents were supported by staff to understand how to reduce the risk of harm and

maintain their health and wellbeing. For example, one resident spoke with the inspector about the steps they take when they leave their house to ensure their safety. They spoke about how staff also remind them of how to stay safe.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of five residents' assessments and personal plans. Where necessary, safeguarding risk assessments and plans were developed and reviewed. From what the inspector read, heard and observed, residents were supported to make decisions and choices. They were involved in the development and ongoing review of their personal plans. They were meeting with their keyworkers on a regular basis and developing and reviewing their goals. In addition, keyworkers were discussing ways to develop and maintain independence skills, restrictive practices that may impact residents, ways to stay safe and make decisions, and discussing residents health conditions with them.

Residents were supported to attend appointments and to access health and social care professionals in line with their assessed needs. For example, one resident was attending an appointment on the morning of the inspection.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a behaviour support and restrictive practice policy in place. There were a number of restrictions in the centre such, window restrictors, and equipment and a monitor to support a resident with epilepsy. Residents' support plans demonstrated a clear rationale for any restrictions which were in place in addition to criteria for reducing and eliminating these practices, where possible. The inspector reviewed a restrictive practice register, restrictive practice risk assessments and intervention plans for residents, a restrictive practice log, and a sample of quarterly restrictive practice review meetings. Where required, human rights restriction referral forms were sent to the provider's restrictive practice committee. For example, restrictions implemented as part of a safeguarding plan were sent to the committee for review. Restrictive practices were discussed regularly with residents at keyworker meetings.

The inspector reviewed two residents' positive behaviour support plans and found they were sufficiently detailed to guide staff practice. They were regularly reviewed by the provider's behaviour support specialist and psychologist. They detailed the aims of the behaviour support plan, how staff should best support residents, how to

support positive social interactions, how to ensure a consistent and predictable environment, how to support residents to maintain relationships, how to support residents to make choices, how to support them to be independent, some low arousal strategies, and some proactive and reactive strategies. They also detailed how best to support residents after an incident.

Judgment: Compliant

## Regulation 8: Protection

The provider developed and made available policies and procedures to ensure residents were safeguarded from abuse. Residents were supported to safeguard their finances. For example, assessments were completed in relation to the levels of support they required, if any, and money management plans were developed around budgeting and saving. Residents who wished to were supported by staff to complete regular balance checks of their income and expenditure. Keyworker meetings were held in relation to any changes. For example, the inspector reviewed the minutes of a meeting with one resident about an upcoming change in pharmacy charges relating to their prescribed medicines. The inspector also reviewed a risk assessment relating to financial safeguarding for one resident and one of the controls included the resident reviewing monthly account statements with staff.

The inspector reviewed records relating to three allegations of abuse. This included preliminary screenings, interim or full safeguarding plans and any correspondence from the Health Service Executive Safeguarding and Protection Team. The inspector found that the required actions had been taken and the necessary safeguarding measure were being implemented. For example, staffing supports were in place, risk assessments had been developed, and behaviour support plans and intimate care plans were cross referenced and updated as required.

The inspector reviewed five residents' personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed, their wishes and preferences and how to ensure that their privacy and dignity was maintained.

100% of staff had completed safeguarding training and two staff who spoke with inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

As outlined throughout the report, residents' rights to make decisions were respected. They were supported to make choices in their day to day lives and supported to understand risk and the steps they need to take to keep themselves safe.

Residents were observed making decisions on their daily routines, and activities they wished to do, and one resident spoke some of their goals.

Residents' right to access information was promoted and upheld. For example, inspectors saw easy-to-read information about the use of restrictive practices, healthcare needs, rights, advocacy, safeguarding and complaints. The provider's annual review was available and on display in an easy-to-read format. Visual supports were also used to promote understanding of information about staffing supports and activity options. A sample of key working sessions for five residents were viewed and these showed that residents were supported to be given information relevant to them on a regular basis. For example, one resident was supported by their keyworker in relation to oral hygiene, foot care, fire safety, making decisions such as financial decisions about purchases, staying safe, and attending appointments with health and social care professionals. As previously mentioned, information was available and on display about the complaints process and the inspector reviewed a number of complaints made by residents and their representatives. Some compliments by family members were viewed by the inspector and included, "all his needs and interests are being met" and "... lives a full life based on choices he makes according to his interests and hobbies".

Resident feedback gathered in February 2025 was positive towards the houses, how residents rights are respected, staff supports, privacy, safety, the complaints process, access to activities, resident involvement in decision making and access to learning new things.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Duffcarrig Services Orchard View OSV-0008633

Inspection ID: MON-0046386

Date of inspection: 01/05/2025

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• A senior representative of the funder visited the centre on the 07/05/2025 in light of the inspection and reviewed the premises.</li><li>• Works were identified to be completed in order of priority and the funders representative has gone back to the landlord to discuss how best to proceed with identified works.</li><li>• In the interim the local maintenance team at the centre continues to ensure pathways and roadways are kept in the best state of repair possible.</li></ul>	

## 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.	Not Compliant	Orange	31/12/2025