



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcoran and East Cork
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 August 2025
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0038801

## About the designated centre

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

Kilcoran East Cork is a designated centre located in the East Cork region. Residential services are currently afforded to 21 adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of six bungalows each being decorated in line with the residents' individual preferences and taste. The service operates on a 24 hour, seven day a week basis ensuring residents are supported by staff at all times. Staffing levels in each house are allocated according to residents' assessed needs, as reflected within individualised personal plans. Nursing support is in place as required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	15
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 7 August 2025	09:00hrs to 18:10hrs	Lisa Redmond	Lead
Thursday 7 August 2025	09:00hrs to 17:45hrs	Conor Dennehy	Support
Thursday 7 August 2025	09:00hrs to 17:45hrs	Elaine McKeown	Support

## What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre, Kilcoran and East Cork. This centre was registered to provide residential supports to 21 residents across six houses. This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three year cycle. Due to the size of the designated centre, this inspection was completed by three inspectors over one day. Each of the six houses that were part of the designated centre Kilcoran and East Cork were visited on the inspection day.

Although this designated centre was registered to support 21 residents, there were six vacancies in the centre at the time of the inspection. This included a resident who had been temporarily transferred to another designated centre after their recent discharge from an acute hospital. Inspectors had the opportunity to meet with each of the 15 residents currently living in the designated centre during the inspection day.

Inspectors began the inspection together in one of the centre's houses, before two inspectors left to visit other houses part of this designated centre. One inspector stayed and met with both of the residents living in this house. Soon after, both residents left the house with staff on duty in a vehicle provided. They returned in the early afternoon with the inspector informed that residents had gone for a drive and a walk on a nearby greenway, with residents also having had a picnic while out.

Inspectors also observed a meal being prepared for residents in this house and it was indicated to the inspector that once residents had finished this meal, they would be going to a celebration event in a nearby town. This celebration event was an annual event run by the provider for the services they provided in the local area. It was noted throughout the inspection day that residents in each of the houses were supported to attend this event in line with their choices and wishes. Inspectors also met with residents in other houses that are part of this designated centre on their return from this event. One of the residents indicated that they had enjoyed it, another indicated that they helped with flower arranging and the third resident said they had sang two songs at the event. Residents in another house reported to have enjoyed the activity, meeting peers, staff members that had retired as well as current staff working with the provider including allied health care professionals. The inspector was informed the best part of the event was the refreshments and singing.

In another house visited by inspectors, one resident sought to meet with the inspector immediately in their bedroom. They shook hands with the inspector and stated they were doing very well. They spoke about how staff supported them to visit places of importance for them. The resident enjoyed visiting a local farm each week and had many photographs taken with animals during these visits.

Another resident living in this house was being supported by a staff member at all times. The inspector was informed the resident was not feeling well and was known to have a complex medical condition which required ongoing staff supervision. All staff were observed to be knowledgeable about the specific supports required by this resident. The resident did sit on a couch near the inspector in the office for a short period during the morning and appeared to engage in conversation with staff supporting them.

Two residents lived alone in their respective homes in the designated centre. The inspectors met with both of these residents and the staff members supporting them. Consistent staffing was very important for one of these residents and the staff member supporting the resident on the inspection day was a regular staff member who knew the resident well. The resident had attended a horse show the day before the inspection took place, which was an activity of interest to them. When speaking with the inspector about this, they informed them that the show was 'brilliant'. Staff and management in the centre noted that this resident would not live with others due to safeguarding concerns. However, the registered provider had proposed to register the two other bedrooms in this resident's home. This was not in line with the assessed needs of the current resident. This will be further discussed under Regulation 23 Governance and management.

The atmosphere in residents' homes were noted to be relaxed, calm and welcoming. Each resident had their own bedroom decorated with personal possessions. In one of the houses it was noted that there was a large sitting room, where residents choose to spend time. Comfortable chairs were present to enable them to watch television. During the inspector's visit to the house residents were observed to be supported by the staff team to engage in preferred activities. This included going for a walk, watching preferred programmes and having their meals at times and in locations in line with expressed preferences. Staff prepared a home cooked meal for the residents during the morning and the aroma could be smelt around the house. In addition, one resident was heard to be singing along with an artist they were watching on their television in their bedroom. In one of the centre's houses, the atmosphere was noted to be very sociable as residents returned home from the celebration event organised by the registered provider. For example, one of the residents asked the inspector some questions, with another resident commenting humorously that the Gardaí would not ask such questions.

Each of the residents living in one of the centre's houses informed the inspector they were very happy living in their home, enjoyed many different activities in the community and had space either in their bedrooms or in communal areas to rest as they wished. A number of residents living in Kilcoran and East Cork could not verbally communicate their views on what it was like to live in their home. It was also observed that a number of residents also chose not to engage with inspectors and in these instances this choice was respected. The inspectors reviewed two completed questionnaires for residents living in one house which were consistent with comments and views from the residents on the day of the inspection that they were happy living in their home. A third questionnaire completed by a resident stated that they were 'very happy' and feel 'very safe' in their home. They also

noted that they choose their own activities and plan their days out with staff members.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. 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 findings of this inspection indicated that overall, management systems in place in the centre ensured that residents received a safe and good quality of care and support. For the most part, this inspection found a good level of compliance with the regulations. Some improvements and review were required to ensure adverse events were notified to the Chief Inspector of Social Services as outlined in the regulations, and to ensure the service the provider intended to provide in the application to renew registration was in line with the assessed needs of the current residents. This will be further discussed under Regulation 23, Governance and management.

An annual review of the quality of care and support provided to residents was completed in May 2025. This review reflected the changes in the designated centre over the previous year. This included the transition and discharge of residents due to changing needs and safeguarding concerns. At the January 2025 inspection, one resident told inspectors that they no longer wanted to live with a peer resident. Following the inspection, this resident had transitioned into a new home in the designated centre. However, at the time of the inspection the resident had temporarily transitioned to another designated centre for the duration of their recovery following an injury.

The annual review included the progression of actions and areas of non-compliance identified at the inspection completed in January 2025. It was evident that the provider had taken appropriate actions in response to these findings to improve the quality of service provided to residents in their home. This included the development of a standard operating procedure on the use of the centre's 'house kitty' and reimbursement of monies to residents for items purchased from the house kitty incorrectly.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that an application to renew the registration of Kilcoran and East Cork had been completed in a timely manner. This included the

floor plans which showed all six houses of the centre and accurately reflected the layout of these houses for the most part. However, the floor plans for two houses indicated that these houses had three bedrooms but during the inspection, it was seen that one of the bedrooms in each of these houses was actually being used as a staff office.

Judgment: Substantially compliant

## Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre. Two clinical nurse managers were assigned managerial responsibility for three houses each, with all staff reporting to the person in charge for the designated centre. The person in charge reported to the director of services. The director of services was on leave at the time of the inspection and it was evident that a person had been assigned responsibility for the centres under their remit for the duration of their leave.

Signs were also observed to be on display giving details of the management team in place for the centre overall. Staff members spoken with demonstrated a good awareness of who the people in this management team were while also demonstrating an awareness of the reporting structures for this centre as outlined in the centre's statement of purpose. Such staff were also aware of the availability of on-call support if required. The staff spoken with also indicated that management of the centre visited the houses of the centre regularly.

The person in charge had developed oversight and management systems to track audit actions and ensure relevant resident information such as personal plans were updated as required. This could be accessed by staff and management in the centre, which ensured live data on these actions were available to ensure effective oversight.

The records of staff meetings taking place were reviewed in two of the centre's houses. From these, it was noted that three staff meetings had taken place in each of these houses during 2025 with members of the centre's management attending



these meetings. The meeting notes indicated that topics such as the centre's governance structure, safeguarding and incident reporting were discussed. The most recent meeting notes for one of the houses from 18 July 2025 referenced this announced inspection being discussed along with the findings of a provider unannounced visit from earlier that month.

It was noted that the designated centre's annual review completed in May 2025 stated that there would be no admission to one resident's home whilst the current resident lived there. It was also documented in the resident's personal plan that they could not live with others, including in notes from the resident's psychiatrist which stated they are better suited to a single occupancy placement. However, the provider had proposed to register two further bedrooms in this resident's home. Staff and management spoken with were aware that it was not suitable for this resident to live with others due to the resident's presentation. This required review.

Judgment: Substantially compliant

#### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that residents had a contract in place to set out the services to be provided to residents in the designated centre, along with the fees to be paid. During this inspection, the contracts of seven residents were reviewed which were found to provide the required information. The contracts were also noted to be signed by the person in charge and residents to indicate that they had been agreed to.

Judgment: Compliant

#### Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted an updated statement of purpose was present in the designated centre. This contained all of the information specified under Schedule 1 and was submitted to support the application to renew the registration of the designated centre.

Judgment: Compliant

#### Regulation 31: Notification of incidents

The Chief Inspector must be notified of certain injuries on a quarterly basis. A notification of such injuries had been most recently submitted on 30 July 2025 to cover the period 1 April 2025 to 30 June 2025. This notification listed four injuries. However, when reviewing incident records for two houses, an inspector noted that a resident had been recorded as having a large scratch on 1 April 2025 while another resident was recorded as having a red mark on 1 May 2025. Neither of these had been included in the quarterly notification submitted on 30 July 2025.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Information sheets about the complaints process was seen to be on display in the houses of the centre. These sheets indicated that staff would help residents if the residents were unhappy with something. Contact details for the complaints officers that had been appointed by the provider were shown on the sheets. A complaints officer had signed a recorded complaint that had been made in one house by a resident since the previous inspection in January 2025. While the record of this complaint did provide details of the complaint and identified actions in response, it did not indicate if the resident was satisfied with the outcome of their complaint. This was not in keeping with the requirements of this regulation.

Judgment: Substantially 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. It was evidenced by the high level of compliance with the regulations overall, that a safe level of supports was provided to residents in their home.

It was evident staff teams were trying to introduce new experiences and activities in different locations, this included swimming, picnics and social events. Residents' engagement and enjoyment with any changes were considered. For example, a new location for a walk was offered to a resident which they appeared not to like as they did not wish to get out of the car. The staff team documented where the preferred locations for the residents were and the rationale for not going to other locations at this time. One resident who enjoyed music had been supported to attend music festivals in their local town and to visit a restaurant and bar with live music.

One resident had completed treatment for a medical condition the day before this inspection had taken place. Staff members spoken with told the inspector that the

resident had requested a silver balloon to celebrate having completed their treatment. Management in the centre were observed bringing the balloon to the resident as promised on the inspection day and celebrating this achievement with the resident. It was observed that there were a number of balloons in the centre which staff members had brought for the resident to celebrate this milestone.

Overall, it was observed that the level of service provided to residents ensured their safety and promoted their choices and wishes. However, documentation relating to fire evacuation drills were not available for review in one of the centre's houses to evidence that this had taken place.

## Regulation 12: Personal possessions

Residents' bedrooms seen were noted to be provided with facilities to store their personal belongings such as wardrobes. The houses of the centre had also been provided with laundry facilities which residents could use. While in one of these houses, a resident was overheard being asked to help in putting away some laundry but the resident declined this.

Previous inspections of this centre had raised some issues around the use of kitties in the houses of this centre with residents contributing to such kitties. What these contributions covered were outlined in residents' contract of the provision of services and covered expenses such as grocery shopping. A staff member spoken with in one house also indicated this while records reviewed in the same house also confirmed that that house's kitty was being used as such. Inspectors were also informed that a new standard operating procedure on the use of house kitties had been developed and was to be rolled out.

Judgment: Compliant

## Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with facilities for recreation and opportunities to participate in activities in line with their interests. One resident enjoyed engaging in pottery and items they had made were on display in their bedroom. Another resident told the inspector that they had a job where they were responsible for gardening and sorting out the waste bins. This resident was also growing tomatoes in the garden of one of the houses.

One of the residents had celebrated a milestone birthday in June. The staff team explained how there had been two parties in a community location around this time which were enjoyed by all who attended, including family members. Another resident had been supported to have a new pet fish which they purchased and were looking after it in their bedroom. Another resident was supported by staff to have a

preferred drink and go for a spin in the transport vehicle after they had expressed to staff what they wanted to do.

Judgment: Compliant

### Regulation 17: Premises

Overall, the houses visited during this inspection were seen to be presented in a clean, homely, well-furnished and well-maintained manner on the day of inspection, both internally and externally. All residents had their own bedrooms with various communal rooms provided in the houses such as sun rooms and living rooms. Bathrooms seen in the houses were also noted to be clean. The other rooms in the houses also had modern furnishings provided while features including drawings, pictures and soft furnishings added to the homely feel of the houses. This feel was further contributed to by the well-maintained garden areas outside the houses.

While the houses visited were found to be of an overall good standards, some issues were noted during the course of this inspection. These included;

- One house had an external storage room, which was part of the centre, and next to a boiler room. When viewed by an inspector it was noted that this storage room was vacant although some holes were observed in its ceiling.
- In the same house, one resident had a profiling bed present. Based on a label seen on this bed, it had not been serviced since June 2021. A profile bed in a second house was also observed not to have been subject to recent checks.
- Damaged surfaces were observed on chairs in one of the centre's houses. This included a resident's personal chair in their bedroom where the arms were observed to have damaged covering. A couch in the sitting room also had a damaged surface.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to each of the designated centre's houses. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received supports as they transitioned between residential services through the provision of information and supports available. Inspectors reviewed the transition plans developed for two residents. One of these was a planned transition while the second was completed in response to an unplanned event. It was evident that these contained information to ensure consistency of supports for each resident to include their routines, support plans and food preferences.

Judgment: Compliant

## Regulation 28: Fire precautions

The procedures to be followed in the event of a fire evacuation were on display in an easy-to-read format in the houses of the centre. Residents were also provided with personal emergency evacuation plans which outlined the supports that they needed to evacuate the centre if required. Fire drills records reviewed in one house indicated that fire drills were taking place, to reflect different scenarios, with low evacuation times recorded. The inspector was informed of a review of the night time evacuation plan that was in progress following recent admission to one of the houses to ensure the safety of all residents. This included ensuring access to the transport vehicle for one of the residents in the house. This review was taking place following a fire safety simulation that had occurred on 31 July 2025.

The houses that made up this centre were generally seen to have appropriate fire safety systems. These included:

- Fire alarms/panels
- Unobstructed emergency fire exits
- Emergency lighting
- Fire-fighting equipment such as fire extinguishers and fire blankets.

Fire doors were also provided in the houses which intended to contain the spread of fire and smoke while also providing for protected evacuation routes if required. While the fire doors seen in the houses were mostly noted to be of a good standards, some issues were observed with some of the fire doors in one house. These issues included noticeable gaps under two fire doors, one fire door which did not close fully under its own weight and two doorframes for fire doors being chipped. In another house, it was also seen that three strips had been placed in the doorframe for a fire door. All of these matters had the potential to reduce the effectiveness of these fire doors in their intended purposes.

Some documentation provided in one house indicated that the fire safety systems in operation were subject to maintenance checks by external contractors to ensure

that they were in proper working order. Records reviewed in another house indicated that internal staff checks on these systems were being carried out daily in the weeks leading up to this inspection. However, to the rear of one house a boiler room was present which was registered as part of the designated centre. This boiler room had an automatic powder fire extinguisher in place which was indicated as last being serviced in August 2023. No further service was recorded on this extinguisher despite such a service being due in August 2024.

There was no documented evidence of fire drills completed in one house from January 2024 until July 2025. An inspector was later provided with a fire drill that was completed in the house in August 2024 but this was not present in the fire folder of the actual house where the drill had taken place. It was not evident that fire drills were taking place at suitable intervals to ensure staff and residents were aware of the fire evacuation procedures in this house.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Storage facilities for medicines were viewed in one house visited during this inspection. Such facilities were seen to be lockable while also being appropriately organised. A sample of medicines within this storage were reviewed also with these found to be appropriately labelled and in-date. Aside from the storage facilities, medicine prescription and administration records were reviewed in the same house. An electronic system had been introduced in the weeks prior to the inspection to record the administration of medications. Staff spoken to reported they found the system had reduced the risk of medication errors and was working well to support the residents. Staff demonstrated how the system was capable of giving up-to-date information on medications that had been administered, when the next medication was due to be administered and how it was to be administered. For example, the dose, the number of tablets and if a tablet was required to be crushed was all clearly documented/recorded for the staff information.

It was noted that there had been an overlap of both the hard copy formats and the electronic format during July 2025 with the inspector reviewing both formats. However, it was noted that there were some differences in the hard copy records versus the digital format. Most notably, the hard copy records indicated that residents' morning medicines were to be given at 8am but the digital records indicated that they were to be given at 9am. When queried, it was indicated to the inspector that the 9am administration time had come from a pharmacy rather than the prescriber of the medicines. It was also indicated that the pharmacy had indicated that medicines could be administered two hours either side of the stated administration times. Given the differences in the stated administration times in hard copy records compared to the digital format, clarity was needed in this area to ensure there was consistency regarding prescribed medicines time.

Aside from these medicine records, other records reviewed during this inspection included protocols for PRN medicines (medicines to be taken when required). Such protocols were found to have been recently reviewed and outlined the circumstances when such PRN medicines were to be given and the maximum dose that could be given in a 24 hour period. When reviewing medicines records related to one resident, it was noted that the resident was to receive a particular prescribed medicine every six months. A log of administration for this medicine was in place which indicated that the resident had last received in February 2025 was due to receive it again on 04 August 2025. However, it was not documented if the resident had received this medicine on this date. After querying this with a member of management, it was indicated that the resident had not received this medicine on 04 August 2025 pending blood test results for the resident being received.

Further documentation was seen which confirmed that residents were being assessed to determine if they could self-administer their own medicines. Such documentation and discussions with a staff member in one house indicated that residents were not administering their own medicines. One member of management did highlight though how residents liked to be involved with their medicines.

A specific emergency medication protocol was in place for one resident who required support with a complex medical issue. The most recent review had taken place on 01 July 2025 following the discharge of the resident from an acute hospital. All staff working in the house where this resident lived demonstrated their awareness of the protocol and the measures required to be taken to effectively support the resident. The protocol had been used on two occasions since the resident's discharge and was reflective of the actions taken and medications administered by the staff team as well as documenting the level of the effectiveness of the medications for the resident.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

All residents are required under this regulation to have a personal plan in place that is specific to individual residents and their needs. Such plans are intended to provide guidance for staff in supporting residents by outlining their health, personal and social needs and how to provide for these needs. A sample of 12 residents' personal plans were reviewed during this inspection. These plans were found to have been reviewed within the previous 12 months and contained guidance on how to support residents' needs in areas such as their health, communication and intimate personal care. Records provided also indicated that residents were subject to annual multidisciplinary review. Such findings were in keeping with the requirements of this regulation.

To help identify goals for residents, residents engaged in the person-centred planning process. Documentation reviewed related to person-centred planning



indicated that goals identified for residents included holidays of their choice, doing up their bedrooms, going to the cinema, going to a concert and having a meal out. However, further review of some resident goals was required. For example, it was documented for one resident in their short term goals to have regular contact with relatives during 2024-2025. The updated goals for the same resident for 2025-2026 documented a long term goal to have regular contact with relatives. However, the resident was been supported to have regular contact both within the designated centre and visiting their family home. This would not be reflective of a goal for the resident.

Time frames and responsibilities had been assigned for supporting residents with these goals with recorded updates suggesting progress with these goals. For example, some residents had recently gone on a holiday to Killarney.

Inspectors did observed though that residents with goals to go on holidays were all indicated as going on holiday to the same destination in Killarney. It was also noted that some identified goals that residents would be doing anyway such as seeing relatives. During the feedback meeting for this inspection, it was indicated by the person in charge that it had been difficult to have residents go to other destination other than Killarney but the provider was trying to encourage residents to go to other locations. It was acknowledged during the feedback meeting by the person in charge that person-centred planning goals had been an area that had been identified as needing improvement with further training on this to be provided to staff.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate health care in in line with their personal plan.

- Nursing care was provided to residents in three of the centre's houses, in line with the assessed needs of residents.
- Residents were supported to attend medical appointments and consultants as required to manage ongoing medical conditions.
- Screening programmes were taking place which included Dexa scan, dental appointments and chiropody.
- When reviewing residents' personal plans it was seen that health related assessments were carried out. These included general annual health reviews, monthly observations of issues such as blood pressure and dementia screening assessments while residents also had falls risk assessments completed if required. If a resident refused to take part in such assessments then this was recorded in their personal plan.
- There was evidence of allied healthcare professionals input into health management plans and recommendations being adhered to. Such



professionals included a general practitioner (G.P), occupational therapists, psychiatrists, physiotherapists and podiatrist. For example, an exercise programme for one resident had been developed as part of an acute support plan after the resident sustained an injury to their foot. It was documented in easy to understand format what exercises were required to be completed and the frequency. The inspector was informed the staff team demonstrated the exercises to the resident of what was required and encouraged the resident's participation. When the resident did engage this was documented, including details of how many repetitions were completed. On two dates the resident had declined to engage in the exercises and this was respected by the staff team and documented.

Judgment: Compliant

## Regulation 8: Protection

Records provided indicated that any safeguarding incidents which had occurred had been subject of preliminary screenings with a safeguarding plan put in place where required. Such actions were in keeping with the requirements of relevant national policy in the areas of safeguarding. The safeguarding plans that were in place outlined measures in place to prevent similar incidents from reoccurring. Staff spoken with during this inspection were aware of such plans. It was noted though that two safeguarding plans in place for one house indicated that respectful interactions between residents was to be discussed at every residents' meeting in that house. Notes of resident meetings in that house since those safeguarding plans were developed were reviewed. For these, it was seen that most meeting notes did not explicitly record respectful interactions between residents being discussed but did reference dignity and respect being discussed. Two meetings notes since the safeguarding plans were developed, made no reference to such matters.

In addition to displaying a good knowledge of the safeguarding plans in place, staff spoken with also demonstrated a good awareness of how and to who safeguarding concerns were to be reported to. This included knowledge of the provider's designated officers (people who review safeguarding concerns). The provider had appointed five designated officers with contact information for each of them seen to be on display in the houses visited. General information signs around what abuse was and how to report it were also seen to be displayed.

All staff working in the centre had completed training in the safeguarding of vulnerable adults.

Judgment: Compliant

## Regulation 9: Residents' rights

It was evident overall that residents were supported to participate and consent to supports and decisions about their daily life. It was also evident that residents had freedom to exercise choice and control in their daily lives. Examples included;

- A resident was supported to have a personal alarm to enable them to contact staff when they needed support. This allowed for the resident to have privacy while in their room but gave the resident assurance that staff would come to support them once the alarm was activated.
- Staff spoken with noted that one resident had been spending a large portion of their money on food and eating out. Staff spoke with the resident to discuss their spending and provide education regarding this. It was noted that the resident was undergoing medical treatment which affected their appetite and this had impacted on their spending as they often requested to eat specific foods in line with their appetite and cravings at the time. Following this discussion, the resident chose to continue to spend their money on these items and this choice was respected and supported by staff members.
- One resident's finances were managed by their family. At the time of the inspection, staff had met with the resident's family and plans were in place to support the resident to open their own bank account. External advocacy were planned to support the resident with this, and a meeting was scheduled with the person in charge and the advocate to complete this after the inspection had taken place. It was evident that the resident had been consulted throughout this process and that staff were supporting the resident to complete a functional assessment of capacity relating to their finances.
- Staff spoke of supporting a resident to visit another town which was important to them, had special locations that they liked to visit and it was where they were registered to vote.
- Residents engaged in regular activities each week in line with their preferences and choice. These included attending day services if they wished to do so, visiting farms, cookery classes, art, drama, religious events and concerts.
- A resident was supported to attend weekly literacy classes.

Records reviewed in one house indicated that residents' meetings were taking place on a weekly basis. Such meetings can be used to consult with residents and to give them information. These meeting notes indicated that matters such as activities, meals and complaints were being discussed with residents. It was noted though that the notes of these meetings were broadly written while some of the recorded content in meetings was very similar week-to-week. A member of management spoken with indicated a similar observation had been made in another house of the centre. Aside from this, staff members on the day of inspection were overheard and observed to interact with residents in a respectful manner. For example, one staff member was overheard asking a resident what they wanted to have for a meal.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0038801

Date of inspection: 07/08/2025

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>In error, outdated floor plans were used in the updated Statement of Purpose for one house. The correct floor plans were submitted for re-registration and the statement of purpose has been updated to reflect the correct plans.</p> <p>As all admissions to this designated centre are completed in a planned manner and the centre does not admit persons in an emergency it was therefore felt that it was appropriate to use on a temporary basis one of the existing empty bedrooms by a member of the management team when they visited the home. This is in line with the person supported who is challenged by the presence of others, in their living arrangements</p> <p>Due to safeguarding and health &amp; safety concerns the provider has accepted there will be no admissions to this home until the resident living there finds suitable single dwelling accommodation. When this is achieved, three bedrooms will become available to accommodate those awaiting a suitable home. It is hoped this will be achieved by 31st August 2026.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Due to safeguarding and health & safety concerns the provider has accepted there will be no admissions to this home until the resident living there finds suitable single dwelling accommodation, this has been added into the Statement of purpose. When this is achieved, three bedrooms will become available to accommodate those awaiting a suitable home. All admissions to this designated centre are completed in a planned manner and the centre will commit to no unplanned admissions to this house until suitable alternative accommodation in line with the assessed needs of the resident are sourced. . It is hoped this will be achieved by 31st August 2026.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

An updated tracker system is in place to record and monitor all incidences, it includes a section on whether incident is notifiable to the regulator. This will ensure all injuries will be notified to the Chief inspector under the correct notification.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A review of all complaints in the designated center has been undertaken by the person in charge to ensure that residents were happy with the outcome of their complaint. Complaint highlighted by inspectors was identified and the complainant was satisfied with the outcome, this has been recorded in the house complaints book and the complaints log held by the governance team. Process of ensuring robust complaints management is currently being reviewed by the provider with a completion date expected of 30th December 2025.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

<p>The ceiling in the external storage room has been repaired.</p> <p>All profiling beds were serviced in February 2025, post inspection the identified beds were serviced on 10/09/2025. All profiling beds within the service are currently being audited by the Governance team to ensure compliance with annual service. This will be completed by 30th November 2025.</p> <p>The Service has replaced the couch with the damaged surface. The residents personal chair was reviewed by both the governance team and his physiotherapist. A new chair has been ordered. It should be delivered by 30/01/2026</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire extinguisher that was missed during annual service was serviced on 03/09/2025.</p> <p>There is a new system in place where after each fire drill a copy of the recording sheet is sent to the PIC for logging on a new fire drill recording log. This will reflect the fire drills for the designated center.</p> <p>The service provider has commissioned an assessment of all fire doors within the service, this has been completed and all actions sent to the HSE estates department. Date for completion is 30/01/2026</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Hard copy medication administration and recording sheets have now been removed and the designated center works solely of the digital format. Regular meetings between the service governance team and the pharmacy to discuss any issues or queries regarding the digital system are in place. Administration times are clear on the digicare system to ensure there is no confusion amongst staff.</p>	



Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>An updated keyworker policy and Person-Centered planning policy is currently under review by the services policy committee. Information sessions will be carried out by the governance team to ensure that goals identified emphasise social inclusion, personal development and are meaningful to the individual. 30/02/2026</p>	

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	31/08/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2025
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by	Substantially Compliant	Yellow	30/11/2025

	residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/01/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	30/10/2025

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/10/2025
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/10/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is	Substantially Compliant	Yellow	30/10/2025

	informed promptly of the outcome of his or her complaint and details of the appeals process.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/02/2026