



**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:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0047204

About the designated centre

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

The centre provides a dedicated respite care and support service for male and female adults with a physical and/or intellectual disability in the Cork and Kerry area. Referral to the centre is made through the Health Service Executive. Residents can avail of respite for between one and three weeks per year. The centre is a purpose built bungalow that comprises of six bedrooms with ensuite facilities, a large living and dining room, a kitchen, a quiet room, a bathroom, a staff toilet, a staff office, a staff tea room, a laundry room, a medical store room, a property room and a boiler room. The centre is located in a scenic rural setting near a village and a beach and is accessible to a number of towns and Cork city.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 24 June 2025	09:30hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

The residents in the designated centre were receiving a good quality respite service. The service being provided was resident led and maintained the safety of the residents while they stayed there. The residents were staying in the centre as respite residents. The centre was now operating as outlined in the statement of purpose, after previously being unable to open fully, with the centre open either for a five night stay or a seven night stay. There were systems in place to ensure that residents were offered respite breaks in an equitable manner. There were six residents in the centre that were staying there for the week.

The centre is a purpose built bungalow located in a country setting with sea views and within a short driving distance to a beach. The designated centre provides short term respite and holiday breaks for individuals that require supports to manage a physical or sensory condition. The designated centre is registered to accommodate six residents and was full on the day of the inspection.

The person in charge was met at the beginning of the inspection and the inspector was accompanied on a walk around of the centre and the outdoor areas. The centre had previously had concerns regarding the premises roof and the sewerage system in the designated centre. Work was seen to be completed on the sewerage system and there was still evidence of one leak still present in the corner of a day room in the centre. The centre had recently been painted internally and was warm and spacious. New items of furniture had recently been purchased. Residents' mobility and access to areas around the centre was well catered for, for example a wide corridor in the centre and overhead hoists in the residents' bedrooms. The outdoor area of the centre was not well maintained and this is discussed further in the report.

There was artwork and residents' pictures that decorated the designated centre that gave it a homely feel. The residents' bedrooms were well maintained and had storage for residents in their bedrooms. All the residents' bedrooms had a television where they could watch this in private if they wished.

Staff were seen to interact with residents in a kind and respectful way and were engaged in activities with residents throughout the day. Staff spoken with were aware of the residents' needs and how they were supporting residents to have the most enjoyable stay they could have. Staff were seen to plan activities around the residents' requirements and wishes.

The inspector met with four residents on the day. One resident met the inspector at the door when arriving. The resident indicated that they were very happy in the centre. One resident spoke about enjoying their break from their usual residence and how they used the respite break to rest and relax. Staff were aware that this was the resident's wish and supported them to relax for their break. Residents were supported to go out for activities during the day and residents were also supported to play games and activities in the centre. Residents spoke about how staff

supported them in a positive manner. Residents' feedback viewed by the inspector showed that residents were having a positive experience during their stays in the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and the local management team had good oversight of the centre, however an annual review of quality and safety had not been completed in the centre in last 12 months as required by the regulations.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted. There were vacancies identified by the registered provider in the statement of purpose and there was ongoing recruitment process to fill these vacancies. Residents said they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspector.

Staff were provided with training suitable to their roles and training needs were being monitored. Staff trainings needs had been planned and evidence of further planned training were provided. There was a supervision schedule in place for staff to support them in their roles. The staff team had access to the regulatory and legal information that they may require for their roles.

Regulation 15: Staffing

The registered provider had ensured that there was the number, qualified and skill mix of staff to meet the needs of the residents and the statement of purpose. The staff team was suitable for the size and layout of the homes also. The person in charge maintained a planned and actual staff rota and this was made available to the inspector on the day of the inspection. Staff vacancies identified in the statement of purpose of the designated centre were being filled by ongoing recruitment.

The members of the staff team that were met on the day were knowledgeable of their roles and the needs of the residents. Staff interacted respectfully and in a kind manner with residents.

Staff files in relation to Schedule 2 contained the information required by the regulations and agency staff working in the centre also had this information kept on file in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to support residents. These included training in mandatory areas such as safeguarding of vulnerable adults, fire safety and manual handling.

The person in charge had a training matrix in place which was subject to regular review. Mandatory training and refresher training in these areas had been completed and future training dates secured for updating training. Some staff had required updates in training especially in relation to the de-escalation and intervention techniques but staff had been booked onto these training sessions and this was evident from the staffing roster.

A supervision schedule was in place for the staff members working in the centre of the year and were schedule to take place in line with the registered providers policy.

Guidance documentation in relation to standards and regulations were available to staff in relation to working in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured there was a suitable governance and management structure in place for the designated centre. Regular staff meetings were taking place where staff discussed such items as personal plans and residents activities were planned. Residents had meetings at the start of their stay to plan the week and what they might enjoy during their stay.

The registered provider was undertaking the six monthly unannounced visits and the latest visit took place on the day before the inspection. The actions from the previous unannounced visits were documented and completed by the management

team in the centre.

The annual review of the quality and safety of care and support in the designated centre had not been completed in the previous 12 months and was last completed in 2023. The person in charge was aware that this needed to be completed and had a plan to complete this in the weeks following the inspection.

Judgment: Substantially compliant

Quality and safety

The premises layout supported the assessed need of the residents and enabled the residents to be as independent as possible. The inside of the premises was in the main well maintained and it was evident that areas had recently undergone redecoration. Concerns regarding the outside areas of the premises and a leak in a communal area of the centre are discussed under Regulation 17.

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they wished to be communicated with.

Residents' right were being upheld in the centre with residents having a say on how the service was run with residents planning their stay through meetings and giving feedback on how their stay went. Risk was well managed in the centre and measures were in place for safeguarding of residents. Residents had positive behaviour support plans in place when they required support in this area.

The registered provider had systems in place for safeguarding concerns to be managed and reported. Staff spoken with were aware of their responsibilities in this area. Documentation was provided to show how residents were kept safe and staff were knowledgeable of this documentation.

Regulation 10: Communication

The registered provider had ensured that residents had access to access to telephones, television, radio and Internet. Assistive technology was available to residents to help them communicate.

The person in charge had ensured that residents had accessible information available to them. This information was contained in their personal plans and also information on such topics as safeguarding was available in an easy-to-read format.

This easy-to-read information was available and on display throughout the centre. The communication needs of the residents were identified in their personal plans and it was evident that the staff working with the residents on the day of the inspection were aware of their communication needs.
Judgment: Compliant
Regulation 17: Premises
The premises was purpose built and was accessible, with residents having the appropriate equipment to assist with their mobility. It was evident that rooms in the designated centre had recently been painted and new items of furniture had been purchased. Storage in the centre had improved, but equipment was still being stored in the corridor of the centre. Residents had access to adequate storage space for their stay and had access to laundry if required. Works identified in the previous report regarding the sewerage works on land purchased next to the designated centre had been completed. There was one part of the designated centre in a day room which appeared to still have evidence of a leak. The outdoor area of the centre was not well maintained. The exterior of the window frames were peeling and the exterior paint on the walls was not clean and well kept. The outdoor area was not fully accessible and usable for all residents. For example there was only enough seating for four people which would not cater for six residents and the staff supporting them at any given time.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The risk management documentation had been reviewed in the previous 12 months. The registered providers risk management policy contained the measures and actions in place to control the specific risk identified in the regulation. Risk control measures in the centre were proportional, with a emphasis on respecting the residents' rights and autonomy. Residents had specific risk management documentation which were personalised to the residents needs.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents that attended on a respite basis. The person in charge had ensured that residents' information and guidance to working with residents was available to the staff team working in the designated centre. Assessments had been completed for residents and updates were sought on these assessments before residents came for their stay. Staff were seen to be calling families for information on residents that were due to stay in the designated centre the week following the inspection. This information was documented in the personal plans of the residents.

Residents likes and dislikes were documented and residents were requested to give feedback on their stay to improve the next time they came to the designated centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support documentation were available in the personal plans of the residents that required them. Positive behaviour support information was sourced from other services that the residents may access. A positive behaviour support specialists was now available in the service and residents could be referred to them. The positive behaviour support plans viewed were comprehensive for residents.

All staff had received training in de-escalation and intervention techniques.

Restrictive practices in the centre were reviewed and were reported to the Chief Inspector on a quarterly basis. These restrictions were only used when necessary. These restrictions were maintained in a log and were reviewed locally by management in the centre and by the registered providers human rights committee.

Judgment: Compliant

Regulation 8: Protection

Staff had received suitable training in safeguarding. Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at staff meetings and staff having regular guidance in the subject. Safeguarding concerns were dealt with in accordance to the registered provider's policy.

Residents had intimate care plans in place to explain to staff the support they required in this area. The intimate care plans viewed contained detailed information to guide staff in this area.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had a rights review committee in place to review the restrictions put in place for residents. Information on advocacy was available to residents and how they may access this.

Residents had meetings in the centre on a weekly basis in order to plan the service for the week that followed including what activities they may undertake and what food they might have during the stay.

Residents choices were being respected in the centre such as residents getting out of bed at the time of their choosing. Staff were seen respecting the privacy and the dignity of the residents during the day of inspection.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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 Ard na Mara OSV-0002036

Inspection ID: MON-0047204

Date of inspection: 24/06/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review of 2024 has now been completed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has in place a schedule of works for the maintenance of the grounds and upkeep of the building. Subsequent to the recent inspection work has been undertaken on grounds maintenance and ordering of additional garden furniture with planned tree felling, installation of a sensory garden and window maintenance also scheduled. The Provider is engaging with HSE Capital and Estates Energy Bureau in relation to funding for upgrades to the windows and external insulation wrapping.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	13/08/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	13/08/2025

	representatives.			
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	13/08/2025