Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Comhar Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0001816
Fieldwork ID:	MON-0050166

About the designated centre

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

The Comhar Centre is a detached purpose built one-storey building located in a town that provides residential support for a maximum of seven residents. The centre can support residents of both genders, over the age of 18 with intellectual disabilities who may also have physical disabilities. Seven individual resident bedrooms are present in the centre along with two sitting rooms, a kitchen-dining room, bathrooms, a staff bedroom and an office. Support to residents is provided by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 8 April 2026	11:20hrs to 19:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection was focused on the areas of safeguarding and resident compatibility following notifications submitted to the Chief Inspector of Social Services. Feedback from most of the five residents spoken with was broadly positive but one resident indicated that they did not like living in the centre. A student, two staff members and two members of centre management were also spoken with during the inspection. While a calm and quiet atmosphere was encountered on the day of inspection, evidence gathered on this inspection indicated that were resident compatibility concerns in the centre which were contributing to safeguarding incidents.

On arrival at the centre, the inspector was informed that six residents were living in the centre but one of these was staying with their family for the week while there was one vacancy in the centre. Two residents were initially present at the inspection's start. One of these residents greeted the inspector and remembered him from a previous inspection of another centre where the resident used to live. This resident appeared upbeat and happy on meeting the inspector and engaged with the inspector about some recent GAA matches. When asked what they were doing for the day, the resident indicated that they had a medical appointment later in the day. The resident was later seen relaxing in the centre at various points during the day and engaging with staff present.

During a brief centre walk-through early into the inspection, the inspector met a second resident as they were watching television in one of the centre's two sitting rooms. This resident told the inspector that they had stayed with their family at the weekend for Easter and had enjoyed this while they also spoke about attending an upcoming family event. Staff supporting them were commented on positively by the resident who also named the other residents living in the centre. The resident stated that they got on with these residents and that they liked living in the centre. When asked if there was anything they were unhappy about in the centre, the resident responded by saying "not sure".

Other residents soon arrived to the centre having been initially elsewhere when the inspection started with the inspector greeting these residents. The inspector chatted with one such resident who told the inspector that they normally went to day services but that this was closed on the week of the inspection. The resident also spoke about where they used to live before moving to this centre. When asked if they liked living in the centre, the resident responded by saying that "it's alright". They also spoke about living with the other residents and described living with them as "okay". The resident showed the inspector their bedroom and then indicted that they were done talking with him.

As the afternoon of the inspection progressed, the inspector spent time speaking with staff and management of the centre. It was noted though that some residents

and staff were preparing to leave the centre to go to a park for a walk. Just prior to the residents leaving for this, the inspector met another resident who spoke about going to see their family later in the week. This resident also talked about their relatives and asked the inspector about his family. Before the resident left the centre to go to the park, they also showed the inspector their bedroom with the resident seen relaxing in this bedroom later in the inspection.

No residents were present in the centre for a period during the inspection's afternoon with the inspector using this time to review documentation including incidents reports for 2026. When reviewing these, a trend of incidents were noted which referenced arguments and interactions between residents, some of which resulted in adverse impacts for some residents. For example, one incident report from January 2026 referenced a resident as being upset and crying after another resident was "snapping" at them. Some of these incidents were deemed to be of a safeguarding nature by the provider but others had not been. The nature and volume of these incidents raised compatibility concerns about the current resident group living in the centre.

Staff and management also spoke of such incidents but the inspector did note differences between staff and management comments in terms of the impact of such incidents. Both staff and management did highlight that, aside from these incidents, the centre was lovely and supported the independence of some residents. It was also raised that residents could be considerate of each other at times and that some incidents occurring in the centre were caused by factors that were outside the control of the provider. Matters related to the incidents occurring in the centre and resident compatibility concerns will be returned to later in the report.

Residents returned to the centre by the late afternoon with one of these indicating to the inspector that their trip to the park for a walk was nice. Towards the end of the inspection, all five residents present on the day of inspection were noted to be spending time in their bedrooms or in communal areas with staff present. Two residents were also seen having 1:1 discussions with staff. Management and staff present on the day of inspection were observed and overheard to engage warmly with the residents with the overall atmosphere on the day inspection found to be calm and quiet.

Near the end of the inspection, the inspector had an opportunity to speak with the fifth resident present on the day. This resident told the inspector that they did not like living in the centre and wanted to live elsewhere as it was "not working living together". When asked what they meant by this, the resident said that this related to living with one particular resident but that they got on with the other residents living in the centre. The resident said that they had told centre management about not wanting to live in The Comhar Centre and was hoping to move to another location but was unsure when this would happen. Aside from this, the resident talked positively of staff in the centre and told the inspector about their work in a café and a hotel which they enjoyed.

In summary, five residents were present on the day of inspection, all of whom were spoken with by the inspector. While one resident indicated that they did not like

living in the centre, feedback from other residents was generally positive. The atmosphere on the day of inspection was calm and quiet but incidents reports reviewed suggested that this was not always the case. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

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.

Capacity and capability

While the provider did have management and monitoring systems in operation for the centre, these had not prevented a high volume of safeguarding incidents from occurring in from the centre. These safeguarding matters were related to resident compatibility concerns with assurances in this area previously sought from the provider on two occasions.

This designated centre was registered until January 2027 and had last been inspected by the Chief Inspector in February 2025. Since the beginning of 2024, a large number of notifications of a safeguarding nature had been received with the vast majority of these involving negative interactions between residents. Due to such notifications, the Chief Inspector had twice previously sought assurances from the provider around safeguarding and resident compatibility in September 2024 and September 2025. While there had been some changes in the resident mix for the centre between these two dates, the overall volume of safeguarding notifications received from the centre remained high since the February 2025 inspection and into 2026 which prompted the current focused inspection.

It was found during the current inspection, that management of the centre were aware of the safeguarding notifications that had been submitted from the centre. Such matters were being considered through safeguarding strategy review meetings that had multidisciplinary input. It was noted though that, given the ongoing high volume of safeguarding notifications being received from the centre, a compatibility assessment for the current group of residents living in the centre had not been completed. As such, while it was noted that management and monitoring systems were in operation for the centre, these had not ensured that the services provided the centre were safe and appropriate to all residents' needs.

Regulation 23: Governance and management

This regulation requires the provider to ensure that management systems are in place so that the services provided in a centre are safe, appropriate to residents' needs, consistent and effectively monitored. Incident records reviewed during this inspection indicated that there was a high volume of incidents occurring where interactions between residents were resulting in safeguarding incidents and residents being adversely impacted. Management of the centre were aware of such matters and it was acknowledged that such matters were being considered through safeguarding strategy review meetings that had taken place for the centre since September 2025. These meetings had multidisciplinary involvement.

The current resident group living the centre had lived together since January 2025. Given the high volume of safeguarding notifications that had been received from the centre, the inspector queried if a compatibility assessment had been conducted to determine if the current resident group were compatible to live together. The inspector was informed that it had not but that the need for this was being kept under review at the safeguarding strategy review meetings. When queried how the provider was assured that the current resident group was compatible to live together, the inspector was informed that they were compatible because of the existing supports in place. It was also indicated that one resident was on the provider's admissions, discharge and transitions (ADT) list for a potential move elsewhere but there was no place currently available within the provider that was suitable. The inspector was also informed that two other residents had recently requested to go on the ADT list only to then withdraw their requests.

While it was found on this inspection that supports were being provided to residents, such as residents having access to a social workers, the incidents occurring in the centre raised compatibility concerns. The overall findings of this focused inspection, did not assure that the compatibility of the existing residents to live together had been sufficiently assessed and considered given the volume and nature of incidents occurring in the centre. As such, despite efforts made, the management systems in place had not ensured that the services provided in the centre were safe and appropriate to all residents' needs.

It was acknowledged though that this inspection did highlight some areas where residents were supported with meaningful activities, as discussed elsewhere in this report. It was also seen that key requirements under this regulation were being met such as conducting annual reviews and unannounced visits to the centre based on records provided since the previous inspection. Audits in specific areas had also been carried out in medicines management, residents' finances and safeguarding based on audit records seen for 2026.

Judgment: Not compliant

Quality and safety

A high volume of safeguarding incidents were occurring in this centre which involved residents impacting one another. The level of risk in the centre was not accurately reflected in the centre's risk register and risk assessments.

It was indicated during this inspection that the location of this centre supported some residents with their independence. The inspector was informed how residents were involved in work and were supported to have contact with their families. These were positive aspects of the services provided in the centre. However, it was also clear that there was a number of safeguarding incidents occurring in the centre which involved residents adversely impacting one another. The nature and volume of these safeguarding notifications, raised compatibility concerns in the centre.

The inspector was informed that supports were being provided to residents in response to such matters and that measures were being taken to prevent re-occurrence. For example, safeguarding plans were put in place regarding the safeguarding notifications submitted. However, these safeguarding plans had not been effective in preventing residents impacting one another. In addition, the risks related to safeguarding in the centre had not been appropriately risk assessed based on documentation provided. As such, the centre's risk register and related risk assessments, as seen by the inspector, were found to require further review and updating to ensure that they accurately reflected the level of risk in the centre.

Regulation 13: General welfare and development

From discussions with residents, staff and management during this inspection, residents were being supported to pursue activities in the community and to maintain contact with their families. For example:

- One resident was with their family on the day of inspection while another had spent the previous weekend with their relatives.
- Residents went to a park on the day of inspection and had gone to the cinema the day before this inspection.
- Three residents were engaged in work experience in the town where the centre was located. This included working in cafes and shops while one of these residents also worked in a hotel.

It was also highlighted that the location of the centre supported the independence of some residents who were able to come and go from the centre as they wanted.

Judgment: Compliant

Regulation 26: Risk management procedures

Under this regulation, the provider must ensure that it has a risk management policy and that there are systems in place for the assessment, management and ongoing review of risk. The provider had a risk management policy in place that had been reviewed in September 2025. This policy provided for a risk management process. As part of this process, relevant risks were to be assessed and recorded in the centre's risk register. During this inspection, the inspector was provided with a copy of the centre's risk register and associated risk assessments. While this risk register was indicated as being reviewed in March 2026, it was clear that this did not reflect all risks present in the centre nor accurately reflect the level of risks for some matters. For example:

- Despite the high volume of safeguarding notifications occurring in the centre which involved multiple residents, only one resident had a safeguarding risk assessment in place relating to their potential impact on others.
- No risk assessment was in place relating to one resident and challenging behaviour despite some incidents that were occurring the centre involving this resident. It was also highlighted that, at the time of this inspection, guidelines were not in place on how to support the resident in this area which had not identified as a risk or an additional control measure required in the centre's risk register. It was acknowledged though that a functional assessment for this resident was due to commence later in April 2026 with a view to providing such guidelines.
- Some red/high rated risks were indicated as being present in the centre such as the use of over the counter medicines by one resident. When the inspector reviewed the corresponding risk assessments for these risks, it was noted that these assessments highlighted some additional control measures that were required to reduce the likelihood of these risks occurring. Although the inspector was informed that such control measures were now in place, the relevant risk assessments had not been updated to reflect this.

Such findings did not assure that there were systems in place for the assessment, management and ongoing review of risk in keeping with this regulation's requirements nor the provider's policy.

Judgment: Not compliant

Regulation 8: Protection

This regulation requires the provider to ensure that all residents are protected from all forms of abuse. Since the previous inspection of this centre in February 2025, the Chief Inspector had received 74 safeguarding notifications from the centre with 68 of these involving residents impacting other residents. While it was acknowledged that some of the safeguarding notifications were related to one another, the nature of these raised concerns around the compatibility of residents. For example, on 23 March 2026, two residents had a disagreement which impacted the presentation of

a third resident which in turn adversely impacted two other residents. This resulted in one of the latter two residents stating that "this has to stop".

It was notable that a contributory factor to some of the incidents occurring was the dynamics between two particular residents which was resulting in these residents having arguments. While management of the centre indicated that these residents were also friends, comments of one of these residents to the inspector indicated that they were not happy living with their peer. The nature of the arguments had a particular impact on another resident who was identified in an October 2024 assessment as having a sensitivity to noise. It was acknowledged though that the presentation of this resident could also be impacted by some communication that they received. This communication was not in the control of the provider.

Safeguarding concerns in the centre were being reviewed with the provider's designated officer and through safeguarding strategy meetings taking place. The amount of safeguarding notifications from the centre had decreased in January and February 2026 before increasing again during March 2026. However, when reviewing incidents records for January and February 2026, the inspector observed other incidents which further indicated that residents were impacting one another. This included the incident report referenced in the opening section about a resident being upset and crying. The inspector queried such incidents with the person in charge and it was indicated that these had not been regarded by the provider as being of a safeguarding nature.

Given the volume of safeguarding notifications that had submitted from the centre, at the time of this inspection occurring there were 23 safeguarding plans open for the centre. Copies of these safeguarding plans were provided and it was noted that each of the six residents living in the centre had at least one open safeguarding plan in place. While these safeguarding plans outlined measures to keep residents safe, given the amount of safeguarding notifications received from the centre, it had not been demonstrated that these safeguarding plans were effective. In addition, as referenced elsewhere in this report, the inspector was not assured that resident compatibility had been appropriately assessed and considered by the provider. Based on incidents reports, safeguarding documentation, comments of one resident and comments of staff, resident compatibility was the primary factor adversely impacting the safeguarding of residents in the centre. As such, the provider had not ensured that all residents were protected from all forms of abuse

Judgment: Not compliant

Regulation 9: Residents' rights

It had been identified by the provider that particular arrangements were in place related to residents' finances which amounted to restrictions. These restrictions meant that residents did not have direct access to and control over their personal financial accounts. Such arrangements impacted the residents' legal rights and were

also not consistent with the provider's policy on residents' finances. This stated that the provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their money". This had been raised during the February 2025 inspection of the centre but the situation remained unchanged at the time of the current inspection.

Aside from this, management and staff on duty on the day of inspection were observed and overheard to interact with residents in a respectful manner. For example, a staff member was heard to knock on a resident's bedroom door and wait for the resident to respond before entering. When they entered this staff member was heard to offer the resident the choice as to whether they wanted to go on an outing to a park.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Comhar Centre OSV-0001816

Inspection ID: MON-0050166

Date of inspection: 08/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider can confirm that an MDT meeting was convened on the 29th of April 2026 to discuss the concerns raised during this inspection. The Provider confirms that the MDT has met to review the finding of the existing compatibility assessment on the 7th of May 2026. These findings have now prompted a more detailed review of the compatibility of the resident's needs, risks and overall suitability within the Comhar Centre. The MDT will consider any additional supports they are in a position to provide, which may support the residents going forward. This review of the compatibility assessment will require additional time. Furthermore, the Designated Officer has identified the need for additional resident training focused on 'being a good house mate'. This six-week training progamme will be delivered by the Designated Officer over the coming weeks. The Person in Charge wishes to confirm that the Designated Officer has completed an additional Freda Principles training with residents in the Comhar centre on the 28th of April 2026. The Person in Charge can confirm a full review of all safeguarding plans occurred 7th of May 2026.The Person in Charge can confirm that the Behavior Specialist has commenced the Functional assessment for one resident who is awaiting psychology input. The Provider can further confirm that planned rotation of staff will commence in May 2026 as per the Provider's rotation Policy.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charges wishes to assurance the Chief Inspector that all risks have now been accurately updated to reflect the levels of risks associated with safeguarding,	

challenging behavior and over the counter medication as per our risk management policy with the identified error noted in the scoring amended on the day of inspection. The Person in Charge wishes to confirm that one identified resident now has a safeguarding and challenging behaviour risk in place.
The Registered Provider will ensure that further training will be provided to the Person in Charges on Risk Management to ensure systems are in place for the assessment, management and ongoing review of risk in keeping with the regulation's requirements and the organisations 's policy.
The Person in Charge would like to confirm that the functional assessment has now commenced with a Behavior Specialist for one resident, with planned staff interviews conducted on the 5th of May 2026 with scheduled dates thereafter in the coming weeks. The Behavior Specialist has advised that this process may require take a 3-6-months timeframe. The Person in Charge can further confirm that that along with Area Manager, and Designated officer have met with family/ Next of Kin pertaining to improving lines of communication and strategies to assist matters outside of the Provider's control for one resident.
The Person in Charge wishes to confirm that interim guidelines are now in place for all staff to guide and aid them to support a resident during times of increase anxiety for a resident who undergoing a functional assessment.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Giving the volume of safeguarding incidents, the Provider acknowledges that the safeguarding plans have not been as effective as hoped. The Provider's safeguarding committee has reviewed and audited current safeguarding plans for the centre for March and April 2026, in relation to their effectiveness and the noted increases- this was completed on the 7th of May 2026. As outlined under Regulation 23, the audit findings will be reviewed and will contribute to compatibility assessment. This work is currently underway.

As previously outlined under Regulation 23, the Multidisciplinary team is undertaking a review of the current compatibility assessment to insure that all identified needs and support requirements are accurately reflected, giving the concerns highlighted during this inspection and the volume of safeguarding's within the Centre. This is envisaged to take 6 weeks.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider wishes to confirm it is actively reviewing its practices in terms of supporting residents to manage and access their finances. This involves reviewing and updating the policy impacting our residents, particularly our finances and restrictive practice policy, mindful of our responsibility of implementing the Assisted Decision – Making Act 2015 and the Healthcare Act 2007. As previously indicated the registered Provider has been liaising with its banks, in relation to accessing to finances for its Service Users. The Provider has now decided to implement a spend management system and are currently engaging with the company (SOLDO) to implement same. It is envisaged that this system will be up and running by May 31st 2026.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	10/07/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	27/11/2026
Regulation 08(2)	The registered provider shall protect residents	Not Compliant	Orange	19/06/2026

	from all forms of abuse.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/05/2026