Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 April 2026
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0041501

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house with a more recent extension, nine self-contained apartments and a four bedroom detached house adjacent to the main building. Modern accommodation is linked to the ground floor of the period building and this comprises of a reception area, bedrooms for four residents, staff offices, therapy rooms, bathrooms and toilet facilities. The nine self-contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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 23 April 2026	08:10hrs to 17:40hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to inform the decision to renew the registration of this centre. From what the inspector observed and from speaking to staff and management, the seventeen residents who received supports in this centre were offered a good quality service, tailored to their individual needs and preferences. This inspection found that overall good care and support was provided to residents as per their assessed needs. While ongoing progress was noted, some ongoing improvements were required in relation to the premises works and residents' rights.

This short-notice announced inspection was the fourth inspection of this centre since July 2023 and was intended to inform the decision relating to the renewal of the registration of the centre. The previous inspection of this centre was an adult safeguarding inspection that took place in October 2025.

This centre comprises a number of units located on a campus setting. The section of the main building that was identified as part of the designated centre contains four resident bedrooms along with a number of communal areas, staff offices and a therapy room. There are nine single occupancy apartments and a four bedroom house adjacent to the main building. All resident bedrooms and communal areas are accessible and on the ground floor. Some storage and staff facilities are located on the first floor of the house and were not accessible to residents.

The centre provides supports to seventeen adults, both male and female, with physical disabilities. All residents were present for some or all of the inspection and the inspector had an opportunity to meet with thirteen residents throughout the day. Some residents chose to meet with the inspector for extended periods of time and others met and interacted more briefly throughout the day and during the walk-around of the centre. Some residents preferred not to meet the inspector and this was respected. The inspector was provided with communication plans for some residents before meeting with them and found that this guidance was valuable in enhancing the opportunities to obtain residents' views of the centre. One resident met the inspector in the company of a family member, who also spoke with the inspector about the service provided in the centre. Some residents showed the inspector around their homes and spoke about the things they enjoyed and things that were important to them. A resident showed the inspector some new furniture they had recently purchased for their apartment.

Residents spoken with on this occasion indicated that they cooked their own meals or were supported by staff in this area and were overall satisfied with the meals provided. One resident told the inspector that staff had cooked them a fry-up on the morning of the inspection as requested and they had enjoyed this. The inspector enjoyed a coffee in the company of one resident who liked to sit in the communal

kitchen in the company of staff. This area was seen to be homely and well equipped.

One resident spoke about how having their own apartment meant that they had their own space and could have family call to visit whenever they liked. Another spoke about a recent cruise they had taken with a friend and showed the inspector photos of this.

Overall, these individuals presented a very positive account of the services provided to them and all residents confirmed that they felt safe and were appropriately cared for by the staff in the centre. One resident told the inspector "My safety is never called into question here" and about staff said "They are absolutely brilliant". Some residents were unhappy with the continued use of agency staff in the centre and one resident reported that while staff carried out all necessary duties, they felt at times there was a variance in how different staff interacted with them and supported them.

Throughout the day, residents left and returned to the centre on a planned basis to attend day services, medical appointments and go shopping or on social outings. It was evident that there was a very strong emphasis on providing residents with opportunities to engage in the local community or take part in preferred activities. Residents were supported to go on overnight breaks, foreign holidays, attend concerts, go shopping and for meals out and meet with friends and family. However, due to residents' specific transport needs and staffing considerations, almost all journeys had to be planned and transport booked in advance. One resident spoke about finding this difficult to get used to following their transition into the centre.

As part of this announced visit, residents and families were provided with an opportunity to complete questionnaires about their service prior to the inspection. The inspector received and reviewed eight completed questionnaires. The feedback provided from these was overall positive. Some residents felt they could be consulted with more about big decisions related to their home and a resident also indicated that staff didn't always know what they liked or disliked.

The inspector also spoke with two staff members present on the day of the inspection. All staff spoken with reported that residents were offered a very good quality of life in the centre.

Overall, this inspection found that there was evidence of very good compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded services that met their current assessed needs. 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

Management systems in place in this centre were providing for overall good quality services that met residents' needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. There was evidence of ongoing improvements to bring the centre fully into compliance with the regulations and ensure that the future needs of residents' were being considered.

The provider had submitted an appropriate application to renew the registration of this centre. Some of the documentation was in the process of being updated to reflect a recent change in management in the centre at the time of the inspection.

The person in charge had remit over this designated centre only. Some recent changes of persons participating in the management (PPIMs) of the centre had occurred. Both the person in charge and the incoming director of services DOS made themselves available on the day of the inspection. The person in charge was seen to be very familiar with the residents in the centre and was well known by the residents and staff team present. It was evident that residents and staff were comfortable in the presence of this individual. The inspector spoke with the person in charge, the DOS and two staff members during the inspection.

In keeping with the findings of the previous inspection, staffing levels were observed to be overall good in the centre. The inspector was told and saw during a review of recent rosters that agency staff were used to supplement the roster at times and ensure that full staff resources were available to residents'. Ongoing efforts were being made to recruit staff and there were efforts to ensure that the impact on residents' was reduced.

The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. Staff spoken with were familiar with safeguarding procedures in place in the centre and were positive about the management team that supported them. Staff told the inspector that issues raised were responded to promptly.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services. 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 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation to demonstrate that this person

possessed the required qualifications, experience and skills for the role. This individual and was seen on the day of the inspection to maintain good oversight of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was appropriate to residents' needs, consistent and effectively monitored. There was a strong local management team in place and the provider was maintaining good oversight of the service provided in this centre.

The inspector spoke with residents, a family member, staff and management of the centre and documentation including provider audits, the report of the most recently six-monthly inspection of the centre and the annual review was reviewed.

The actions outlined in the compliance response report for the previous inspection of this centre had been completed. While this had brought about improvements for residents, not all issues in relation to the premises and community access had been fully addressed by these actions. The provider had acknowledged this, had plans in place, and were continuing to work towards bringing the centre into full compliance with the regulations. A business case had been submitted in relation to enhanced staff arrangements to address the changing needs of residents.

Residents, staff and the family member spoken with all reported being well supported by the management team in place and told the inspector that any issues raised were responded to promptly. The management team were accessible to residents and it was evident that the local management of the centre, including the person in charge, maintained a good presence in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Three service agreements between the provider and residents were reviewed by the inspector. These had been signed by residents and included details of fees and charges. Service agreements indicated that speech and language therapy was provided as part of the services in the centre but this was not fully accurate as some residents did not have automatic access to this, although the provider tended to facilitate access if required. This was discussed with the management team during the inspection who committed to reviewing this for clarity.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure and easy-to-read guidance in relation to how to make a complaint was available to the residents and viewed on display in the centre.

Complaints received and the providers' response to complaints were discussed during interviews with the person in charge and the director of services. The complaints log was reviewed by the inspector in the centre. Some complaints had been documented since the previous inspection in relation to staffing and a complaint had also been received from a family member. Complaints were escalated if required and it was seen that the provider took complaints seriously and investigated complaints received. It was seen that for the most part the required details relating to complaints were recorded in this log, including any actions taken on foot of the complaint and the outcome of the complaint. However, the satisfaction of the complainant was not always recorded.

Judgment: Substantially compliant

Quality and safety

The welfare and wellbeing of the residents that lived in this centre was maintained by a good standard of evidence-based care and support. The evidence reviewed during this inspection indicated that the service provided to the residents living in this designated centre was of good quality, safe and appropriate to residents' needs. Some issues were identified in relation to the premises and residents' rights.

While the premises was overall suited to the needs of the resident some outstanding issues were present and these are outlined under Regulation 17: Premises. An established core staff team were based in the centre that knew the residents well and presented as aware of their individual support needs. The staff team met on the day of the inspection presented as committed and experienced in their roles and knowledgeable about the individuals that they supported.

Documentation in place indicated that residents' current and future needs were considered and there was information available to guide staff in relation to the care and support needs of staff. Communication plans in place were seen to provide good guidance and the person in charge spoke of some further work that was being carried out in this area.

Residents were very reliant on the centres' vehicles for transport due to the specific mobility needs of most residents and the location of the centre. The inspector was told by staff and residents that additional vehicles were now available to residents and this had improved access to transport in the centre. However, due to residents assessed needs for transport, usually only one or two residents could travel in each vehicle at a time and access to vehicles still remained limited at times despite the best efforts of the staff and management team. This was also impacted on occasion by the reliance on agency and relief staff as this reduced the number of drivers available in the centre.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff and management were observed to be familiar with and respectful of residents' communication methods and styles. The inspector was provided with communication guidance in place for some residents that was rights based and clear. Based on the inspector's interactions with these residents, the information provided was found to be practical and relevant in supporting residents to communicate. Professional input had been sought if appropriate. Communication passports were viewed in the resident files reviewed also.

Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and that in the event that relief or agency staff were required, they would always be on duty with a familiar staff member that knew residents' communication styles and preferences.

Residents had access to media such as television, magazines and radio and residents had access to facilities to communicate with family members and supporters by telephone if desired. Residents had free access to wireless internet in a communal area of the centre. One resident spoke to the inspector about limited access to the internet in their apartment. Key-working meetings documented that there was ongoing communication with the resident in relation to supporting them with the installation of a personal internet connection and budgeting for this.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support in accordance with evidence-based practice. Residents in this centre had access to opportunities and facilities for occupation and recreation and were

supported to maintain and develop relationships with important people in their lives and the inspector heard first-hand about this from residents and a family member.

Residents, staff and a family member told the inspector that residents had a good quality of life in the centre and were provided with a very good quality service. A sample of three residents' files reviewed showed that support plans were in place where required and personal plans were in place at the time of the inspection.

Records viewed in the centre, photographs, and discussions with staff and residents' all provided evidence that residents had planned access to the community regularly and enjoyed a variety of activities such as visiting friends, meals out and day-trips to locations of interest. The inspector also saw that on the day of the inspection residents were departing and returning to the centre regularly as per their plans. Residents were supported to access day services off site if they wished. Some issues in relation to transport are covered under Regulation 9: Resident's rights.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was laid out in a manner that was appropriate to the number and needs of residents. Accessibility was seen to be a key consideration and all bedroom and communal areas of the centre were accessible to the residents that lived there. For example, the inspector observed kitchen counters in the apartments that could be raised or lowered to suit residents' specific needs. For the most part, the centre was seen to be adequately maintained and efforts had been made to make areas of the centre homely. Previous issues had been identified in relation to the premises and ongoing works that were required in specific areas of the centre. The inspector completed a walk-around of the centre with the person in charge. Some works had been completed and the inspector was shown these. However, some works had not yet been completed in full and were still required. Most of the remaining required works identified were focused on one unit, the four bedroom house, with some painting and refurbishment also required in the main building. For example, flooring and kitchen presses in the house was seen to be worn and damaged and there were ongoing issues with damage to corners and door-frames from power wheelchairs. The inspector was told about ongoing efforts to address this but these had been unsuccessful and at the time of the inspection there were plans to install a specific protective product would likely address this issue. The provider was also engaging with the landlord in relation to some of the premises issues and quotes had been received in respect of some works. On the day of the inspection the provider acknowledged the challenges in completing some of these works in a timely manner and presented as committed to ensuring that the works were completed to a high standard. The inspector was also told about plans to enhance the studio area in the main building which was used regularly by residents as a communal and activity space. There were also plans to enhance an outdoor

courtyard area used by residents in the summer months and plans to refurbish and upgrade some of the administration areas in the main building.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had in place a residents guide that set out the information as specified in the regulations. An updated residents' guide was requested to reflect a change in the management of the centre and this was provided. However, some of the information contained in this was not fully accurate and further review of this was required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, from what the inspector observed and was told residents' rights were well respected in this centre. Improvements had been made in relation to access to transport since the previous inspection but some issues remained.

From speaking with the individuals that lived in the centre and reviewing residents' documentation it was evident that residents were encouraged to exercise autonomy over their own lives wherever possible. Residents were independent across many areas of their lives. Residents living in the apartments in particular were afforded privacy in their personal living spaces and were consulted with prior to anyone entering their homes. Care was seen to be provided in a dignified and relaxed manner. Residents' will and preference was considered in relation to how they were supported. One resident told the inspector that they did not wish to be supported by agency staff in their home and the inspector had previously been told by the person in charge about the efforts were made to ensure that this resident was supported by core staff on the staff team due to this. However, it was clear from speaking with residents that while there were sufficient staff employed to ensure that their care and support needs were met, a reliance on agency staff to fill vacancies did have impact on some residents and that residents would not always have a choice in relation to this. Recruitment efforts were reported to be ongoing to address this and the inspector was shown evidence that the senior management team met with the human resources team regularly and had oversight of this area.

Residents and staff reported that residents were generally facilitated to attend day services and take part in planned activities and appointments and attend community events. A review of bus schedules indicated that they were being well managed to ensure that residents did have as much access to transport as possible and could be

facilitated to take part in community based activity regularly and the vehicles were all in use on a very regular basis. An additional bus and a caddy van were now also available to residents since the previous inspection.

However, there was limited access to transport for spontaneous activities. Also, on occasion residents' activities were delayed or cancelled due to a reduced number of drivers being available or a more urgent need for transport arising, such as a medical appointment.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0041501

Date of inspection: 23/04/2026

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: 11.05.2026 Met with resident who's satisfaction of complaint wasn't documented and discussed satisfaction of outcome, same added to feedback form. Completed	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Repainting and wall protectors for one building to be completed by quarter 4 2026 Flooring and kitchen presses to be replaced by quarter 4 2026 Upgrade works to areas of the main building scheduled for quarter 2 2027 Funding application for the above works has been submitted to the HSE for consideration	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: 11.05.2026 Updated residents guide to reflect accurate information. Completed	

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is currently a recruitment plan in place to address staff vacancies and recruit staff who can drive, in addition a business plan has been submitted to the HSE to increase staffing levels to enable more spontaneous outings.

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 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	11/12/2026
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	11/05/2026
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not	Substantially Compliant	Yellow	11/05/2026

	the resident was satisfied.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	11/12/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	11/12/2026