

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

Issued by the Chief Inspector

Name of designated centre:	Cooleens House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 April 2025
Centre ID:	OSV-0001817
Fieldwork ID:	MON-0046039

About the designated centre

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

Cooleens House is a purpose built detached bungalow with a rear and side garden located in a rural area but within short driving distance to a town. The centre can provide a respite service for a maximum of six children between the ages of 7 and 18 of both genders and can support those with intellectual disabilities, Autism and physical disabilities. The centre had six bedrooms, a sitting room, a kitchen-dining room, a sensory room and an indoor gym area. Staff support is to be provided by a person in charge, social care staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 3 April 2025	12:45hrs to 15:02hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

As this inspection occurred when the centre was unoccupied, no resident views were obtained during this inspection nor were any resident and staff observations made. Consequently, observations made were limited to the premises provided. Overall, this premises was seen to be well-presented but some maintenance issues were noted.

This centre was a large building that was intended to be used as a respite service for children. Six bedrooms for residents were present in the centre along with a kitchen-dining area, a sitting room, a sensory room and a large gym area. In general, such rooms were seen to be well-presented and brightly decorated while the premises also had facilities for residents to engage in recreation. Most notably, the gym area had various toys and games, floor mats, a basketball hoop, a soccer goal and a sensory regulation hub present. Residents availing of respite in the centre could also access an external courtyard and an enclosed rear garden which had a trampoline.

Within this enclosed rear garden, the inspector noticed that a frame for a swing was present but this did not have chains or a seat for an actual swing. When queried, the inspector was informed that the provider was seeking to provide a new swing set that better suited the needs of the residents who had availed of respite in the centre. The inspector also noticed some maintenance issues within the centre. These included the wardrobe door in a bedroom being chipped, a toilet seat in an en suite bathroom needing replacing and one ceiling hoist which was marked as being "beyond repair". It was acknowledged though that there were other hoists available in the centre.

In summary, based on observations of the inspector, the centre was mostly well-presented with facilities available for residents to engage in recreational activities. Some maintenance issues were seen, such as toilet seat needing replacing. No resident was in the centre on the day of inspection

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

At the time of this inspection, the centre did not have sufficient resources in place to provide the services as outlined in its statement of purpose. Although the centre was

vacant, there was evidence that the centre continued to be monitored.

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced. While this programme is intended to assess nine specific regulations, the current inspection focused on a limited number of regulations to reflect that Cooleens House was vacant and was not being used to provide respite at the time of this inspection.

Cooleens House was last registered by the Chief Inspector until February 2027. One of the registration conditions of the centre was that the services provided in the centre should be in accordance with the centre's statement of purpose. This statement of purpose indicated that the centre was to operate as a respite centre for children. For the most part, a respite service in the centre was being provided on alternative weekends until December 2024 when the provider indicated that they would not be providing respite in the centre due to staffing issues. As a result, aside from a brief period in January and February 2025 when the centre had provided some respite due to particular circumstances, the centre had not been providing the respite service that it was registered for since December 2024.

When queried on the current inspection, it was confirmed that the situation remained unchanged and that staffing challenges were the primary reason for this. It was also highlighted that the current person in charge was an area manager within the provider and was involved in the management of other designated centres. Recruitment was ongoing for dedicated person in charge along with a staff team for the centre. However, at the time of this inspection, such recruitment efforts had been unsuccessful with the provider seeking staff with particular experience given the intended services and resident profile for the centre. As a result, at the time of inspection, the centre did not sufficient staffing resources to provide the services as outlined in the statement of purpose.

Regulation 19: Directory of residents

A directory of residents was maintained for the centre and available for the inspector's review. This was noted to contain most of the required information required by the regulations such as residents' names and details of their next-of-kin. However, it did not clearly indicated the name and address of any authority, organisation or other body which arranged residents' admission to the centre. It was also noted that the directory did not include details of one resident who had availed of the centre for a specific period in April 2024.

Judgment: Substantially compliant

Regulation 23: Governance and management

Cooleens House had last been inspected on behalf of the Chief Inspector in October 2023. Since that time annual reviews for 2023 and 2024 had been completed which were reflected in written reports. These reports were made available to the inspector as part of the inspection process and it was noted that they considered relevant national standards and provided for consultation with residents' representatives. In addition to the annual reviews completed, a representative of the provider had conducted unannounced visits to the centre. These had been carried out in December 2023, May 2024 and November 2024 with written reports of these visits also made available for the inspector to read. These reports contained action plans for addressing any areas for improvement identified by the representative of the provider. Aside from annual reviews and provider unannounced visits, the assigned person in charge was conducting some regular checks on the centre while it was unoccupied. These included checks related to fire safety and Legionnaires' disease based on documentation provided. This provided assurances that there was some monitoring of the centre while it was not in use.

Despite this, under this regulation, the registered provider must ensure that Cooleens House is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. As referenced earlier in this report, the centre was registered against a statement of purpose that indicated that the centre was to provide a respite service for children. However, in recent months this service was not being provided due to staffing issues. While, it was acknowledged that the provider was making ongoing recruitment efforts, based on the current status of the centre, Cooleens House was not sufficiently resourced from a staffing perspective to deliver the care and support as outlined within its statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was provided during the inspection process. This contained required information such as details of the organisational structure and the arrangements for complaints. However, it was noted that a copy of the centre's registration certificate contained within the statement of purpose was not the most recent registration certificate that had been issued to the provider for this centre.

Judgment: Substantially compliant

Quality and safety

Personal plans for residents were in place but those seen had not been reviewed on an annual basis. Some risk assessments were overdue a review also but an adverse weather risk assessment was in place.

During the inspection, the personal plans for two residents who had availed of this centre for respite during January and February 2025 were reviewed. These plans were found to contain guidance on supporting residents' needs but it was noted that neither plan had been reviewed since October 2023. The inspector also reviewed documentation related to risk management. This included a risk register for the centre which included risk assessments for identified risks. While these risk assessments did outline control measures for mitigating risks, it was noted that some risk assessments were overdue a review since December 2024. However, it was seen that a risk assessment related to adverse weather was present that had been put in place in March 2025. In line with this risk assessment, a protocol was provided for the centre that gave guidance on how to respond to such weather.

Regulation 17: Premises

The premises provided for this centre was mostly seen to be well-presented and brightly decorated with suitable and ample communal space provided for residents. Various facilities were also present for residents to avail of recreation such as a trampoline and a gym area. While the centre was mostly well-maintained internally and externally, some maintenance issues were noted. These included:

- A wardrobe door in a bedroom being chipped.
- A toilet seat in an en suite bathroom needing replacing.
- A ceiling hoist in one bedroom being marked as "beyond repair". When queried with the person in charge it was confirmed that this hoist was obsolete.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk assessment for adverse weather had been put in place for the centre in March 2025. An identified control measure to mitigate the risk of this was the presence of a severe weather protocol for the centre. A copy of this protocol was submitted to the inspector following the inspection and it was seen that the protocol provided guidance on the planning, response to and recovery from adverse weather. Aside from this, the centre had a risk register which contained other risk assessments. It was noted though that some of these risk assessments were overdue a review since

December 2024.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
<p>In keeping with this regulation, each resident must have an individualised personal plan provided that must be reviewed on an annual basis at least. Such plans are intended to set out the health, personal and social needs of residents and to provide guidance on how these needs are to be met. During this inspection, the personal plans of two residents were reviewed. These were found to contain information on how the needs of residents were to be supported. Such areas included residents' health needs and how to support with different aspects of care such as hygiene and positive behaviour. However, when reviewing these personal plans, it was noted that they had not been reviewed since October 2023. This was not in keeping with the requirements of this regulation.</p>
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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Cooleens House OSV-0001817

Inspection ID: MON-0046039

Date of inspection: 03/04/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Person in Charge would like to assure the Chief Inspector that going forward all the required names and addresses of any authority, organisation or other body which arranges a resident's admission will be documented clearly on the Directory of Residency. The Person in Charge also wishes to provide assurance that any resident availing of respite in the centre will be included in the Directory of Residency.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Due to staffing constraints the Registered Provider took the decision to temporally close the centre. The Registered Provider acknowledges that as a result of the centre currently being closed that it is not compliant with the Statement of Purpose. The Registered Provider wishes to assure the Chief Inspector that there is ongoing recruitment for all grades of staff through its HR Department and that the recruitment for the centre is a priority. The designated centre will be reopened once the Registered Provider is assured that the correct staffing levels and skill mix is available to ensure that the care and support as per the Statement of Purpose can be provided. The Person in Charge wishes to assure the Chief Inspector that regular monitoring is taking place within the centre as noted on the day of inspection and a full review of all systems will be conducted prior to the re-opening of the Centre.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Person in Charge wishes to confirm that an updated Statement of Purpose is now in place in the centre with the most up to date registration certificate included.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person in Charge wishes to confirm that all maintenance issues identified in the inspection, have been reported to Maintenance Department and this work has been completed.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge wishes to confirm that all risks pertaining to residents will be reviewed and updated prior to any resident returning to Cooleens. The Person in Charge wishes to assure the Chief Inspector that going forward risks will be reviewed as per policy.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

The Person in Charge wishes to confirm that a full file review will be conducted for all residents to ensure that all individual personal plans are updated prior to the re-opening of Cooleens. This will involve a Multi- disciplinary approach. Personal plans going forward will be reviewed at least annually with oversight of same provided by the Person in Charge.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/04/2025
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	28/04/2025

	inconvenience to residents.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2025
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.	Substantially Compliant	Yellow	30/09/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/05/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	30/09/2025

	is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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