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:	Curraghboy Apartment
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 June 2026
Centre ID:	OSV-0007924
Fieldwork ID:	MON-0042313

About the designated centre

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

Curraghboy Apartment consists of an individual apartment-style dwelling in a rural area and a three bedroom bungalow in a nearby town. Combined the centre can provide full-time residential support for a maximum of four residents of both genders, over the age of 18 with intellectual disabilities and/or autism. Each resident has their own bedroom and other rooms in the two dwellings include kitchen-dining-living rooms, utility rooms, staff rooms and bathrooms. Residents are supported by the person in charge, a clinical nurse manager, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 23 June 2026	09:05hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Curraghboy Apartment. This designated centre was registered to provide full-time residential services to a total of four adult residents in two separate houses.

This inspection was planned to make a decision about the registered provider's application to renew the registration of the centre for a further three-year cycle. However, the registered provider had failed to submit this application in a timely manner. The registered provider advised that the failure to submit the application to renew was due to an administrative error, and that the provider intended to submit the application.

Despite this, the inspector found that residents were provided with a good quality of care and support in their home. Residents were supported to engage in their local community and to make decisions relating to their care and support. Recruitment was required to ensure that residents continued to be supported by a consistent staff team.

The inspector had the opportunity to meet each of the four residents who lived in Curraghboy Apartment on the inspection day. Residents spoke about their life in their home. One resident had been to Wales on their first holiday, and it was evident as they spoke that they really enjoyed eating out and enjoying a drink on their holiday. Photographs of the resident and the staff supporting them in Wales were on display in their home. A hat they had purchased to remember their trip was also displayed in the sitting room of their home. The resident told the inspector that they were planning to go on a plane on their next trip. Staff supporting them noted that they planned to go on a shorter journey first as it would be their first time in an aeroplane.

Residents were supported to access their local community throughout the inspection day. One resident had been supported to go for a drive to Cork City, while other residents attended a music class. One resident showed the inspector the song lyrics that they had been practicing at the music session. It was a sunny day on the day of the inspection. Three residents decided to go for afternoon tea at a local garden centre. Residents were supported to gather sun hats and to apply sun cream prior to leaving. One resident told the inspector that they planned to go to the beer garden for a pint when the night-duty staff arrived on duty.

Residents living in Curraghboy Apartment told the inspector that they were happy in their home. One resident said that they liked their home and that they 'love the staff' that worked with them. Residents were observed to be happy and content as they relaxed in their home, with some residents choosing to sit outside to enjoy the sunshine. One resident told the inspector 'I love this house' when describing their home. At all times, residents appeared calm and content in the presence of staff and

those they lived with. Supports from staff were observed to be provided to residents in a kind and respectful manner.

Four surveys about the care and support residents received in their home had been completed by residents and their representatives. Residents noted that they liked their home including their bedrooms. One of the residents homes was near a field of horses and the resident noted that they liked to see the 'horses out the back'. One resident stated staff were good to them and that they help them all the time. They also described those they lived with as 'friends'. One resident did note that support provided to them by advocates and friends to make decisions about their life could be improved. However, when spoken with on the inspection day, they did not communicate any such concerns to the inspector. One resident's representative noted that their loved one was 'being cared for very well' and that they are 'always so happy'.

In summary, residents were well supported in their home. Management issues did not negatively impact on residents however it was noted that arrangements in place were not sustainable in the long-term. However, the registered provider was trying to address these issues. 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

Improvements were required in relation to the governance and management of Curraghboy Apartment. While local management in the centre ensured residents received a good level of service in their home and that there was minimal impact on residents, recruitment of staff was required to ensure residents were supported by a consistent staff team. It was also noted that the registered provider had failed to make a full application to renew the registration of the designated centre, and that they were unaware of this until advised by the inspector. This evidenced that effective communication was not taking place at a senior management level.

The registered provider was recruiting for the role of person in charge. The previous person in charge had left the role in March 2026. However, they returned to the role in June 2026 as recruitment had been unsuccessful. It was noted by the inspector that the current person in charge was in a senior management role and although they were still visiting the residents in their homes and maintaining oversight of the centre, this was not sustainable as they now had additional responsibilities in the organisation. Staff working with residents were reporting to the clinical nurse managers who then reported to the person in charge. Management in the centre were hopeful that the recruitment campaign would be successful and noted that this post had changed from a three-year fixed period to a permanent position to attract a suitable candidate.

The provider was also recruiting social care workers and care assistants however management noted that it had been difficult to fill these vacancies. Residents were supported for the most part by a consistent staff team however, a high percentage of shifts were covered by relief and agency staff. Although management noted that the relief and agency staff were familiar to the residents, it was noted that this practice was not sustainable.

Despite this, residents received good quality of care and support in their home. Staff and local management including the person in charge were known to the residents and it was evident that they were comfortable in their presence. Audits were comprehensive in nature and outlined areas for improvement which were addressed by 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.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had failed to ensure that an application to renew the registration of the designated centre had been completed in a timely manner. The provider later submitted an application to renew registration however; this was not submitted in the correct manner and was returned to the registered provider. The application remained outstanding at the time of report writing.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents. Residents were supported by a team of care assistants, social care workers and clinical nurse managers. A rota had been developed which outlined the staff on duty each day and their hours of work.

There were several staffing vacancies in the centre which were under-going recruitment. However, this meant that a high number of relief and agency staff were used in the centre. This is actioned under Regulation 23, governance and management.

Judgment: 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 20 staff and found that all staff had been supported to receive the following training;

- Fire safety
- Safeguarding of vulnerable adults
- Human rights
- Management of behaviour that is challenging.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This was reviewed in the centre on the inspection day

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality of care and support provided to the residents had been completed for 2025. This included a review of practices in the centre that were in line with the assessed need of residents. For example, it noted a reduction in the use of restrictive practices and that these had been reviewed by the organisation's rights review committee. It also included a review of incidents, accidents, complaints and safeguarding events in the centre. The annual review also included consultation with residents and their representatives as required by the regulations.

In addition, six monthly unannounced visits had been completed in the centre in May 2026 and November 2025. This included progression of actions from previous audits and the inspection completed in September 2025.

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support to residents. The inspector reviewed the staff rota for a period of 15 days from 09 to 23 June 2026 inclusive. During this time, a third of all shifts were completed by relief or agency staff. Management in the centre noted that the provider was recruiting social care workers and care assistants however that these roles had been difficult to recruit. The provider had also been attempting to recruit a person in charge since December

2025. Although it was agreed that the current person in charge would remain in post until a suitable candidate was recruited, this was not sustainable.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents and their representatives in their home. This was reviewed as part of the inspection, and it was noted that it outlined the specific care and support needs for residents living in Curraghboy Apartment. It also contained the information specified in Schedule 1 of the regulations.

Judgment: 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 9 January to 16 May 2026. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. Despite the staffing vacancies in the centre, residents were supported in line with their assessed needs.

Residents had been supported to develop goals in line with their needs and interests. This included holidays to Wales, Killarney and plans for a trip to London. Residents had been supported to go for a seaweed bath in a spa, and to explore castles in their local community. One resident had been supported with a goal to update their music collection using an online music streaming service. Staff supported the resident to do this using their tablet device. The resident was observed wearing their headphones to listen to their music during the inspection day.

CCTV was used in the living areas of one of the residents' homes. Staff in the centre had trailed discontinuing this practice since the previous inspection in September 2025. However, this was deemed unsuccessful and the CCTV was reintroduced. The CCTV was visual monitoring only and staff noted that it provided a live feed and did not record the resident, staff or visitors. In the resident's personal plan the rationale for the use of CCTV was clearly outlined. This had been communicated to the resident using easy-to-read guidance on the CCTV in their home. The resident had consented to this support, communicating to staff that they felt this measure was in place to 'keep me safe'.

Restrictive practices used in Curraghboy Apartment had been reviewed by the organisation's restrictive practices committee. These restrictive practices were outlined in residents' care plans. These plans detailed the reasons why the restrictive practice was in place, and alternative measures that had been tried.

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had developed a risk management policy. This policy had been reviewed in June 2026, and it included the information specified in this regulation. A risk register had been developed by the person in charge. It was noted that there were no high level or escalated risks in the centre at the time of the inspection. Individual risk assessments were recorded in residents' personal files and outlined the controls in place to keep them safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures in each of the centre's houses included fire-resistant doors, a fire alarm panel and fire-fighting equipment. Emergency lighting was also provided to ensure residents could evacuate in the event of an emergency. The inspector observed an opening which had been created to allow cables through the attic. This

had breached the containment between the attic and the office in one of the centre's houses. This required review.

Fire drills were completed in the centre on a regular basis. Records reviewed indicated that these were completed to reflect the staffing levels in the centre both during the day and at night. Personal emergency evacuation plans for residents outlined the support they required to evacuate their home.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were prescribed by their general practitioner (G.P). The dose, route and time of administration was documented on the residents' medicines prescription records to guide staff on the administration of medicines. Where PRN medicines (medicines administered only when required) were prescribed, these included the maximum dose to be administered in 24 hours. There was also a protocol developed to outline when PRN medicines were to be administered to residents.

Residents' medicines were stored in a locked press in their home. Liquid medicines included the date of opening so that they could be disposed of when recommended. All residents' medicines were clearly labelled to identify the medicine and the dose.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of residents had been completed on an annual basis. The inspector reviewed the personal files of two of the residents living in Curraghboy Apartment. This noted residents' likes and dislikes and outlined the support they required from staff to meet their assessed needs. This included details regarding support with mealtimes, mobility, mental health and safeguarding. An annual multi-disciplinary meeting was held with a team of allied health and social care professionals to review each residents' care and support needs. Residents were welcome to attend these meetings if they wished to do so.

Judgment: Compliant

Regulation 7: Positive behavioural support

Two of the residents were supported to have a positive behaviour support plan as this was in line with their assessed needs. These plans identified the proactive and reactive strategies to support residents. It also included potential triggers to guide staff on the support needs of residents. Where restrictive practices were required to support residents to manage their behaviour, this was reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The registered provider had developed a policy on the safeguarding of vulnerable adults. This policy had been updated in June 2026, and it outlined the roles and responsibilities of staff to safeguard residents.

The inspector reviewed the documentation relating to three allegations of suspected abuse that were reported to the Chief Inspector. It was evident that these had been reviewed in line with the provider's policy on the safeguarding of vulnerable adults. There were no open safeguarding plans in the centre on the inspection day.

Intimate care plans had been developed to outline the support residents required to meet their personal hygiene needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents participated in, and consented with supports and decisions about their life in Curraghboy Apartment. The use of CCTV had been discussed with one resident, and they had consented to the use of this practice. It was evident that it also had oversight of the restrictive practice committee. In the survey completed by residents about the care and support they received in their home, a resident noted that they had a meeting each week to pick out dinner and plan visits for the week.

Staff documented the care and support provided to residents each day in their personal plan. These notes were written in a respectful manner. It was also observed that supports provided to residents by staff members on the inspection day were provided in a kind and caring manner. It was evident that residents were comfortable with the staff and management team in their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curraghboy Apartment OSV-0007924

Inspection ID: MON-0042313

Date of inspection: 23/06/2026

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Application for Renewal of Registration, the provider has taken immediate corrective action by submitting the required registration documentation to the Chief Inspector. To prevent a recurrence of this issue, the provider has strengthened its governance and regulatory compliance arrangements through the following measures: Enhanced Registration and Regulatory Compliance Tracker: The existing tracker has been reviewed and strengthened to ensure all registration and renewal requirements are clearly recorded and monitored, including key submission and renewal dates. Reminder and Escalation Process: A formal reminder system has been implemented to notify relevant personnel of upcoming registration deadlines well in advance. An escalation process has also been established to ensure that any outstanding actions are promptly brought to the attention of senior management. Increased Management Oversight: Responsibility for monitoring registration requirements has been clearly assigned, with regular management reviews of the compliance tracker to ensure all regulatory obligations are met within the required timelines. Ongoing Governance Monitoring: Regulatory compliance, including registration renewal requirements, is now a standing agenda item within governance meetings to provide assurance that all statutory obligations are reviewed and addressed proactively. These measures will ensure that registration requirements are identified, monitored and completed within the required timeframes, thereby maintaining ongoing compliance with Regulation 5 and reducing the risk of future omissions.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider acknowledges the ongoing recruitment challenges being experienced across the healthcare sector nationally. Active recruitment campaigns are currently underway for care assistants, social care workers and a Person in Charge (PIC) to strengthen the staffing complement and leadership structure within the centre.
Pending the successful recruitment of a permanent PIC, the current PIC will remain in post and continue to exercise full responsibility for the operational governance, management and regulatory compliance of the designated centre. This arrangement will ensure continuity of leadership, appropriate oversight of service delivery and ongoing monitoring of residents' care and support needs.
To support compliance with Regulation 23, the provider has implemented the following measures:
• Continuation of established governance arrangements to ensure effective oversight of the quality and safety of care provided to residents.
• Ongoing monitoring of staffing levels and skill mix to ensure residents are supported by a consistent team of staff who are familiar with their assessed needs, preferences and support plans.
• Active recruitment initiatives to fill vacant positions and strengthen the staffing complement within the centre.
• Regular management oversight and review meetings to monitor recruitment progress, staffing resources, service delivery and regulatory compliance.
• Escalation of recruitment efforts, where required, through multiple recruitment platforms and engagement with relevant recruitment agencies to secure suitably qualified candidates.
• Continuous review of risks associated with staffing vacancies to ensure appropriate control measures remain in place and that the quality and safety of care is not adversely impacted.
These actions will ensure that the designated centre continues to operate under effective governance and management arrangements, with appropriate leadership, accountability and oversight, while recruitment efforts progress toward the appointment of a permanent Person in Charge and additional staff members.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The issue was addressed within 24 hours by a suitably qualified and competent professional, who completed the necessary remedial works to restore the integrity of the fire compartmentation throughout the affected area. This ensured that the required fire containment measures were reinstated and that the designated centre was returned to

compliance with fire safety requirements.
To maintain ongoing compliance and prevent recurrence, the registered provider will:
• Ensure that any identified fire safety concerns are promptly assessed and addressed by appropriately qualified professionals.
• Maintain records of all fire safety inspections, assessments and remedial works completed within the designated centre.
These actions provide assurance that adequate fire containment measures are in place to protect residents, staff and visitors and support the continued safe operation of the designated centre in line with the requirements of Regulation 28.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/07/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	20/12/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	24/06/2026

	containing and extinguishing fires.			