



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

## Issued by the Chief Inspector

Name of designated centre:	Hollybrook
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 May 2025
Centre ID:	OSV-0008867
Fieldwork ID:	MON-0045393

## About the designated centre

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

Hollybrook is a designated centre operated by St. John of God Community Services CLG. It provides a residential service for up to four adults. Hollybrook is a bungalow comprising of four downstairs bedroom and wheelchair access throughout. One bedroom is equipped with an en-suite and over head hoist. Residents in Hollybrook have complex needs which can vary from moderate or severe intellectual disabilities and require physical assistance supports. The centre is managed by a full-time person in charge and a staff team comprising of nurses and social care workers.

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 May 2025	09:45hrs to 15:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report sets out the findings of a short notice announced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre comprised of a bungalow located in a housing estate in a suburb of Co. Wicklow. The centre had capacity for a maximum of four residents, and at the time of the inspection there were four residents living in the centre full-time. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. Residents regularly accessed their local community by going on drives, trips to the shop, walks on the seafront and had recently been invited to their local neighbourhood's summer barbecue.

On arrival to the designated centre, the inspector was greeted by the person in charge and the programme manager. They both accompanied the inspector on a walk around of the centre. The centre was bright, spacious, clean and well maintained throughout. There was adequate private and communal accommodation for the residents. All of which were in use throughout the day.

The building had a kitchen-come-dining room with an adjoining open plan sitting room, a number of shared bathrooms, individual bedrooms, a staff office and ample storage space throughout. Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed that the rooms included family photographs and memorabilia that was important to each resident.

Additionally, the external perimeter of the house was provided with an enclosed, wrap around garden, with a wild flower beds. Plans were in place to further develop the outdoor space for residents.

Residents were observed receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector observed the care and support interactions between residents and staff as part of the inspection. During the inspection, the inspector had the opportunity to meet with two of the four residents. The inspectors observed residents' coming and going from their homes during the day and engaging in activities of their choice. On the day of the inspection, one resident was engaged in their weekly art therapy session with a local art therapist.

Overall, staff knew the residents very well. They had a very good understanding of residents' interests, their activity preferences and the individualised supports they needed to structure their time in a personal, meaningful way. For example, one resident enjoyed lying in the sun and a sun shelf had been built in to his window in his bedroom.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was also responsible for four other designated centres run by the provider. There were effective systems for the management team to communicate and escalate any issues.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents' guide and fire register, residents' individual assessment of need and complaints log.

Overall, the inspector found that the centre was well governed and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

They had oversight of four additional designated centres that were located in the same region.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

#### Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles. The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport with residents.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. The inspector reviewed actual and planned rosters at the centre for April 2025 and the current May 2025 roster.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A

sample of which had been requested by the inspector who reviewed four staff records, including Garda Síochána vetting disclosures and copies of qualifications, and found them to be accurate and in order.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed mandatory training including fire safety, safeguarding, manual handling, infection prevention and control (IPC).

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

The person in charge was full time and had the relevant experience, skills, and qualifications to effectively manage the centre. They reported to a programme manager who in turn reported to a director of care. There were adequate systems for the management team to communicate and escalate issues. Furthermore, there were effective arrangements for staff to raise concerns such as regular supervision and team meetings.

A series of audits were in place including monthly local audits (fire safety, staff training, medication management and maintenance) and a six-monthly unannounced visit. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access a vehicle for transport.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector. It was found to contain the information as required by Schedule 1 of the regulations. It outlined sufficiently information on the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and information related to the residents' wellbeing.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and

management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. As part of the inspection, the inspector carried out observations of residents' daily routines, their engagement in activities and their interactions with staff.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes, likes and interests.

Residents had moved together from a congregated setting, as part of the providers wider decongregation plan. As a result, efforts had been made to make the house homely, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture. Each of the residents had their own bedroom which was decorated in line with their individual preferences. Familiar staff supported the residents move to their new home and this supported all the residents transition to the new setting. In a recent family satisfaction questionnaire, one family member said 'it is great they are surrounded by familiar faces'.

Furthermore, the registered provider had ensured that residents had adequate space and were free to receive visitors to their home in accordance with each resident's wishes. Family members commented that they are always made welcome and 'we know we can drop in at any time'.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. Warm interactions between residents and staff members caring for them were observed throughout the duration of the inspection. The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Residents that required support with their behaviour had positive behaviour support plans in place. One residents transition to their new home had been particularly successful, with staff reporting that there had been a significant reduction in behavioural incidents and therefore demonstrating an overall improvement to their quality of life.

There were some restrictive practices used in this centre. The restrictions were appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. The inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

Overall, inspector found that residents were in receipt of care, from a suitably qualified staff team, which was meeting their assessed needs.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained communication care plans where required, and a communication profile which detailed how best to support the resident.

The inspector saw that some staff had received training in communication. Staff spoken with were informed of residents' communication needs and described how they supported residents' communication.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

## Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant environment for residents.

Each of the residents bedroom had been personalised to the individual resident's tastes, with photos of family members and friends and activities they enjoy and was a suitable size and layout for the resident's individual needs.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fire fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The use of restrictions in the centre was governed by a written policy prepared by the provider.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Where a restrictive practice was in place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use. For example, comprehensive bed-rail risk assessments were in place which evidenced thorough reviews of these arrangements.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant