



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

Issued by the Chief Inspector

Name of designated centre:	No.2 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0004576
Fieldwork ID:	MON-0037993

About the designated centre

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

This service is based in a domestic style two-storey house in a pleasant urban residential area. The house is in close proximity to public transport and a large range of facilities and amenities. A maximum of four residents can live in the house; residents are described as having low support needs in the context of their disability but some support from staff is needed in relation to daily routines such as cooking, personal care, maintaining health and well-being and maintaining general welfare and development needs. Residents are encouraged to function and engage at their highest possible personal level. Residents independently access community based transport and are supported by the community based team in relation to accessing occupational recreational services. Ordinarily there is one staff on duty; the model of care of social. The provider aims to provide as person-centred a service as possible through a process of individualised assessment and planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 15 April 2025	09:00hrs to 16:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed over one day. There were three residents living in centre, which was in the city with many facilities and public transport nearby. The designated centre was registered for four residents and there was one vacancy on the day of inspection. From the observations of the inspector and from speaking to the residents, staff and management in the centre it was evident that residents were receiving support to enhance their quality of life.

One resident greeted the inspector at the door of the designated centre on the morning and chatted with the inspector before showing them around the communal areas of the house and their own bedroom. The resident explained that their bedroom and sitting room had recently been re-decorated and they were very happy with the work that had been completed. This resident went out on their planned activities independently following the chat with the inspector.

A second resident met the inspector after they had gotten ready for the day. They showed the inspector their bedroom and spoke about how happy they were living in the centre. They showed artwork and models they had interest in to the inspector. This resident also went out on their day of activities following the conversation with the inspector.

The third resident met with the inspector and informed them that they had retired. They spoke about their interests and the equipment they used to transcribe books. The resident spoke about the many books they had completed. The resident spoke about their pet cat and how important this was for them. The resident had a work space created for them to complete their transcribing and to work with other items such as audio equipment.

The centre was well maintained and it evident that the centre and the residents' bedrooms had been decorated in line with the residents' choices. Residents had access to suitable private, communal space and outdoor space to undertake activities.

The residents appeared to be relaxed and comfortable during the day of the inspection. Staff were seen interacting with residents in a positive and respectful manner. Residents were happy with activities they were undertaking and the choices available to them.

As this inspection was announced, residents were given the opportunity to complete residents surveys. All three residents completed the surveys. These surveys were completed with assistance of staff and were handed to the inspector on the day of the inspection. The feedback from the residents in these surveys were very positive, with the residents explaining that were happy with their living arrangements and felt safe in the centre.

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

The managements systems in place ensured that the services being provided to the residents was safe and meeting their needs. Management and staff in the designated centre were familiar with the residents. The management team in the centre were maintaining oversight of the centre with the six monthly unannounced registered provider visits being completed. An audit schedule was being undertaken to identify actions to improve the service provided.

The annual review had been completed in the centre in the last 12 months and it was evident that the residents had contributed to this review with information on how the residents spent their time and the activities they undertook.

Staffing levels in the centre were maintained at an appropriate level to support the residents. It was evident that the person in charge spent much of their time in the centre and knew the residents and their needs well.

Some staff in the centre required refresher training in relation to de-escalation and behaviour management techniques. The person in charge had arranged a future date for this training for the staff during the inspection.

Documentation for the renewal of registration for the centre had been submitted in a timely manner and contained the documents required such as the proof of insurance for the centre.

Complaints and incidents in the centre were managed appropriately. A log of both incidents and complaints were maintained. Complaints had been dealt with in line with the registered provider's policy and procedure. Incidents had been reported to the Chief Inspector's office as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge
<p>The registered provider had employed a suitable person in charge. The person in charge was suitably qualified and had the relevant experience to meet the requirements of the regulations. During the inspection it was evident that the person in charge knew the residents and their needs well.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>The registered provider was ensuring that the number and skill set of the staff was appropriate to the needs of the residents, the statement of purpose and the layout of the centre. A planned and actual staff rota was maintained in the centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. The staff members present on the day of the inspection knew the residents well. Records required by Schedule 2 in relation to staff records were viewed and contained the information required.</p>
Judgment: Compliant
Regulation 16: Training and staff development
<p>The person in charge maintained a training matrix to monitor the training needs of staff. Three staff required refresher training in relation to de-escalation and behaviour management techniques. The person in charge arranged this training for the staff members during the day of the inspection.</p> <p>The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision for staff members in the centre for the current year.</p>
Judgment: Substantially compliant
Regulation 19: Directory of residents
<p>The registered provider had established and maintained a directory of residents in</p>

the designated centre. This was made available to the inspector on the day of the inspection. The directory of residents contained the information required by paragraph 3 of Schedule 3 of the regulations such as details of next of kin and general practitioner details.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. Management systems in place were ensuring that the service provided was appropriate to residents' needs.

Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining good oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

An annual review of the quality of the service had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents. Unannounced six-monthly visits were being conducted by a representative of the provider and records in relation to these were reviewed. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of the most recent unannounced visit was reviewed by the inspector and it was seen that it assessed a number of relevant areas related to residents' care and the governance of the centre.

Meetings for residents were being completed on a regular basis with items on the agenda being of relevance to the residents. Staff meeting were also taking place on a regular basis. The staff meetings covered an extensive range of topics including

safeguarding, incidents and complaints.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to regular review and had been reviewed in the last 12 months. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector reviewed the incident log of the centre. Incidents in the centre had been notified to the Chief Inspector's office, by the person in charge, as required by the regulations. Notifications that required to be submitted on a quarterly basis, such as restrictions used in the centre, were done so.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had in place a complaints policy. The complaints policy and procedure were made available to residents in an easy to read format. Residents were supported to make complaints when necessary. There were no complaints that had not been resolved in the centre and complaints resolved had been done so in line with the registered provider's policy.
Judgment: Compliant
Quality and safety
The well being and welfare of residents in this centre was being maintained by a good standard of evidence-based care and support. Safe and good quality services were provided to the three residents that lived in this centre and residents were

seen to be happy and content in their home.

Residents finances were managed in a secure and transparent manner and residents had control over how their finances were managed and provided consent when they required assistance with their finances.

The premises was suitable for the residents and met their needs with adequate communal and private space. Fire safety in the centre was managed appropriately. Equipment that was checked was operating correctly and had been serviced on time in line with the regulations.

The residents had appropriate assessments completed and had a personal plan that had reviewed in the last 12 months. It was evident that residents' rights were respected in the centre. Resident were comfortable raising concerns and had voice in how the centre is run with regular meetings and conversations with staff.

Risk assessments and the risk register maintained in the centre required review as it contained old information that was not up to date or currently relevant to the residents of the centre.

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Adequate bathroom and kitchen facilities were provided. Resident bedrooms and communal areas were seen to be decorated in a manner that reflected the resident profile of the centre. A sitting room in the centre had been recently renovated and one resident spoke about assisting in planning the decoration of the room and how happy they were with the outcome. Residents also spoke about the work that had been done in their bedrooms.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate residents guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the centre and was also present in the centre on the day of the inspection. This document was reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk register in place and the risk management policy which contained measures and actions for the risks specified in the regulation. A review of the risk register and assessments was required as outdated information regarding a change in the management of the centre. There was also a change in needs for a resident in relation to their speech and language recommendations which was not reflected in their risk assessments.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Appropriate containment measures were in place. Fire doors were observed throughout the centre and seen to be operating correctly.

Fire safety equipment was present in the centre. This equipment was seen to be serviced in a timely manner. Personal emergency evacuation plans (PEEPs) were in place for residents and it was evident that they were reviewed in the previous 12 months.

Fire evacuation drills were being completed with all residents involved. There were daily, weekly and monthly checks being undertaken to ensure fire precautions were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents and three of these were reviewed on the day of the inspection. There was evidence of review of residents' needs from the multidisciplinary team. Suitable assessments had been completed which met the needs of the residents in relation to their health, personal and social care needs. Support plans were created from the assessments, which guided staff on how to support the residents.

Residents were supported to create personal goals for the year. There was evidence that yearly meetings took place to create these goals and these goals were reviewed throughout the year. Support plans had information gathered which gave

background information on each resident and their interests. Goals such as planning trips away for residents were tracked and progress noted. Residents had strong involvement in their local community and this was reflected in their personal plans such as one resident going to regular coffee mornings with friends.

Consent had been given by residents around the support they received from staff and the residents had contributed to creating their own goals and plans.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to protect the residents from all forms of abuse. There was safeguarding documentation in the centre with regards to incidents reported to the Chief Inspector. From a review of the training records all staff had received training in safeguarding residents and the prevention, detection and response to abuse.

Residents were provided with information on how to make complaints and safeguarding issues were discussed at team meetings. Residents informed the inspector that they felt safe in the designated centre. Staff were seen to interact with the residents in a kind and respectful manner during the inspection. Residents were supported to manage their own finances by staff with staff supporting residents in a transparent manner. This enabled one resident to buy high tech equipment which they showed the inspector with pride on the day.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had regular meetings in the centre and it was evident from these meetings that the residents voice was listened to, an example of this would be the discussion in the team meeting that chose the paint colour for the re-decorated sitting room. Meeting records reviewed showed that the residents were consulted with and informed about issues in the centre.

Residents were provided with information regarding advocacy and on how to make complaints. Accessible documents had been created for residents to give them information on the running of the centre. Residents were supported to undertake their activities as independently as possible. The centre provided adequate private and communal space to undertake their activities. Residents spoke about how busy they were with the activities they were undertaking and the pride they took in being part of their community. One resident in particular enjoyed assisting with services in

a local church.

Staff were observed to speak with and interact respectfully with the residents. The residents personal plans were created in a manner that was rights focused. It was evident that residents' rights in the centre were upheld and respected.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.2 Fuchsia Drive OSV-0004576

Inspection ID: MON-0037993

Date of inspection: 15/04/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will review the training planning matrix and schedule training for the staff who require refresher training in relation to de-escalation and behaviour management techniques.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider will ensure that the centre risk register and risk assessments are reviewed for completeness and the Person in Charge will update the register to reflect the change in management in the centre. Additional information will be added to the risk assessment regarding the support needs of one resident based on speech and language therapy recommendations.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	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	05/06/2025