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. 4 Bilberry
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 June 2026
Centre ID:	OSV-0008060
Fieldwork ID:	MON-0045059

About the designated centre

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

No. 4 Bilberry is a five bedroom, single-storey house located on the outskirts of Cork city. It is registered to provide a full-time residential service to four adults. It is centrally located with shops, restaurants and other community services within a short walking distance. It is also close to public transport services. The centre has two communal living room areas, a kitchen-dining room, a staff office and a staff bedroom. Each resident has their own bedroom. At least two staff are rostered to work in the designated centre when residents are present. Additional staff regularly work in the centre in the evenings and at the weekends to facilitate residents' participation in activities both in the house and in the local community. At night there is one sleepover and one waking night staff. The residents who live in the centre are assessed as having a moderate to severe level of intellectual disability. The focus in No.4 Bilberry is on meeting the individual needs of each person within a homely environment.

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 9 June 2026	08:30hrs to 15:45hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in No.4 Bilberry. This designated centre was registered to provide services to a total of four adult residents. At the time of the inspection, one resident was spending time with their family. Therefore, the inspector met with three of the residents who lived in No. 4 Bilberry on the inspection day.

Overall, it was evident that measures had been put in place to safeguard residents. Residents with changing needs were being supported to identify how staff could support them, and those that they live with. Improvements were required to ensure that residents' privacy was maintained at all times, and that actions identified for quality improvement were addressed by the registered provider.

The residents' home was a bungalow located on the outskirts of Cork city. Residents had access to a kitchen and dining area, sitting room and two activity rooms. Each resident had their own private bedroom which was decorated to reflect their likes and interests. This included prints of preferred characters on the walls in their bedroom, and photographs of loved ones.

On arrival to the centre, two residents were being supported to get up and ready for the day ahead. Both residents planned to attend their day service. One resident was having a lie-in and staff noted that they were going to be supported by a staff member in their home. At this time, the atmosphere in the residents' home was calm and relaxed.

As outlined in the centre's statement of purpose, the centre provided support to individuals with moderate to severe levels of intellectual disability, including those with autism. It was also outlined that residents may have multiple complex support needs and may require support with behaviours that challenge. Residents were non-verbal communicators, therefore the inspector spoke with staff on duty and observed residents' interactions to identify what it was like to live in their home.

Staff spoken with noted that one resident had been experiencing a period of increased anxiety where they regularly presented with behaviours that may challenge to include self-injurious behaviour. It was noted that the resident had been supported to attend a number of medical appointments to identify if they were experiencing pain or ill health. Psychology and behaviour support specialist input was also being provided on a regular basis to support the resident and the staff team. It was evident that staff spoken with were very aware of the residents' assessed needs, including this resident's changing needs.

When this resident woke, they were supported to get up and ready for the day. Staff informed the inspector that the resident appeared dysregulated and they were supported to have a shower as part of their morning routine. It was noted that the

bathroom door had been left open while the resident was supported to shower, despite one other resident being in the centre while they waited to go to their day service. The layout of the bathroom meant the resident having a shower was not observed in a state of undress, however this practice required review to ensure the privacy of the resident was maintained whilst managing any associated risks to the resident and staff members.

The inspector sat in the sitting room with one resident as they waited for their transport to bring them to their day service. The resident was observed holding their bags and looking out the window indicating that they were looking forward to going to their day service. During this time, two staff were supporting the resident who appeared to be dysregulated.

A peer-to-peer safeguarding event occurred in the sitting room and was witnessed by the inspector. During this time, staff supported both residents and provided reassurance. PRN medicines (medicines administered only when required) were administered to one resident in the event they were experiencing pain, and as outlined in their behaviour support plan. Following this, staff documented the incident and advised the inspector of the mechanisms for reporting such incidents. The inspector left the communal area of the residents' home at this time in the event that their presence was causing any upset to the resident.

Staff were observed to communicate with residents in a kind and respectful manner throughout the inspection day. Residents with a hearing impairment were communicated to using manual signing as they got ready and had their breakfast. Staff spoke about residents' recent holidays where they had enjoyed eating out in restaurants and having walks on the beach followed by a hot chocolate. Residents enjoyed a variety of activities including surfing, going to an arcade, horse-riding and walks. Staff noted they also liked to compete puzzles and a foot spa in the comfort of their home, particularly after being in day service.

There had been no complaints made by residents or their representatives since the inspection completed in August 2024. One compliment had been received from a resident's family stating that their family member appeared 'happy at home', and that the staff team was consistent. It had been noted in the review of residents' files that a consistent staff team was important to residents, and it was evident this was provided.

Overall this inspection did identify that staff were trying to establish how to support the changing needs of a resident, whilst also safeguarding those that they lived with. This included supporting a resident to have day service support in their home, rather than their previous day service. It was evident that management and allied health professionals were supporting the staff team to meet these changing needs, with staff reporting that they felt well supported despite the challenges they faced. 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. It was noted that this was important to residents, in line with their assessed needs. However, it was noted that areas identified for improvement at the inspection completed in August 2024 had not been addressed. This included the arrangements in place regarding one resident's financial affairs and premises works. Although these issues did not significantly impact the care provided to residents, they were identified as areas for quality improvement for some time.

Regular staff meetings took place in the centre with records showing they occurred at least once per month. Meetings included a discussion on the support needs of residents, discussions about incidents that had occurred and safeguarding. This ensured staff were kept informed of residents' changing needs and their role and responsibilities. The inspector also reviewed the supervision records of 11 staff working in No. 4 Bilberry. It was evident that all staff had received supervision in April 2026.

A clear governance and management structure was in place. All staff reported to the person in charge. Staff spoken with told the inspector that they felt well supported by management and their colleagues. Management in the centre were also complimentary of the staff team and how they supported residents. 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 inspector reviewed the training records of 12 staff and found that all staff had been supported to receive the following training;

- Fire safety
- Safeguarding of vulnerable adults
- Manual handling
- Infection prevention and control
- Medicines management
- Manual handling.

One staff was due refresher training in the management of behaviour that is challenging, however they were scheduled to attend this training the day after the inspection had taken place. All staff would then have received this training. One staff was also awaiting refresher first aid training. This was a mandatory training which was required to ensure the safety of one resident who regularly engaged in

self-injurious behaviour. There was no scheduled date for the staff member to receive this training.

Judgment: Substantially 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 review included highlights of the year including overnight stays in Kerry and Cork, visits to amusements, the zoo and a local market. It also noted that during the year, an additional secure outdoor activity area had been provided for residents following renovations. This review also included consultation with residents and their representatives as required by the regulations.

In addition, unannounced six monthly visit reports had been completed in November 2025 and May 2026. However, such reports noted that issues as outlined in the inspection report dated August 2024 in relation to a resident's financial affairs and the premises had not been completed. Both areas were repeated areas of non-compliance on this inspection of the centre. Improvements were required to ensure progress on required actions to improve the quality of care provided to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose had been developed and was easily accessible to residents on the notice board 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 No.4 Bilberry. It was also evident that it had been reviewed in May 2026 to ensure the information outlined in the statement of purpose was accurate.

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 5 January to 9 June 2026. This review noted that the incidents recorded had been notified as required.

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. However, improvements were required to ensure residents' privacy and dignity was maintained at all times.

A review of notifications of adverse events occurring in the centre identified there was a low frequency of safeguarding incidents occurring in the centre. However, the inspector did observe a safeguarding incident on the inspection day. Previous allegations of a safeguarding nature had been reviewed with no grounds for reasonable concern identified. However, it had been noted by a social worker that any increase in incidents may result in there being grounds for reasonable concern. This was discussed with management in the centre who noted that they were having regular multi-disciplinary review due to the increase in self-injurious behaviour for one resident, and the potential impact on those they lived with. The provider submitted a notification of the safeguarding event witnessed by the inspector, and it was noted that a safeguarding plan was put in place as there was grounds for reasonable concern due to the resident's changing needs. It was evident that the compatibility of residents was under review to ensure the assessed needs of all residents were met, and that residents were protected from suspected abuse.

Despite this, residents were supported to have a good quality of life and engage in their local community as they wished. Residents were supported to develop goals of things they would like to do each year. Goals included holidays in Ireland, visits to theme parks, going for a massage, afternoon tea and exploring a gym membership where they had regular access to a Jacuzzi. Documentation reviewed also noted residents had been supported to complete surfing lessons, participate in the Cork Rebel run and attend go-karting. It was evident that residents' goals were reviewed regularly to ensure they were progressed in line with their wishes.

Regulation 12: Personal possessions

Money management plans had been developed for residents outlining their planned income and expenditure for the year. A money management competency assessment was also completed with residents to identify the level of support they required to manage their financial affairs. It was identified that the assessment for

one resident had not been completed since 2023, therefore it was not evident if it outlined the current level of support they required.

In line with the findings of the inspection completed in August 2024, it was not evident that one resident had consented or been consulted in all decisions regarding the arrangements in place to manage their financial affairs. Although staff noted that there was no issues in the resident accessing their finances, this arrangement required review.

Judgment: Substantially compliant

Regulation 17: Premises

The residents' home was clean and warm. The kitchen had been noted to require an upgrade in August 2023 however, this work had not been carried out and there were no plans as to when this would occur. Some panelling had been put in place in the kitchen however this work remained unfinished as the person completing this work had left their role in the organisation. Staff noted that this had been reported to maintenance on a number of occasions however, there were no plans for this work to be completed. It was noted by management that in line with the assessed needs of one resident, it would be difficult to plan for these works to take place. However, this was in relation to a recent changing need where the resident was declining to leave their home and such works had been outstanding for some time.

The residents had access to a patio and garden area with garden furniture for residents to sit and relax.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting measures to stop the spread of infection. There was an outbreak of a notifiable disease in the centre in 2025. At this time, a plan outlining the roles and responsibilities of all staff in preventing the spread of infection was developed. Records of calls and advice from infection prevention and control experts were documented. A risk assessment was also developed to outline controls put in place to mitigate the risk of infection to all residents and staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that there were appropriate practices for the ordering, receipt, prescribing, storing, disposing and administration of medicines in the designated centre. The inspector reviewed the medicines prescription records of two residents living in No. 4 Bilberry. The route, dose and time of administration for all medicines were clearly outlined by the residents' general practitioner (GP).

Medicines were stored in a locked cabinet in the residents' home. Medicines observed by the inspector were in date and clearly labelled.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' personal plans on the inspection day. It was evident that multi-disciplinary support was provided by a team of allied health and social care professionals including urologists, psychologists, occupational therapists, psychiatrists and speech and language therapists. Residents' personal plans noted their likes and preferences. For example, one resident's plan noted they liked to have a particular catalogue with them and they were observed to have this in their possession on the inspection day.

One resident's personal plan stated that their requirements for their home included living with individuals who did not engage in frequent levels of behaviour that challenges as it can cause them to become 'upset and stressed'. Staff noted that this resident was often in their day service when the resident who was presenting with increased self-injurious behaviour woke which mitigated the risk of them witnessing such events. However, it was noted that compatibility of residents and the impact of one resident's behaviour on those they lived with was under review by management in the centre.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents had access to appropriate healthcare. When residents had an identified health care need, this was outlined in a health support plan. Staff had supported a resident to attend various medical appointments to identify if a change in their presentation was relating to ill health or

pain. A record of such medical appointments and reviews were recorded in the residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the support plan in place to manage behaviour that is challenging for one resident. This provided guidance for staff on supporting the resident, including the administration of PRN medicines. It was observed that this was completed in line with the plan when they displayed behaviours outlined on the inspection day. It was also evidenced that staff and management had met with the resident's behaviour support specialist on a regular basis. These meetings were completed to discuss the resident's changing behaviour support needs, and how staff could support the resident with this.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the documentation relating to four allegations of suspected abuse of residents that had occurred in 2026. It was evident that these had been reviewed by the organisation's designated officer. Staff members were aware of the assessed needs of residents, and the mechanisms in place to protect residents from suspected abuse.

Intimate care plans had been developed to outline the supports residents required to meet their hygiene needs. However as noted under Regulation 9 residents' rights, improvements were required to ensure residents' privacy was maintained as they received personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection day, staff were observed to provide supports to residents in a kind and calm manner. However, improvements were required to ensure each residents' privacy was maintained. As noted previously in the inspection report, the bathroom door was left open when a resident was supported to have a shower. The inspector observed the bathroom door open for five minutes while the resident's

personal care was carried out. It was also observed that personal identifiable information was displayed on the notice board in the hallway. These practices required review.
Judgment: Not 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No. 4 Bilberry OSV-0008060

Inspection ID: MON-0045059

Date of inspection: 09/06/2026

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 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 the staff member that required refresher training in First Aid will be booked in to attend training on 21/08/2026.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will review the unannounced six-monthly visit reports to ensure that any outstanding actions are completed [30/09/2026] and that there is an update on the action plan detailing update and reason for delay.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:	

The person in charge will;
• Complete a 'My Money Management Competency Assessment' for each resident [25/06/2026].
• Support the resident with accessible information about their finances and evidence of arrangements to support the resident in financial decision-making will be put on the resident's personal plan [31/07/2026]
• Arrange a meeting with the family to discuss one resident who avails of a part-time service to access to their finances. [01/09/2026].

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider will ensure that the planned kitchen works are scheduled and completed [30/09/2026]

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The provider will ensure;
• Personal identifiable information observed on the day was removed from the noticeboard [09/06/2026].
• Each resident's intimate care plan will be reviewed to reflect the choice of the resident and to maintain the resident's privacy, with the intimate care protocol updated to reflect this [26/06/2026].
• Residents' rights will be discussed at the next staff team meeting and at the next residents' forum [17/07/2026].

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	01/09/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	21/08/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/09/2026

	are of sound construction and kept in a good state of repair externally and internally.			
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	30/09/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	17/07/2026