Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No 2 Portsmouth
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0005685
Fieldwork ID:	MON-0045183

About the designated centre

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

No. 2 Portsmouth provides residential services for a maximum of two adults. It provides support to persons with an intellectual disability, including those who have autism, behaviour that challenges and who may have a dual diagnosis of mental health and intellectual disability. The centre comprised two bungalows which have been reconfigured. The centre is located in a large campus style setting on the outskirts of Cork city. Each bungalow is single-occupancy. The service provides support to males and females and utilises the social care model. The centre offers a person centred approach and encourages residents to reach their fullest potential in all areas of their lives. The staff in the centre have a varied range of qualifications, skills and experience of supporting people with intellectual disability, which ensures a quality service is delivered to each individual living here. The staff team work a rota system of day and waking night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2026	10:40hrs to 16:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in the designated centre No. 2 Portsmouth. This designated centre was registered to provide full-time residential services to a total of two adult residents. The inspector had the opportunity to meet with both residents in their home on the inspection day.

Overall, residents were provided with a good level of care and support in their home. There was evidence of effective oversight of the centre to ensure the safety of residents. Although some improvements were required in relation to residents' rights and contracts of care, it was evident residents were happy in their home and that they were supported by a dedicated staff team.

The residents' home consisted of two single-occupancy houses located in a campus-style setting. Each of the residents' homes reflected their likes, interests and hobbies. One resident had an interest in trains and the decoration in their home reflected this interest. They also enjoyed gardening and had a vegetable patch in their garden where they were growing lettuce and tomatoes. They also had chickens that they fed and cared for each day.

On arrival, one resident was cleaning the kitchen in their home before going to the gym. Staff noted that the resident developed a weekly plan each week to decide the activities they would complete that week and these activities were part of that schedule. Staff noted that the resident enjoyed a variety of activities such as walking, swimming, horse-riding and had recently began playing golf. As part of the resident's goals, they had played a round of golf with a family member, and it was reported they enjoyed driving the golf buggy as they did so.

Residents were supported by a consistent staff team and it was noted in their personal plans that this was important for them. A newly recruited relief staff member was also completing a shadow shift in the centre to get to know the residents. Each resident had the support of two staff to access their local community. Throughout the inspection day, residents were observed to go out as requested. Residents had been for a walk on a local Greenway, the gym and to the shops to buy a drink which was an important part of their daily routine.

Holidays were an important event and residents were supported to go holidays both in Ireland and abroad. One resident spoke about a recent holiday to Co. Clare where they had enjoyed eating dinner in new restaurants. Residents were also supported to go on holidays to Spain, Cork, Kerry and to a theme park in the United Kingdom. Staff noted that residents enjoyed these events and photographs of these holidays were on display in their home. Residents were also supported to have regular contact with their families. Photographs of residents' family members were also on display in their home.

Residents did not express their views directly to the inspector about life in their home. However, the inspector spoke with five staff on duty, observed interactions between residents and staff and reviewed documentation. At all times, residents appeared content as they chatted with the inspector, and as they interacted with staff members. As part of the centre's annual review, the views of residents' representatives had been sought. One family stated that the staff were 'fantastic' and that they went 'above and beyond' to ensure the resident lived their 'best life'. 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 found that residents had a good quality of life with supports provided by a consistent staff team. No. 2 Portsmouth had been home to both residents for a number of years. As the centre was a congregated setting, management did note that there were discussions taking place as residents would hope to move to a community setting in the future. It was noted in correspondence that finding suitable accommodation was a challenge in completing this.

There was a clear governance and management structure in the designated centre. Staff providing direct supports to residents reported to the social care leader who worked in both of the centres houses. They then reported to the person in charge who carried out this role for a total of two designated centres. The inspector met with the person in charge and the social care leader on the inspection day. It was evident that they maintained effective oversight of the designated centre, and that they knew residents well.

There had been no complaints made regarding the care and support provided to residents in their home since the May 2024 inspection. A number of compliments from residents' representatives and members of the multi-disciplinary team had been received and documented. One compliment referred to staff supporting residents as the 'dream team'. 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 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed

the training records of 15 staff and found that all staff had been supported to receive the following training;

- Fire safety
- Safeguarding
- Infection prevention and control
- Hand hygiene
- Assisted decision making and capacity Act
- Human Rights.

One staff member who had recently began working in No. 2 Portsmouth was scheduled to complete training in management of behaviour that is challenging, and two staff were scheduled to complete refresher first aid training. These trainings were due to be completed in June 2026, and once completed, all 15 staff members would have completed these trainings. A speech and language therapist had also provided training to staff on using a total communication approach. The training was specific to the assessed needs of both residents living in No. 2 Portsmouth.

The inspector also reviewed evidence that 12 staff had received supervision with management in the centre in the previous six months.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the care and support provided to residents had been completed for the year 2025. This reviewed was comprehensive and highlighted of events and activities completed by residents, and areas for quality improvement in their home. This review was comprehensive in nature, and it included consultation with residents and their representatives in line with the regulations.

In addition, unannounced six-monthly visit reports had been completed in May and November 2025. These evidenced progression of actions including supporting a resident to open a bank account. It also identified actions taken in response to previous inspections complete in the centre. Although one area of non-compliance on this inspection was a repeated area of non-compliance, all other areas of non-compliance had been addressed by the registered provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that each resident had a contract that set out the services that they would receive in their home. Each of the residents lived in

their home on a full-time basis. However, the fee outlined in the contract for one resident was not accurate. This was an area of non-compliance on the inspection completed in May 2024 and although the resident's contract had been updated since, the fee remained incorrect. It was noted that the resident was paying the correct fee which was less than that stated in their contract.

Judgment: Not compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 03 June 2026 to 22 September 2025 for one house and from 03 June 2026 to 16 January 2026 for the other house. This review noted that the incidents recorded had been notified as required. It was also noted that no allegations of a safeguarding nature of serious injuries to residents had occurred during this time.

Judgment: Compliant

Quality and safety

Overall, the wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evident that residents were supported to go on regular holidays and engage in activities they enjoyed in their local community. Although review was required to ensure residents had appropriate access to chosen food items, management were committed to improve this by discussing this with staff and residents.

Residents had been supported to develop goals in line with their needs and interests. Goals included visits to the hairdresser, holidays, using the gym and visiting the nail salon. One resident told the inspector they had been to the nail salon the day before the inspection and showed them the manicure and the colour they had painted their nails. It was noted by staff that the residents' access to their local community had increased in recent years and that they appeared to enjoy this. It was also noted that improved access to transport had aided this.

Photographs of residents with their friends and family were on display in their home. There was also photographs of residents participating in activities and hobbies they enjoyed. This included horse-riding, having a pint and riding roller-coasters on holiday in Spain.

Regulation 10: Communication

Communication profiles and assessments were located in the personal files of each of the two residents. These plans outlined how residents communicated their preferences and how staff can support them to make decisions. One resident's communication plan noted that they liked to go to new places however they liked to research the location first. The plan guided staff to show the resident photographs or online videos to identify if they would like to go there. Staff noted that the resident enjoyed a variety of activities and had been to many new places in the previous year which they enjoyed.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents had access to their personal property and supports to manage their financial affairs. Each resident held a bank account in their own name. Staff recorded money spent by residents in a personal ledger and a review of these noted that money belonging to residents were appropriately managed and had effective oversight by staff and management.

Residents were also supported to store and maintain their clothing and personal property. Their plans noted that they often went shopping for new clothing and items they liked. There were also facilities in each resident's home to launder their clothing.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to their personal property and supports to manage their financial affairs. Each resident held a bank account in their own name. Staff recorded money spent by residents in a personal ledger and a review of these noted that money belonging to residents were appropriately managed and had effective oversight by staff and management.

Residents were also supported to store and maintain their clothing and personal property. Their plans noted that they often went shopping for new clothing and items they liked. There were also facilities in each resident's home to launder their clothing.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was designed to meet the number and assessed needs of residents. Residents' homes were clean, warm and decorated to reflect their likes and interests. For example, teddies and ornaments of a book character one resident loved were on display in their bedroom and in their sitting room.

Each residents' home had a kitchen, sitting room, bathroom and private bedroom. A separate staff office was also provided in each house. Both residents had access to an enclosed garden, and staff noted that both residents participating in cutting the lawn and the up-keep of the garden in their homes.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in No.2 Portsmouth. Emergency lighting, a fire alarm panel and fire-fighting equipment was in place and serviced regularly. Each resident also had a personal emergency evacuation plan to outline the supports they required in the event of a fire in their home. Specific supports outlined such as a bar of chocolate should the resident decline to evacuate were located in areas outlined in the resident's evacuation plan in the event of an emergency. Footwear to protect a residents feet while evacuating were also readily accessible in their home.

Weekly checks of fire safety measures in the centre were completed by staff. Management noted that these were completed on a set day each week.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of each of the two residents. These plans guided staff how to support residents following an assessment of their health, personal and social care needs. It also included details regarding the likes and preferences of residents which were meaningful for them. For example, one

resident's plan noted that they liked a drop of lavender oil on their pillow at night to aid sleep.

Multi-disciplinary support was provided to residents by a team of allied health and social care professionals. This included social care workers, nurses, G.P's, speech and language therapists, occupational therapists and psychologists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the residents had been supported to develop a positive behaviour support plan. This included details to ensure staff were guided on how to support the residents, in line with their assessed needs. A number of restrictive practices had been put in place to ensure the safety of residents. These were reviewed in April 2026 by the multi-disciplinary team. This review noted the reasons why these practices were in place and that they were the least restrictive method for the shortest duration possible.

The inspector noted an incident where a resident was denied access to chocolate, despite this being an identified behavioural trigger. This is actioned under Regulation 9, residents' rights.

Judgment: Compliant

Regulation 8: Protection

There had been no allegations of a safeguarding nature in the centre since the inspection completed in May 2024. Staff noted that the provision of single-occupancy homes suited the assessed needs of each resident which ensured their safety and protected them from potential abuse. Staff also noted that the residents had built a friendship and often visited each other in their respective homes with staff support.

Intimate care plans had been developed to support residents. These plans outlined the needs of residents for bathing and going to the bathroom, and areas where they were independent to ensure the correct level of support was provided, and to maintain their privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

When reviewing incident reports, the inspector noted an incident which stated a resident's request for some chocolate was denied by staff members. This led to the resident engaging in behaviour that may be challenging. It was not evident from a review of the incident report or the resident's daily notes on the date of this incident why this request was denied. A review of the resident's behaviour support plan did note that a behavioural trigger for the resident included occasions where the resident was told not to eat foods they 'should not be eating'. However, it was not evident why this was restricted. Staff noted that the resident had support from a dietician, and that staff had developed a 'healthy lifestyle regime' for the resident. This plan used terminology that was restrictive such as the resident 'is not allowed' specific items such as full sugar drinks. This required review to ensure the resident had the freedom to exercise choice and control regarding food choices in line with their assessed needs.

Despite this, it was evident that residents had opportunities to participate in the running of their home and make decisions about their life. Residents chose the activities and plan for each day, goals they wanted to achieve and holiday destinations.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 2 Portsmouth OSV-0005685

Inspection ID: MON-0045183

Date of inspection: 03/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider has reviewed the written Residential Service agreement for all residents, which sets out the terms on which that resident resides in the centre. One agreement has been amended to correct the amount of the HSE Residential Support Services Maintenance and Accommodation Contribution (RSSMAC). The agreement now reflects the correct lower amount payable which accords with what the resident is actually paying. The revised agreement will issue to the resident and their represent for signature on 28/06/2026 with a target co-signature date of 15 July 2026.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will ensure; • The Healthy Lifestyle Plan for one resident will be updated to ensure the resident is supported to have more information on the importance of health eating and to ensure that the resident has the freedom to exercise choice and control regarding food choices in line their preference [29/06/2026]. • The terminology and supports outlined in the resident's Behaviour Support Plan and 'Healthy Lifestyle Plan' is reviewed in conjunction with the multidisciplinary team [28/07/2026].	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	15/07/2026
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	28/07/2026