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.1 Seaholly
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0004574
Fieldwork ID:	MON-0045735

About the designated centre

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

This centre is located on a campus in close proximity to Cork city. A full-time residential service is provided to three adults with intellectual disability and autism diagnoses. The designated centre has been adapted to meet residents' assessed needs and is comprised of a single-storey, semi-detached premises with two separate living areas which supports two of the residents. A second single storey building on the campus supports one resident. All residents have their own individual bedrooms, bathroom facilities, kitchen/dining room, relaxation room & living room. The larger building also has a staff office, staff bedroom and utility room. Residents are encouraged to live an active, meaningful, everyday lives by participating in household tasks, social and leisure activities. There are secure garden areas behind both buildings for two of the residents to access their own outdoor space. Residents are supported by a social model of care. The centre is staffed at all times of the day. At night there are two waking and one sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 10 June 2026	09:20hrs to 17:50hrs	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 June 2024 as part of the current registration cycle. There was evidence the provider and staff team were striving to address the actions identified in the previous inspection. This included all three residents were living in single occupancy dwellings which was outlined as having a positive impact on their quality of life and engaging with staff to develop greater independence since December 2024. Some progress was evidenced regarding the personal finances of two of the residents but the issue was not fully resolved at the time of this inspection. There was evidence both observed and documented that 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 three residents residing in the designated centre.

On arrival one resident was waiting in the large hallway for their day service staff to arrive. The resident had a visual schedule and was being supported by a staff member who was familiar with the resident's preferences and routines. The inspector was introduced to the resident who choose to only make brief eye contact and continue with their routine. A short while later the resident left to attend their day service. The inspector met the resident again in the afternoon where they were supported by staff to follow their usual routine. Staff had informed the inspector of changes to the resident's interest in participating in some activities which they previously enjoyed but all staff spoken to were consistent in their awareness of how to support and encourage the resident while respecting their decision to only briefly engage in these activities such as walking. This was observed during the inspection.

The other resident living in the building had not yet begun their morning routine when the inspector arrived. The inspector was informed by the person in charge how staff supported this individual. Once this resident had completed their routine the inspector was invited to meet the resident in their apartment later in the morning. The resident greeted the inspector and gave them a tour of their apartment which had been re-designed and decorated since the last inspection. The resident was encouraged by the staff supporting them to explain to the inspector about their preferences, plans for the day and wishes on some decor changes. The resident and staff member were observed to use both words as well as sign language to communicate with the inspector. The resident appeared to be happy in their apartment, was proud of their recent purchase of equipment in the outdoor patio area and participating in painting an external fence and shed.

The inspector met the third resident in their apartment later in the afternoon after they had returned from their day service and completed their routine. The resident came out of the relaxation room to greet the inspector. Staff informed the inspector what the resident was seeking to look at in the folder the inspector had in their

hands and this was facilitated. The resident then went into the kitchen to get themselves a snack before returning to their bedroom. The resident was known to prefer calm environments with low numbers of other persons present. The staff explained that since the resident has moved into this apartment in December 2024 there have been a number of positive outcomes for them. The resident has increased the amount of time they spend with staff in communal areas, is engaging in more garden activities and household chores. Staff were also observed to be familiar with what the resident was requesting while the inspector was present and responded in a consistent manner to provide re-assurance to the resident.

The importance of routine and a consistent staff team for all three residents was emphasised throughout the inspection. All staff spoken too were aware of specific supports required by each resident. The inspector met with five members of the staff team. All were familiar with the routines and preferences of all three residents. The inspector was informed due to the intensity of some vocalisations the staff team supported one another while ensuring the assessed needs of each resident were being met. Visual schedules were very important to all three residents, changes to any activity needed to be presented to each resident using their preferred communication methods. This included if external visitors/contractors were in the building. On the day of the inspection a member of the maintenance team was addressing some minor works and came to the apartment after the resident had left for their day service to avoid causing any anxiety for the resident.

The inspector was given many examples of positive outcomes for all three residents since the designated centre had been re-designed to provide each resident with their own apartment style dwelling. This included safeguarding concerns that were previously part of the communal living were no longer present. Restrictions were reduced for each resident to reflect their individual assessed needs, this included access to kitchen areas, food items and all areas of their apartments. In addition, one resident had regular visits from family members to their apartment which would not have been as easy to facilitate previously.

The buildings in the designated centre were well maintained, ventilated and decorated to reflect the personal choice of each resident. One resident preferred minimal decor, another had many artworks on display on the walls of their apartment and the third resident had many personal possessions which they kept in specific locations. Staff spoke of seeking consent from this resident and working with the resident when cleaning these areas. Some minor issues were identified during the walk around of one of the apartments which were discussed with the staff on duty. Staff advised they would speak with the resident about the issues and seek their permission to address them, this included a broken picture frame that was located over the resident's bed.

In summary, the three 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 changes made to the layout of the designated centre since December 2024 to provide individual apartments to each resident had a positive impact for all of the residents. The person in charge and provider demonstrated how they were actively seeking to

resolve the access for two residents to their finances. However, the issue remained unresolved at the time of this inspection.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that the residents were in receipt of care and support from a consistent core staff team. The person in charge had ensured ongoing oversight to respond to the assessed and changing needs of the residents.

There was a clear management structure in the centre which was outlined in the statement of purpose. Supervision and support to the staff team was being provided. The staff team had been supported to ensure they were familiar with the specific supports required by the resident.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider visits every six months and an annual review. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were effective at the time of the inspection.

The inspector did not review Regulation 31: Notifications in full during this inspection. However, a review of three day notifications submitted to the Chief Inspector since the last inspection did take place during the inspection. The person in charge was aware there had been a delay by some staff members in reporting issues of concern to local management. All concerns had been reviewed or investigated where required with actions taken. The delay in reporting concerns had been identified by the management team. Staff had been advised at staff meetings to ensure the reporting of concerns was required to be done prior to completing their shift. In addition, members of the senior management team were scheduled to attend the staff meetings in June and July 2026 to discuss safeguarding, including ensuring all staff were aware of their role, responsibilities and the procedures required to be completed in a timely manner in the event of a possible concern being identified.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. Their remit was over two designated centres located within the campus.

- The person in charge demonstrated their ability to effectively manage the designated centre. They were present in the designated centre and available to staff by phone.
- The person in charge was familiar with the assessed needs of the resident and consistently communicated effectively with all parties including the resident and their family representatives, the staff team and management.

Judgment: Compliant

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 staff team comprised of the person in charge, five social care workers and seven care assistants. There were four regular relief staff available to support the residents. 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.
- There was one full time vacancy for a care assistant role at the time of the inspection. No agency staff worked in this designated centre.
- The assessed needs for each resident both in their apartment and in the community were clearly documented and all staff were found to be aware of the specific staff resources required in each location. The inspector was also informed since the residents had their own apartments staff were able to provide increased privacy and space if the resident indicated they wished to be alone.
- There was an actual and planned rota in place which reflected changes required to be made and staff training. The inspector reviewed a selection of dates from 3 May to 20 June 2026, seven weeks. The staffing resources at all times of the day reflected when residents were attending their day service, engaging in community activities or visiting relatives each week as well as evening and night time staff supports. Staff were also available to provide support during periods of increased vocalisations or dysregulation. Staff spoken too outlined how staff would change during such periods to ensure the well being of all parties.
- 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.

The night time shifts for one of the buildings did not outline the hours of work. This was discussed during the feedback at the end of the inspection.

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 17 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 person in charge was aware of gaps in the refresher training for a small number of staff. For example, some refresher training courses were required for staff whose previous training had expired in April and May 2026, but dates for these training sessions were scheduled in the weeks following the inspection. One staff member had recently returned from extended planned leave and was in the process of completing the required refresher training at the time of this inspection which included fire safety.

- All staff had completed training in mandatory courses such as safeguarding and safe administration of medications.
- One staff had competed training in sign language the day before the inspection. All of the other team members except a recent new staff member had completed training in this area which aided in effective communication with the residents.
- All staff had attended a specific training course in Oct 2024, Trauma informed training, which was described as being benefical to the team in supporting the assessed needs of the residents living in this designated centre.

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 as required by the regulations since the last inspection. The most recent audits were completed in December 2025 and May 2026. The most recent internal audit report had identified actions which included continued support to be provided to two residents regarding access to their finances and engaging external advocacy services. These issues were ongoing since the previous inspection. The inspector was informed and shown documented evidence of ongoing follow up by the person in charge to resolve these issues. These will be actioned under Regulation 12: Personal possessions and Regulation 9 : Residents rights.

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 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 June 2024. There had been no complaints made during that time. There were two compliments documented one from a relative and the other from an allied healthcare professional. Both expressed how well the staff team were supporting named residents and the positive impact the change to the living arrangements had 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. The 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. Where actions had been

identified on internal audits these issues had been addressed and completed by the person responsible such as a keyworker or the person in charge.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their homes. 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 to a particular shop to purchase a specific item and another to go to a drive thru to get their takeaway. A specific protocol was documented around this activity to ensure consistency for the resident which included details of two suitable locations to choose from.

Regulation 11: Visits

The registered provider had ensured all residents were being supported to receive visitors and maintain links with important people in their lives. Regular visits home were supported each week for two residents. There had been changes made to the schedule in February 2026 following consultation with relatives. Staff spoken with explained how the changes were explained to each resident and the additional supports provided to one of the residents in the weeks following the change to the schedule. Both residents were reported as engaging well with the revised schedule and it was also reported as a positive outcome for their relatives

The staff team ensured regular visits were also supported in-line with expressed wishes of the residents to peers. Visits had occurred frequently in February and March 2026 but in recent weeks one of the residents had indicated they did not wish to visit their peer and this was respected. The opportunity to participate in such visits remained open to the resident if they wish to do so.

The third resident has also enjoyed frequent visits from relatives since they moved into their own apartment. Staff spoke of how proud the resident is to show their relatives their home each time. The visits occur at times that best suit the resident and were reported as being more meaningful and positive for all parties

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured all three residents were supported to have access to their personal possessions in each of their self contained apartments. While there was documented evidence of ongoing engagement with relevant parties and

financial institutions since the previous inspection, two residents still did not have access to their own finances. While the inspector was informed both residents were in receipt of regular money each week to support paying for interests, activities and hobbies this did not reflect both residents were being provided with effective supports to access their personal funds.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured each resident was supported to access day services and recreation activities in-line with preferences and expressed wishes. In addition, each resident was being supported to maintain links with the wider community and important persons in their lives.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. The re-design of the layout of the designated centre and the addition of a second building to provide three single apartment style dwellings better supported the assessed needs of each resident.

- Each apartment had areas for relaxation and dining as well as private bedroom space. Residents had been supported to decorate their apartment in-line with their own preferences. This included comfortable indoor seating and outdoor furniture. One resident had expressed they wished to have a particular colour on a wall in their sitting room and this was being organised with the resident at the time of the inspection.
- Staff spoke of the specific requirement when supporting one of the residents to attend to cleaning in their apartment. This was respected and the resident was always present and consented for cleaning to take place. Staff spoke of how they encouraged the resident to engage in such activities frequently but ultimately the resident made the decision on what cleaning could be done. The inspector was informed that recently the resident had directed one of the staff on specific cleaning duties that they wished to have completed. During the walk around of this space some additional cleaning was required and the staff team outlined how they would discuss this with the resident and seek their permission to complete this cleaning.

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 in March 2026. There were no escalated risks at the time of this inspection. 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 during periods of dysregulation, engaging in social and community activities.

Regular checks were being completed on both 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. There were gaps identified in the records reviewed by the inspector for two dates in April and three dates in May 2026, these were discussed during the inspection. Fire doors checked during the inspection by the inspector were operating correctly.

The person in charge had competed a fire safety audit in April 2026 where actions had been identified and completed. All residents had participated in regular fire drills both planned and unplanned. A minimal staffing drill had also been completed and residents were reported to have responded well. Details provided in the fire drills included a senario, the number of residents and staff present as well as the exits used and duration. Some of the documented drills did not clearly outline if the exit used was the safest and most direct exit used by the resident and staff while considering the senario and where the resident was located at the time of the alarm. This was discussed during the feedback at the end of the inspection.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular review, the most recent review occurring in May 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. This included an easy-to-understand fire evacuation plan and one resident had a specific visual schedule to aid their understanding.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed sections of the personal files of all three of the residents living in the designated centre. Each resident had a key worker on the staff team and been supported to have a comprehensive assessment of their health, personal and social care needs. Two residents had been supported to change their general practitioner to better suit their assessed needs in recent months.

There was evidence in the personal plans of ongoing multidisciplinary team involvement in supporting the residents as required. One resident was subject to reviews every six weeks by an allied healthcare professional and following the most recent review in May 2026 the consultant did not require to review the resident for three months as they were presenting as well. The residents healthcare plans and other required support plans, such as anxiety management plans were subject to regular review to ensure staff were provided with up-to-date information and protocols to best support each resident.

Each resident had an easy-to-understand version of their personal plans which had pictures of their personal goals. Person centred goals had been achieved during 2025 and new goals for 2026 had been identified which were reflective of the individual resident for which they were identified for. One resident was being supported to create a herb garden to promote their sensory interests, another resident was being supported to increase their independence with household chores such as laundry. This resident's keyworker explained to the inspector how the resident had progressed in recent months to becoming more independent with this activity. There were visual aid cards to help prompt the resident of the next step and the staff team had plans to introduce a new step to further enhance the resident's ability to complete the task. All of the residents goals were scheduled to be reviewed in June 2026 and progress updates were to be documented at that time.

The importance of a consistent approach and providing regular routine for all three residents was evident in their personal plans. This included daily and weekly schedules, day and night routines and community activities. 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. Two of the residents had positive behaviour support plans in place, the other resident had previously been discharged from this speciality but was scheduled to have another review the week after this inspection to attain input from the specialists to ensure the staff team were effectively providing supports in-line with their assessed needs. All three of the residents had protocols/plans to support periods of increased anxiety and dysregulation. All staff were aware of these strategies.

Since the previous inspection in June 2024, there had been a reduction in restrictions that were required to support these residents in the designated centre. All residents were being supported to engage in activities with dynamic risk assessments completed where required. This facilitated some positive risk taking by the residents, such as engaging in personal shopping, visiting restaurants and other social areas. The inspector was also informed of ongoing review in relation to some restrictions that were being reduced which included a current restriction on the transport for one resident and a medication reduction plan for two of the residents.

The inspector was informed that there had been a marked reduction for all of the residents experiencing periods of anxiety and dysregulation since the re-design of the designated centre to facilitate individual apartments for each of the residents. While all of the residents still experienced challenges at times staff spoke of the ability to be able to support each resident, afford them space when required and assist them to return to their activity when ready. This would not have been as easy to manage when the residents lived together and shared communal spaces in the designated centre.

Judgment: Compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. Additional input from senior management during the planned June and July staff meetings was also scheduled to ensure all staff were aware of their role and responsibility in relation to ensuring the safeguarding of residents at all times as well as the provider's procedures in reporting concerns.

- There were no 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 plans reviewed by the inspector, these outlined the supports being provided to assist with increasing residents independence where possible and respecting their

privacy and dignity. For example, during the inspection the inspector noted one staff provide verbal direction to a resident during their morning routine which was reflective of what was documented in their intimate care plan.

Judgment: Compliant

Regulation 9: Residents' rights

There had been positive outcomes for all three residents since the re-design of the designated centre. This included increased freedom for each resident to make choices in their daily lives, to engage with staff to make decisions and consent where possible to the care and support being provided to them. Residents privacy and dignity was being consistently supported by the staff team in each of the apartments. There was an overall, positive impact on the quality of life for each of the residents living in the designated centre.

However, not all actions from the previous inspection in June 2024 had been fully addressed. This included two residents accessing the services of an external advocate. There was documented evidence the person in charge and the provider were seeking to attain the services of an external advocate since the previous inspection, but no response had been returned at the time of this inspection. The most recent email from the person in charge to the National Advocacy Service (NAS) was in May 2026. No responses to that or previous emails had been returned by the agency. The provider's social work department were linking with all relevant stakeholders to seek to address the ongoing issue, but the issue remained unresolved at the time of this inspection.

In addition, two of the residents financial management plans was still being referred to as "pocket money". This term had also been identified as being used in the previous inspection in June 2024. This term was not reflective of the adults about whom the finance plans referred to or the finances to which both residents were entitled to access. This was discussed during the inspection and at the feedback meeting.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
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	Substantially compliant

Compliance Plan for No.1 Seaholly OSV-0004574

Inspection ID: MON-0045735

Date of inspection: 10/06/2026

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Person in Charge will continue to provide support to residents for the management of their finances and will ensure that each resident has access to a bank account in their name [01/10/2026].	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will ensure that; • The 'My Money Plan' for each resident are reviewed and updated to include appropriate language for the resident's monies to be reflected on the plans [30/06/2026]. • The service continues to seek an advocate from the National Advocacy Service and will update the referral to specify what support is required [14/07/2026]. The PIC will ensure that the referral is followed up until such time as the NAS Service is available to engage with the residents.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	01/10/2026
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	14/07/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	30/06/2026

	and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			