



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Stonecrop
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0005146
Fieldwork ID:	MON-0048307

About the designated centre

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

No.3 Stonecrop is a semi-detached, two-storey house in a residential area on the outskirts of Cork city. A full-time residential service is provided to a maximum of four female adults. Residents have an intellectual disability diagnosis and may also be autistic. The focus in the centre is meeting the individual needs of each person within a homely environment. Each resident has their own bedroom. There is a communal kitchen, a living room and an upstairs sitting room in the centre. There are also small garden areas to the front and rear of the property. The model of support is social care with staff supporting residents in the morning and evenings. Residents are supported at night by one staff sleeping in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

I

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 19 March 2026	08:15hrs to 13:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This inspection was an unannounced safeguarding inspection in the designated centre No 3. Stonecrop. The safeguarding regulatory programme puts a focus on adult safeguarding in designated centres and it includes the review of specified regulations. At the time of this inspection, No 3 Stonecrop was registered to provide residential supports to four adult residents.

Overall, it was evident that measures had been put in place to ensure that residents were appropriately safeguarded. A high level of compliance with the regulations was identified on the inspection day. While some minor improvements were required in relation to the staff rota, implementation of the visitors' log and residents' meetings, these did not have a significant impact on the quality of care provided. Residents were supported by the staff team to receive a high quality of care and support in their home.

Three residents were living in No 3. Stonecrop. One of these residents was visiting family on the inspection day. The inspector had the opportunity to meet with the other two residents living here before they went to day service.

Residents were observed getting ready for the day. Staff noted one resident enjoyed a slow pace in the morning, and they were heard checking with the resident if they required any support throughout the morning. Staff supported the resident to listen to music and made breakfast for the resident to take with them to day service as requested.

Residents spoke with the inspector about their likes and interests. A resident spoke about their favourite band and concerts they had attended with those they lived with. Audits in the centre noted that residents had also enjoyed a two night stay in Dublin where they ate in some nice restaurants and did some shopping. One resident spoke about their job which they enjoyed. This resident used public transport independently to go to work and their day services and had been supported with travel training by staff.

One resident told the inspector that it was their dream to move to a more independent living environment. Progress on this goal was acknowledged by management in the centre as being delayed, however there was evidence that the resident and their representatives had been supported to make a complaint with increased communication now in place. The resident told the inspector that named members of the management team were working on this and that they were happy living in their current home. The resident noted that they wanted to live in specific towns and villages with access to public transport. Management spoken with were also aware of these specific locations and were trying to source suitable accommodation in these locations. Staff were also supporting the resident to learn new skills by encouraging the resident to learn to cook meals in their home. Staff

noted that the resident had recently made a carbonara for dinner for those they live with.

Consistent staffing was important in line with the assessed needs of each resident. Staff on duty noted that they were a regular relief staff and it was evident from observations that they knew the residents well, and that residents were comfortable in their presence. There was a count-down calendar on display in the kitchen that one resident was supported to use to indicate the days until a specific staff member returned from a period of leave. The resident was also supported to change the picture on the visual staff rota to display the staff member that would be supporting them when they finished day service. The resident told the inspector that the staff member coming on duty was 'hilarious', and that all of the staff working in their home were nice.

Overall, this inspection indicated that residents were provided with a high quality of care and support in their home. This ensured that the residents were safeguarded against potential abuse, and that their rights were promoted and respected. At all times, the residents were observed being supported in a kind and respectful manner by the staff member on duty. It was evident that residents were comfortable in the presence of staff, management and each other. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The previous inspection in this centre noted that the compatibility of residents resulted in a high number of safeguarding concerns being reported in the designated centre. It also resulted in a high level of non-compliance with the regulations at this time. Since this inspection, one previous resident had been transitioned to a new home. As a result, the frequency of allegations of suspected abuse had decreased in the centre. It was also evident that actions had been taken to increase the centre's regulatory compliance as this inspection found a high level of compliance with the regulations.

There was one resident vacancy in the centre at the time of this inspection. Management in the centre noted that careful consideration would be required to ensure the compatibility of any future resident so that all residents were safe in their home.

Staff members were supported to receive supervision and training to carry out their role. There was evidence that six staff members had received formal supervision in the previous six months. Staff spoken with on the inspection day spoke about completing an induction, shadow shifts and having time to review residents' personal files before lone working in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The person in charge had ensured that a rota showing the staff providing direct care and support to residents was in place. However, it did not accurately reflect the rota and hours of duty of the person in charge. Staff spoken with told the inspector that there was sufficient staff on duty to meet the assessed needs of residents. Residents were often supported by one staff member, with a second staff being rostered to support appointments, activities and events. The staffing in the centre had reduced when one resident transitioned to a new home. However, the staffing compliment to be provided to residents was not updated in the centre's statement of purpose to reflect this change. This required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. The inspector reviewed the training records of 4 permanent staff members and two relief staff and found that they were supported to receive the following training;

- Safeguarding of vulnerable adults
- Children's First
- Fire safety
- Medicines management
- Hand hygiene.

Four staff members had also received training in autism and neurodiversity in line with the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place ensured that residents received a safe service in their home. All staff reported to the team leader in No 3 Stonecrop. The team leader then

reported to the person in charge. Staff spoken with on the inspection day were complimentary of the management team and the supports they received to carry out their role. There was also an on-call management system in place outside of regular working hours.

Audits completed included the centre's annual review, and six monthly unannounced visit reports. The annual review of the supports provided to residents in their home had been completed in 2025. This review included consultation with residents and their representatives as required by the regulations. As part of this feedback, a complaint was logged and reviewed to the satisfaction of the complainant with areas for improvement identified. The annual review also included a review of safeguarding plans and incidents occurring in the designated centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. The lay-out of No 3 Stonecrop was observed to support the assessed needs of the residents in relation to safeguarding.

Staff spoken with noted that residents may verbally disagree on occasions but that there were no current safeguarding concerns in the centre. There were three communal rooms in the centre for residents to relax and engage in hobbies or watch television. Staff noted that residents liked to enjoy their own space and that this reduced the risk of interactions of a safeguarding concern between residents. Staff were aware of what actions should be taken such as ensuring the immediate safety of the person by supporting them to another area of the house should a peer-to-peer safeguarding concern arise.

Each resident had a plan of care in place which outlined the supports they required to meet their needs and to promote their independence. These plans noted the importance of routine and predictability for residents which was provided in their home. It also considered safeguarding and how to protect residents from suspected abuse. For example, it clearly noted where residents required support to meet their personal hygiene needs and where they were independent in these areas.

Photobooks had been made to record memories of trips away and days of importance for residents. The inspector viewed photographs of residents on holidays in Killarney, at concerts in Dublin and having spa days. One resident enjoyed visiting car shows with pictures of them at these events in their photobook.

Evidence of regular resident meetings was not available in the centre. However, it was evident that residents received a good quality of care and support in their home.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. An assessment of the communication needs of residents had been carried out. This included details such as whether the resident wore glasses or hearing aids and the supports they required from staff to ensure these were effective to support their communication needs. Communication plans also guided staff how to support residents to make decisions about their care and support.

Each of the three sitting rooms had a television that residents could watch. Residents were provided with Internet in their home. Residents were supported to access appropriate media in line with their wishes. One resident had their own mobile phone.

Judgment: Compliant

Regulation 17: Premises

The residents' home was observed to be clean, warm and suitably decorated. Staff noted that the layout of the centre supported the safeguarding of residents as each resident had their own bedroom and sitting room. However, it was noted that there was a resident vacancy in the centre which on admission would mean that the individual sitting rooms could no longer be provided. Management in the centre noted that the compatibility of any potential transition would be considered to ensure residents were appropriately safeguarded.

Residents' bedrooms had been decorated to reflect their likes and interests. It was evident that they were also accessible in line with the current needs of residents. Photographs of residents and their family and friends were on display throughout their home. This included photographs of residents visiting hotels, gardens and Cafes together. Items for recreation such as puzzles and artwork were available for residents to use.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' personal plans. These plans included an assessment of the health, personal and social care needs of each resident. It was evident that multi-disciplinary support was provided by a team of allied health and social care professionals including neurologists, psychologists, occupational therapists and speech and language therapists.

Residents were supported to develop and achieve their goals as part of the person centred planning process. Goals were aligned to the assessed needs and wants of residents. For example, one resident was being supported to build independence and explore their wish to live more independently. Residents were also supported to go on holidays and to plan future holidays.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents living in No 3 Stonecrop did not have a behaviour support plan in place and this was consistent with the assessed needs of each resident. It was noted in the residents' personal plans how staff can support them should they be upset or worried. It was noted that one resident was going through a period of increased upset and this was being monitored and recorded by the multi-disciplinary team. Management noted that the multi-disciplinary team had access to behaviour support specialists should this be required to support the residents in the future.

There was no evidence of any restrictive practices in the residents' home. Residents were supported to have full access to their living environment.

Judgment: Compliant

Regulation 8: Protection

The identity and contact details of the designated safeguarding officer was on display on the notice board in the kitchen of the residents' home. A procedure for staff to follow should they have a safeguarding concern was also readily available for them to review. Staff spoken with on the inspection day were aware of the safeguarding procedures in the centre and the measures in place to ensure the safety of residents.

There were no open safeguarding plans in the designated centre at the time of the inspection. The inspector reviewed the safeguarding processes that were enacted in response to four allegations of suspected abuse. It was evident that these had been reported in line with statutory guidance and the provider's safeguarding policy. A

protocol for unexplained bruising was also available to staff members to guide them on the process should a resident display unexplained bruising.

Easy-to-read information about safeguarding was also in place to ensure residents to develop their knowledge on the skills required for self-care and protection. However, staff on duty were not aware that a visitors log was in place to record all persons entering the residents' home

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident had the freedom to exercise choice and control in their daily life. Positive risk taking was evident to ensure that residents could live a life of their choosing. This included supporting a resident to access their local community independently, and to stay at home without staff support if they wished. It was also noted that staff had supported the resident to achieve the skills and knowledge to complete these tasks independently and safely.

Residents were consulted about their care and support. Easy-to-read information about the annual multi-disciplinary reviews was available to explain the process to residents. Residents' meetings were also taking place with residents to discuss their care and support. However, it was noted that there was no evidence of these taking place prior to October 2025. This required review.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.3 Stonecrop OSV-0005146

Inspection ID: MON-0048307

Date of inspection: 19/03/2026

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has ensured that:</p> <ul style="list-style-type: none"> • The correct hours of duty of the person in charge are now reflected in the Centres roster. [31/03/2026] • The Statement of purpose was updated on the 08.04.2026 to reflect the accurate staffing supported in the Centre.] 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The person in charge will ensure:</p> <ul style="list-style-type: none"> • The use and the importance of the visitors log is discussed at the team meeting on the [14/04/2026]. • The visitors log has been relocated to a more visible area to ensure it is easily accessible to all staff and visitors. • The importance of the use of the visitors log will now be included as part of the induction for all new staff.] 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person has charge will ensure that:</p> <ul style="list-style-type: none"> • Residents meeting are reestablished for all residents from the 26.03.2026. • The Person in Charge will review the meeting schedule and notes thereof monthly to ensure compliance.] 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	08/04/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/04/2026
Regulation 09(2)(e)	The registered provider shall	Substantially Compliant	Yellow	26/03/2026

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			
--	--	--	--	--