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:	No 2 Seaholly
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	14 May 2026
Centre ID:	OSV-0004572
Fieldwork ID:	MON-0045053

About the designated centre

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

No. 2 Seaholly comprises a detached bungalow, located on a campus with a number of other designated centres operated by the same provider, on the outskirts of Cork city. The designated centre is registered to accommodate 4 adults at any one time. The bungalow has its own garden area. This house has a self-contained apartment, used by one resident. Each resident of No. 2 Seaholly has been diagnosed as functioning within the range associated with a moderate to severe level of intellectual disability. Some residents also have an autism diagnosis. Residents are supported by a staff team both by day and night .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 14 May 2026	09:15hrs to 17:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations and to meet with residents living in the designated centre. This centre was previously inspected in May 2024 as part of the current registration cycle. There was evidence the provider had addressed the actions identified in that inspection which included ensuring measures were in place to safeguard residents. The protocols relating to behaviour support had been subject to regular review and the staff team were aware of these protocols to ensure consistency in the supports being provided to the residents. The staff team working in the designated centre were providing a good quality of service to the residents and the overall findings of the inspection were positive. On the day of the inspection there were four residents residing in the designated centre.

The inspector was introduced to one resident when they came into the communal area for their breakfast. Staff had the resident's clothing ready and ensured the resident's privacy and dignity was being maintained. Staff explained in advance of meeting the resident what the preferred routine of the resident was in the morning and how this was supported. The resident acknowledged the inspector at that time and engaged in some banter later on in the afternoon when the inspector met with them again as they were having their evening meal which staff had cooked for them. Staff spoke of an enjoyable outing that the resident had earlier in the day.

The inspector was invited to meet with the three other residents in the late afternoon at a time that best suited their routines after their return from their day service. A staff member introduced the inspector to each of the residents. One resident was relaxing on the couch in the living room and was observed to smile as the staff member encouraged the resident to talk about what they had done earlier in the day. In addition, the resident was looking forward to spending time at home with relatives the day after the inspection. Another resident had a change to their usual routine and staff were observed to be supporting and explaining this to the resident. This resident acknowledged and briefly interacted with the inspector.

The inspector then went to visit the fourth resident who lived in a self-contained area of the building. The staff supporting the resident explained the resident did not have a good night's sleep the previous night and was resting on the couch. The resident did not respond to the staff member and choose not to engage with the inspector. The staff outlined that the resident had eaten a snack on their return and liked particular programmes on the television and would be supported to go for a walk later in the evening if they wished to do so.

The inspector met with three staff working in the designated centre on the day of the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents. The inspector was informed of how the daily routines

and activities were structured to reduce the risk of adverse interactions between residents and maintain a calm atmosphere in the house. Staff spoke of the complex needs of one resident and the requirement for the staff team to ensure the safety of all residents at all times. In addition, the inspector observed staff request a massage therapist to wait a few minutes while the inspector met with two of the residents in the afternoon to reduce the number of visitors at that time to the house. For periods during the day the inspector reviewed documentation in the office of the person in charge located adjacent to the house to reduce the risk of causing anxiety to one resident.

The inspector observed the requirement for the staff team to be attentive to the supports being provided to one resident at all times throughout the inspection. Staff consistently responded to the resident, using terms that were documented in the resident's behaviour support plan to ensure consistency in communication with the resident. A staff member ensured the resident was in their line of sight at all times in the communal areas. This resident spoke in loud tones but this did not appear to adversely impact the other residents who were present in the afternoon. One resident was deaf and the other resident sitting in the communal space appeared relaxed while their peer was engaging with staff members. The inspector noted that the same resident could be heard talking while they were visiting the fourth resident living in the self contained apartment. This did not appear to adversely impact them as they were resting.

The inspector was informed and noted during a review of documentation that there were plans to support one resident to live alone and the other three residents to move to more suitable community dwellings. The three residents had their applications for housing approved by the city council and the person in charge was actively seeking suitable locations that best supported the assessed needs of these residents. To ensure the ongoing safety and well being of the residents while they remained in this designated centre two transport vehicles were available to support activities out in the community in-line with residents choices and preferences. This reduced the amount of time all of the residents were in the designated centre together. The inspector noted from daily records that while the four residents were being supported overnight in the designated centre on the night of the inspection, the previous time all four had been staying together was on 17 March 2026. One resident usually only stayed over night at weekends and was supported for a few hours in the evening time after their day service finished two days during the week. The other two residents also stayed with relatives regularly. Staff also informed the inspector a resident was going on a holiday for an extended period with relatives in a few weeks. The resident had previously enjoyed a similar holiday with relatives in 2024.

The premises was well maintained. Some issues had been identified during recent audits which were in progress and planned to being addressed at times that did not adversely impact any of the residents. The resident living in the apartment had two rooms where they could watch television, had their own kitchen, bedroom and had facilities in their bathroom which suited their preferences. The resident also had their own garden area which contained seating and exercise equipment. The rest of the building was also found to be clean, homely and well ventilated with an

accessible outdoor space for the three residents. All residents had been supported to decorate their bedroom in-line with preferences. Some rooms had minimal decor, while others had supports in place in-line with the specific resident's assessed needs. This included a strobe light to alert a resident if the fire alarm was activated and another resident had a visual schedule which was used daily.

In summary, the four residents were being supported by a consistent staff team, familiar with individual preferences and routines. Residents were in receipt of person centred care while being supported in-line with their assessed needs. The person in charge and provider were actively seeking to identify suitable alternative living accommodation for three of the residents. It was identified that one resident would be better supported if living alone. While this was being progressed the staff team had access to two transport vehicles at all times which assisted in providing increased opportunities and choice to engage in activities away from the designated centre if a resident choose to do so.

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

There was an appropriate management structure in place in the designated centre. The person in charge was not available on the day of the inspection. However, there was documented evidence of their oversight and presence in the designated centre. Staff meetings were occurring at least monthly. All staff met with during the inspection were found to be knowledgeable of the residents, their assessed needs, likes, dislikes and behavioural support needs. This included the area manager who assisted with providing all documents requested for review by the inspector during the inspection. There was a staff team in place with the skill mix to support the assessed needs of the residents.

Documentation associated with the designated centre was current and under review such as the statement of purpose and annual review. They met the requirements of the regulations and were reviewed in a timely manner in-line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. The person in charge ensured progression /or completion of actions were documented and subject to frequent reviews. Where areas of good practice had been identified this was documented. For example, an unannounced medication audit in April 2026 and a pharmacy audit in July 2025 had noted high levels of compliance and good oversight of the required documentation.

The inspector did not review Regulation 31: Notification of incidents during this inspection. However, the provider had ensured actions from the previous Health Information and Quality Authority (HIQA) inspection in May 2024 had been addressed. The inspector acknowledges the person in charge had systems in place to ensure the Chief Inspector of Social Services was provided with written notifications of adverse events and the quarterly notifications as required by the regulations. Where learning and training had been identified for the staff team following incidents occurring these had been completed. This included discussions at staff meetings and training being provided by specialist staff regarding supporting residents mental health.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in-line with the statement of purpose. There was a consistent core group of staff working in the designated centre. The inspector was informed by the person participating in management during the feedback meeting that additional staff resources could be made available both by day and night if required to support the residents.

- The staff team comprised of the person in charge, two nurses and six support workers. There were some regular relief staff available to support the residents. However, it was deemed necessary that staff familiar to the residents worked in the designated centre. The person in charge ensured staff had been provided with induction and shadowing by core staff to best support the assessed needs of the residents.
- The person in charge worked with the residents and staff team as required in addition to carrying out their own role.
- There were two support worker vacancies at the time of the inspection, recruitment for these staff positions was in progress by the provider at the time of this inspection.
- There was an actual and planned rota in place which reflected changes required to be made, staff training and medical appointments for the residents. The inspector reviewed a selection of dates from 19 April to 22 May 2026, five weeks.There was a handover period facilitated for at each shift change and specific arrangements for the handover were in place for this designated centre to support a low arousal environment which best suited the assessed needs of the residents.
- While the documents clearly demonstrated the staff on duty, senior staff and other delegated roles, not all shifts clearly identified the start and end time, this included the night time shifts. This was discussed with the area manager during the inspection. The inspector was informed the day after the inspection by the person in charge that the provider had begun the process of implementing a new electronic system relating to the rotas which would clearly indicate the start and end time of all shifts. Some of the designated

centres on the campus had already commenced using this new system and it was expected to be available shortly for this designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The inspector reviewed the training matrix for all nine staff working in the centre. It was evident that the person in charge was maintaining a good oversight of the training needs of the staff. The area manager provided additional updated information during the inspection regarding recent training attended by some staff. Some training courses remained outstanding for staff but dates for these training sessions were scheduled in the weeks following the inspection. The inspector acknowledges that scheduled training had been cancelled in March 2026 for three staff in manual handling. This had been re-booked to take place in the weeks after this inspection.

The inspector was given an outline during the feedback meeting of the procedures in place to ensure staff requiring refresher training in medication management were deemed competent and assessed to continue to administer medications while awaiting training dates. Three staff had completed the refresher training in the safe administration of medications on 24 April 2026 when their previous training had elapsed within the previous three months.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. Each staff was required to attend two supervisions each year. There was a schedule shown to the inspector on the day pf the inspection for the completion of supervision for staff members in the centre for the current year. Additional information was provided after the inspection outlining why three supervisions had not taken place as scheduled but had been re-scheduled for the weeks after this inspection by the person in charge .

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of care of the residents living in the designated centre. There was a management structure in place, with staff members reporting to the person in charge.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. The person in charge ensured completion of regular audits as outlined by the provider's audit schedule. Updates on the progress of actions were clearly documented. Provider led internal audits had taken place in June and November 2025 as well as May 2026. The most recent internal audit report had not been finalised at the time of the inspection but some actions had already been addressed which included a minimal staff fire drill taking place. The previous internal audits actions had been documented as being completed or in progress by the person in charge, this included some premises works that were required to be completed when residents were not present.

The provider had ensured an annual report had been completed for the designated centre which outlined the achievements and positive outcomes for residents in the previous 12 months as well as considering compliance with the relevant national standards. Where actions had been identified these had been documented as progressing or completed. The views of the residents and their relatives were also included.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations. The provider had ensured the action from the previous HIQA inspection had been addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The staff team ensured residents were provided with information in easy-to-understand format regarding the complaints process. Information regarding the complaints officer was also available in the designated centre.

The inspector reviewed the compliments and complaints log that had been documented since the previous inspection in May 2024. There were 12 compliments documented that had been received from relatives of some of the residents. These

included the appreciation of relatives of the supports being provided by the dedicated staff team and the progress being made by their relative.

One concern had been made by a relative regarding the vulnerability of their relative in March 2026. This relative was met with by local management and the issues of concerned discussed. Actions outlined included additional staff resources being available at weekends when the resident usually attended the designated centre to provide support for activities of choice. The person participating in management outlined during the feedback meeting how this would be achieved with current staff resources and additional staff would be made available if required. The satisfaction of the relative was documented and the concern closed within ten days of being made.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to important relationships, health care, social activities and also on how they communicate and how they liked to be communicated with.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their home. Evidence from observing the residents, staff members and reviewing documentation such as personal files and photographs of residents highlighted the efforts made to provide a wide variety of activities to residents, and to support them to engage in their local community. It was also evidenced that positive risk taking was implemented to ensure residents were supported to engage in activities of their choosing, in-line with their likes and interests. This included supporting a resident to go shopping at times that were known to support individuals with autism and benefit from low arousal environments. Another resident had enjoyed a short break away with staff for the first time in 2025 that had been a positive experience for them.

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable.

- One resident was living in a self-contained apartment with staff support. This space included two sitting rooms and an outdoor secure garden space.

- All residents had their own bedrooms which were decorated in-line with personal preferences. The open plan communal area was a large, bright room with direct access to the secure garden area. One resident was observed to use this space during the inspection.
- Maintenance issues had been reported to the provider's facilities team, this included a replacement lock for a bedroom door. Due to the complex needs of the residents when these works were to be completed required careful planning.
- Some furniture had recently been replaced which included new couches in the main house. The inspector did observe one couch in the apartment displaying worn areas, this was discussed during the feedback meeting and the area manager was already aware of this and a replacement was planned.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been subject to regular review. The most recent review of the designated centre's risk register had been completed by the person in charge on 15 March 2026. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks. These included measures to support residents in the event loud vocalisations of a peer were adversely impacting them.

The person in charge had delegated duties to members of the staff team including one staff member to complete checks every two weeks on the transport vehicles to ensure that the residents transport was roadworthy and serviced.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks as required by the provider which included daily and weekly checks in the designated centre. Fire doors checked during the inspection by the inspector were operating correctly.

The emergency plan in the event of a fire was displayed in the designated centre. The centre specific fire evacuation procedure identified how each resident was to be

supported and in which order to ensure the safety of all residents and staff members.

All residents had personal emergency evacuation plans in place which were subject to regular review, the most recent review occurring in February 2026. Information contained within these plans included how staff were to communicate with each resident both by day and if waking the resident at night to avoid/reduce the risk of causing anxiety to the resident being supported. Residents had easy-to-understand fire evacuation plans available to them for reference when participating in fire drills. All residents had participated in fire drills with the most recent taking place on 5 May 2026 with minimal levels of staff.

The inspector observed there was no signage alerting staff and emergency personnel to the presence of oxygen in the designated centre. This was documented as being a control measure in the fire safety risk assessment for the oxygen cylinder located in the staff office. The portable cylinder was required to be removed, if safe to do so, by staff during fire drills. The area manager ensured the required sign was put in place during the inspection and the issue was discussed during the feedback meeting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs.

Residents had been supported to identify and develop person centred goals as part of the personal planning process in the centre. One resident and their keyworker had recently reviewed the goals for 2026 as part of a six month review. The resident was actively engaging in the weekly and monthly progression of their goals with both the residential and day service staff. The positive experiences were documented. The resident had also been supported to purchase an electronic tablet. Staff documented what important information had been uploaded on to the device which included family photographs and this device was assisting the resident to communicate with the staff team. A recent finding during the most recent internal audit recommended linking with the speech and language therapist to seek their additional input regarding the effective use of this device for the resident.

There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents as required in the previous 12 months. One resident was subject to monthly reviews by allied healthcare professionals. Their healthcare plans and other required support plans, such as tension reduction were subject to regular review to ensure staff were provided with up-to-date information and protocols to best support the resident. The same resident had been assessed as being best

supported to live alone. While the provider was seeking to address this matter the staff were striving to provide the resident with a calm environment and ensured daily routines for all of the residents were being supported in-line with their preferences and expressed wishes. This included attending or declining to attend their day service.

The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. All four of the residents had positive behaviour support plans in place. One resident had an additional " My SPACE Plan" which was completed in April 2026 with the collaboration of the staff team, positive behaviour support, occupational therapist and speech and language therapist. This was a person centre plan outlining important information about the resident which included, what the resident enjoyed, how they preferred to communicate with people and what they found challenging.

While all four residents had access to the behaviour support team one resident was being supported with ongoing input from allied health care professionals and frequent multi-disciplinary meetings. Staff informed the inspector during the inspection of the importance of familiar staff providing support to this resident. They spoke of how increased anxiety or escalation of behaviours had been adverted when staff recognised early signs of dysregulation, using distraction techniques further escalation was averted on two occasions that were spoken about with the inspector.

Staff also spoke of incidents that had occurred where the resident required support to avoid harm to themselves or others. Staff meetings had taken place to discuss learning from such incidents and reviews of protocols had taken place to ensure they were effective and met the current assessed needs of the resident.

There was also ongoing review of other specific protocols for the same resident who had complex needs. Staff spoke of developing supports which aligned with the resident's current presentation. Social stories had been developed for activities such as attending day service. The resident was being supported to decide their daily routine. While a schedule of activities was in place, the resident expressed when and if they wished to engage in such activities. At times it was only with particular staff that the resident engaged in some activities such as going out for hot drink. The staff team were working towards encouraging the resident to engage in such activities with other staff.

Restrictive practices in the designated centre were subject to regular review, the rationale for their use was clearly documented. It was documented for one restriction the locking of the kitchen door would require annual review until the resident was supported to move out of the designated centre. This restriction had been required to be used on four occasions in Quarter 1 2026. Some restrictions had been discontinued since the previous inspection as they were no longer required. A recent review of two residents medications by their psychiatrist had identified chemical restrictions relating to the administration of named medications. A reduction plan for one of these residents was being considered over a 12 month period with clinical input as part of the overall care and support being provided to the resident.

Judgment: Compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were two open safeguarding plans at the time of this inspection, measures were in place to support residents to remain safe in their home in combination with positive behaviour support strategies and protocols.
- Residents had intimate care plans in place, which explained what varying degrees of support residents needed in this area. Where a resident required minimal or no supports this was clearly outlined. From the two plans reviewed by the inspector, these had been reviewed regularly by each resident's keyworker with supports being provided to assist with increasing the resident's independence where possible. For example, easy-to-understand information about using an electric shaver was available for one resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the designated centre. Residents were provided with information regarding their care and support in formats that best suited their assessed needs. These included easy-to-understand information, visual schedules and social stories being used to help residents plan activities of their choice.

- The staff team ensured each residents privacy and dignity was respected, this included in each residents bedroom and communal living space.
- One resident had recently exited the ward of court system and all residents were being supported to have access to their finances.
- Three residents had their applications for housing approved by the Cork City Council. The person in charge was actively seeking suitable premises in the community to enable these residents to move to an alternative location.
- It had been identified that one resident would be better suited to living alone in a low stimulus environment. While this was awaiting to be progressed the staff team ensured the resident was being supported by familiar staff to engage in daily routines which the resident choose. Staff were observed during the inspection to be mindful if too many visitors were present in the house with this resident to avoid causing increased anxiety or elevated tension to the resident.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant