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 5 Seaholly
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 May 2026
Centre ID:	OSV-0005793
Fieldwork ID:	MON-0045991

About the designated centre

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

No 5 Seaholly is a large detached bungalow located in a small town on the outskirts of a city. The centre provides full-time residential care for four residents and respite for one resident. Overall, the centre has a maximum capacity for five male residents over the age of 18 with intellectual disabilities including those with autism and visual impairment. Each resident has their own individual bedroom and other facilities in the centre include an open plan communal area and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers, care assistants and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 May 2026	08:40hrs to 15:20hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in No. 5 Seaholly. This designated centre was registered to provide services to a total of five adult residents. At the time of the inspection, four residents lived in the designated centre on a full-time basis, and one resident attended the centre for respite on one night each week.

Overall, the inspector found that residents had a good quality of life. Holidays and activities were provided to residents as they wished. However, improvements were required to ensure residents' medicines were appropriately administered, that staff were appropriately supervised and that incidents were notified as outlined by the regulations.

The residents' home was a large bungalow with an open plan kitchen, dining and sitting room area. This area also included an office where staff could complete documentation and prepare residents' medicines for administration. Soft furnishings had been provided in the residents' home to meet the needs of a resident who was prone to bruising by hitting off items in their home.

The inspector met with four of the five residents living in No. 5 Seaholly on the inspection day. On arrival, residents were being supported to get up and ready for the day ahead. One resident was sitting on the floor reading magazines and using sensory items. The resident was a non-verbal communicator. They spent some time sitting with the inspector looking at their magazines with them and they were observed smiling as they did so. It was also evident that they enjoyed this activity as they gestured by taking the inspector's hand to request them to look through the magazine pages with them. Staff spoken with noted the resident enjoyed shopping to pick out new magazines and newspapers.

It was warm and sunny on the inspection day. Staff supported residents to dress appropriately for the warm weather with residents observed wearing shorts and sunglasses if they wished. Staff were also observed administering residents' medicines. A staff member placed a resident's medicines on a spoon of yogurt as outlined in the preferences in their care plan. The resident had a visual impairment. To support them, the staff member was heard asking the resident if they could give them their medicines. The resident accepted this support which was provided in a kind manner by the staff member.

Two residents were supported to attend day services. Two residents did not attend a day service however they received staff supports in their home. One of these residents had recently commenced this support which was provided by a staff member who worked with them alone on a one-to-one basis. Staff noted that this change of routine had been agreed following multi-disciplinary input to better meet the assessed needs of the resident. Staff noted that the staff member was a person the resident enjoyed being with and shared many hobbies with. It was reported that

this increased support was going well, and that the resident and their staff member often spent their time out of the house completing activities such as fishing.

Residents did not verbally tell the inspector what it was like to live in their home as they were non-verbal communicators, or they chose not to engage with the inspector. The inspector observed residents in their home, and spoke with five staff members and the person in charge on the inspection day. They also reviewed documentation such as family surveys, and audits outlining the care and support provided to the residents. Residents appeared to be comfortable as they interacted with staff members and shared their living space with each other. Staff noted residents had lived together for a number of years and appeared content and happy to live together. Surveys completed by a resident's family stated 'we can see the dedication and support of staff', with a resident stating 'I have lots of choices in all areas of my life'.

Residents were supported to engage in activities of interest such as social farming, attending advocacy conferences, art exhibitions, pantomimes and discos. Two residents had been to Spain on their first foreign holiday where they were reported to have enjoyed relaxing by the pool. They were also supported to present this achievement at the organisation's showcase event for residents. Residents were planning to go on another holiday in the future. During the inspection day, one resident was supported to collect a new mobility aid and while out, they went to a preferred coffee shop for lunch. Staff noted that the resident had enjoyed this. They were later observed relaxing inside watching television and having a cold drink they had purchased while out.

At all times the atmosphere in the residents' home was calm and relaxed and it was observed that residents were supported to get ready in an unhurried manner. In summary, residents appeared happy and content in their home in No 5 Seaholly, and this was also reported by staff and management. 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. Some improvements were required in relation to medicines management, and to ensure all incidents were reported to the Chief Inspector of Social Services as outlined by the regulations. The registered provider accepted this finding and provided assurances these areas would be reviewed after the inspection had taken place.

A clear governance and management structure was in place. All staff reported to the social care leader who reported to the person in charge. Staff providing direct care

and support to residents were nurses, social care workers and healthcare assistants. It was noted however that not all staff had received supervision on a regular basis.

It was evident that areas of non-compliance at the centre's previous inspection had been addressed. Actions were tracked in audits and reviews completed in the centre. The previous inspection had identified that there was a high number of staff supporting residents in contrast to the whole time equivalent of staffing in the centre. It was noted that this had decreased with residents being supported by a consistent staff 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 15: Staffing

Residents were supported by a consistent staff team. One staff on duty on the inspection day had been working in No. 5 Seaholly for approximately two weeks. They were supported on duty by a regular relief staff who had worked with the residents in their home for two years and it was evident throughout the inspection that they were supporting this new staff member to become familiar with the needs and preferences of residents. The staff member told the inspector they had received an induction and completed shadow-shifts in the centre when they started working there.

A rota had been developed to outline the staff on duty each day and their hours of work. However, it did not include the details of the hours of work for the person in charge. As the person in charge often worked in other areas, it was not clearly outlined on the rota when the person in charge was on duty, or when they were on leave. This required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed the training records of six staff and found that all staff had been supported to receive the following training;

- Fire safety
- Safeguarding of vulnerable adults
- Hand hygiene

- Infection prevention and control
- Medicines management
- Manual handling

One staff member required training in the management of behaviour that is challenging which was due to take place in June 2026. Staff working in the centre had also requested training in mental health and trauma informed care to support residents, and this training was provided by the organisation's psychology department.

The inspector reviewed the supervision records of ten staff working in No. 5 Seaholly. Eight staff members had received supervision in the previous six months as outlined by the provider's policy, however two staff had not received formal supervision since 2024. This required review.

Judgment: Substantially compliant

Regulation 23: Governance and management

Auditing was competed in the centre on a regular basis. A schedule of audits for 2026 had been developed which outlined plans for auditing in the following areas;

- Infection prevention and control
- Restrictive practices
- Environmental and premises
- Fire safety
- Safeguarding.

A medicines audit was due to be completed quarterly, however this had not been completed in 2026. Medicines administration and management was identified as an area requiring significant improvement on this inspection. However, such issues had not been identified as an area requiring improvement by the registered provider as this area had not been effectively monitored in line with the provider’s auditing schedule.

Unannounced six-monthly visit reports had been completed in April 2026, October 2025 and May 2025. These reported were detailed and included the progression of actions from the previous audit. Areas for improvement were identified and outlined in an action plan to ensure learning and quality improvement in the centre.

An annual review of the care and support provided to residents in their home had been completed in May 2025, and the person in charge was finalising the May 2026 annual review on the inspection day. These reviews also included consultation with residents and their representatives as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had not ensured that the Chief Inspector had been provided with notice in writing within three days of all adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 16 May 2026 to 3 November 2025. This review noted that an allegation of suspected abuse had not been reported to the Chief Inspector within three days of the alleged incident. This was noted as an administrative error, and the inspector was assured that this had been reviewed as a safeguarding matter at the time of the alleged incident occurring, and a safeguarding plan had been put in place. The notification to the Chief Inspector was submitted retrospectively on the inspection day.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was an effective complaints procedure for residents which was in an accessible format. This was located in the residents' home for review if required. The inspector also reviewed the centre's complaints log and noted one complaint had been recorded since the previous inspection in July 2024. There was evidence of actions taken in response to the complaint to include multi-disciplinary review of the resident's mobility and accessibility needs. The complaint was closed and it was documented that the complainant was satisfied with the outcome of their complaint.

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 holidays and engage in activities they enjoyed. Multi-disciplinary review was provided by a team of allied health and social care professionals. This included social workers, general practitioners (GP's), neurology,

speech and language therapists, occupational therapists, physiotherapist, nursing staff and psychiatrists.

Improvements were required regarding the management of residents' medicines. The inspector identified three medicines administration errors on the inspection day. These had not been identified by staff or management in the centre and although there was no adverse outcome for the resident involved, this area required quality improvement.

Staff spoken with were aware of the assessed needs of residents and their goals. It was evident at all times that supports provided to residents were provided in a kind and respectful manner. It was also observed that staff had an awareness of residents' safety and the measures in place to prevent risk or harm to residents.

A number of residents were non-verbal communicators. These residents had a plan that outlined how they communicate pain through gestures and body language.

Regulation 17: Premises

The residents' home was clean and modern, and it was decorated to a high standard to reflect the likes and preferences of residents. Each resident had their own private bedroom. Although the bedroom of the resident who attended the centre for respite was small, it was sufficient to provide effective storage of their belongings considering they stayed there once a week. One resident's bedroom was being decorated at the time of the inspection. Since the inspection completed in July 2024, a ramp was available to support a resident to safely enter and exit their home while using their rollator.

The residents had access to a patio and garden area which was decorated with flowers and plants. Garden furniture included a table, chairs and a swing seat for residents to relax. This area was accessible to all residents as it had level-access to include ramps and railings.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register had been developed to outline the risks to residents, staff and visitors in the designated centre. There were no escalated risks identified which provided assurances that residents were safe in their home. These were reviewed regularly, with the most recent review of centre specific risks being completed in February 2026.

The inspector reviewed risk assessments developed to support residents due to epilepsy, falls and increased incidence of bruising. Where control measures were outlined, these were in place on the inspection day. For example, a resident with epilepsy required staff to bring their rescue medicine with them when they left the centre. Staff were observed to have this medicine when they supported the resident to go out for lunch.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in No. 5 Seaholly. 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. It was also observed that regular fire drills were completed to reflect possible scenarios in terms of the time of day and the number of residents and staff present.

A fire evacuation procedure was on display in a prominent place in the residents' home.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Significant improvements were required to ensure that the designated centre had appropriate and suitable practices relating to the management and administration of residents' medicines. The inspector reviewed the medicines prescription records of two residents. It was observed that one resident had been prescribed a short-term course of eye drops. This was prescribed by their GP to be administered twice a day for three days. The medication administration record was unclear and did not clearly outline how the medicine had been administered to the resident. However, it was noted by the inspector that on two dates, this medicine had been administered once daily. It was also evident that this had been administered to the resident on one occasion after it had been discontinued by their GP. These medicines errors had not been identified by staff or management in the centre. This required review.

Residents' medicines were stored in a locked cabinet. The inspector observed two liquid medicines that had been opened, however the date of opening had not been recorded. This medicine's label stated that it should be disposed of within 12 months of opening. Although the date of recording had not been recorded, one of these medicines had been dispensed in September 2024. Therefore, there was a risk that

this medicine may have expired. This was disposed of by staff on duty on the inspection day.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans in place for two of the five residents living in No. 5 Seaholly. It was evident that residents had been supported to develop goals in line with their needs and interests. This included the reduction in attendance in day services for a resident once a fortnight, where they could be supported to rest at home. There was also evidence of residents attending advocacy conferences, spas, going for coffee and going on holidays in both Ireland and abroad. Accessible personal plans were also provided to residents.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans were developed to support the healthcare needs of residents. This was completed following an annual assessment of their health needs by their GP. Residents were supported by staff to attend medical appointments and records of these appointments were documented in their personal file. Health records including weight records were also documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

When required, residents had a plan of care to support them to manage anxiety and/or behaviours that may challenge. Input form behaviour support specialists had been provided in the development and review of such plans to ensure they met the assessed needs of residents. This provided clear guidance to staff on how they should support each individual resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for No 5 Seaholly OSV-0005793

Inspection ID: MON-0045991

Date of inspection: 26/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has ensured that residents are supported by a consistent staff team. Both planned and actual rosters are maintained within the centre to clearly reflect staffing arrangements. The Person in Charge's working hours have now been included on the roster. The roster will also be updated as required to accurately reflect any periods of PIC annual leave or other absences (implemented from 02.06.26)	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure staff are formally supervised, there were two staff members requiring formal supervision. One staff member has since retired from the service, the second staff member is scheduled to receive formal supervision on 13.06.26	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider will ensure that all required notifications are submitted within the prescribed three-day timeframe. On this occasion, an administrative error occurred whereby the Person in Charge saved the notification as a draft on the HIQA portal and it was not submitted within the required timeframe. At the time of the suspected abuse incident, the Person in Charge took appropriate	

protective measures, including notifying the Designated Safeguarding Officer and Senior Management.
A safeguarding plan was implemented, incorporating protective measures, and a post-incident observation was completed.
The notification was subsequently submitted retrospectively on 26/05/2026.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The Registered Provider will ensure that the designated centre maintains appropriate and effective practices in relation to the management and administration of residents' medicines.
A comprehensive medication audit was completed on 03.06.26. This audit reviewed key areas including medication storage, staff training, pre-administration procedures, administration practices, disposal processes, and the management of medication errors.
The findings of the audit were discussed with local management in the centre on 03.06.26, and all identified actions were completed by 07.06.26.
A staff meeting is scheduled for 24.06.26 to review the audit outcomes and the findings of this inspection report with the team and to support shared learning.
Out-of-date medications were identified and stored securely as of 25.05.26, in line with best practice.
Refresher training in medication management has been scheduled for relevant staff members and will be completed by 23.06.26.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/06/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/06/2026
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	Not Compliant	Orange	24/06/2026

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	25/05/2026
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	26/05/2026