



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0003857
Fieldwork ID:	MON-0043465

About the designated centre

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

The designated centre comprises two detached houses based on the outskirts of a large town. In one house a residential and respite / short breaks service was provided. Only a respite / short breaks service was provided in the other house. The centre was registered to accommodate 11 adults with an intellectual disability at any one time. Six residents could stay in one house and five in the other. One house remained open all year. The respite service in the other house operated four nights a week (Monday to Thursday), 48 weeks a year. It also provided some respite to two individuals on specific weekends throughout the year. In both houses residents had access to a kitchen and dining room, sitting room, conservatory / sun room, and utility room. All six bedrooms in one house were single-occupancy and had an ensuite bathroom. In the other house there was one communal bathroom downstairs and one upstairs. This house had three single-occupancy bedrooms and one twin room, however the provider noted that the residents no longer shared this bedroom. There was one staff sleepover bedroom in each house. The centre was staffed at all times that residents were present.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 19 February 2026	12:20hrs to 20:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection in the designated centre Skibbereen Residential. The centre was registered to provide full-time residential and respite services to a total of eleven residents. At the time of the inspection, four residents lived in the centre on a full-time basis. Staff noted that approximately 20 individuals accessed the designated centre for respite. Two individuals were accessing full-time respite in the centre on an emergency basis.

Overall, the findings of this inspection indicated that significant changes to the governance and management structure in Skibbereen Residential had impacted on the completion of actions to ensure quality improvement in the centre. Despite this, it was also evident that residents were provided with a safe level of service and that they had a good quality of life in their home.

The premises of the designated centre comprised of two houses located a short drive apart. Each of the houses had a fully-equipped kitchen with dining area, a sitting room, laundry facilities and bathrooms. This designated centre had one shared bedroom at the time of the inspection completed in October 2023. Management in the centre noted that residents no longer shared this bedroom when they attended the centre for respite, and the provider intended to reduce the capacity of the centre to 10 when the centre applied to renew their registration.

On the day of the inspection, eight residents were accessing supports provided in Skibbereen Residential, with the inspector having the opportunity to meet with each of these individuals. Residents were attending work and day services when the inspection began. However, one resident contacted the centre by telephone during their work day to ask what staff were on duty that evening. During this call, the resident was provided with reassurance that they could go to the shop with staff support later that evening. Staff noted that the resident regularly rang the house to check-in with staff members before their return home from work.

When residents returned home from work and day services, they were observed being supported to have a hot drink and some fruit. Residents sat at the kitchen table together and while some residents chose not to engage with the inspector, other residents told the inspector about what it was like to live in their home. Residents were later observed to have their dinner, with choices provided to residents as to what they would like to eat. These options were in line with the weekly meal plan developed with residents, which was on display in the kitchen. At all times, residents were observed to be relaxed as they sat together in their home to eat.

Residents spoke about their involvement in their local community. One resident had temporarily moved to the centre due to the closure of their previous home. They spoke about their involvement in the local tidy towns, and attending bingo locally.

When the resident's previous home reopened, they wanted to stay in Skibbereen Residential as they had made community connections here. This request was facilitated by the registered provider with this resident now living in Skibbereen Residential on a full-time basis. The resident said that they were 'happy' living here.

The designated centre was located in a scenic area. Residents and staff noted that they went walking regularly in the local area, and that residents were looking forward to getting out for walks when the weather improved. One resident had joined a local kayaking club that they attended weekly. Staff showed the inspector photographs of the resident kayaking on lakes locally, and it was evident from the photographs that the resident enjoyed this activity.

It was evident throughout the inspection day that staff members offered supports to residents in a kind and respectful manner. Staff were observed supporting a resident to read a text organising a visit with a family member overnight. It was evident that the resident was very excited about this, and they were observed smiling and laughing when staff asked them if they would like to go on this visit. Two residents decided they would like to go to a local pub for a drink on the evening of the inspection. Staff were observed supporting one resident to change their cardigan before leaving the centre as it had become stained. The resident told the inspector that they were planning on having a glass of red wine while out.

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

There had been significant changes to the management structure in the organisation since the inspection completed in October 2023. Staff spoken with noted that as a result, the provider was operating with limited members of the senior management team during this period of restructuring. Although such management roles had now been recruited and implemented in the organisation, this had impacted on the completion of actions to ensure quality improvement in the centre. This included areas outlined in the inspection report completed in October 2023, and in provider audits. However, it was evident that residents were afforded with a good quality of service despite these issues.

The October 2023 inspection noted that two residents were living in Skibbereen Residential following the temporary closure of their residential home. At that time, it was found that these residents had not been updated as to whether they would stay in this centre, or return to their previous home when it reopened. Staff spoken with on the inspection day noted that one of these residents had moved back to their previous home in line with their wishes. One resident had requested to stay in this designated centre and this request was facilitated. The inspector spoke with this

resident who noted they were involved in their local community and therefore enjoyed living in this centre.

It was evident that there were sufficient resources in place to meet the assessed needs of residents. The person in charge worked between nine and 18 hours each week providing direct care and support to residents, and supervising the direct care provided to residents by the staff team. However, it was noted that the person in charge did not have full oversight of the supports provided to all residents accessing respite services in the designated centre. This required review.

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 23: Governance and management

The inspector was assured that management systems in the designated centre ensured that the service provided to residents was safe. However, improvements were required to ensure that the service provided to residents was consistently and effectively monitored.

- The organisational structure in the centre's statement of purpose stated that all staff working in the centre reported directly to the person in charge. However, management in the centre noted that an individual who accessed the centre for monthly respite was provided with support by staff from their day service who did not report to the person in charge. Although senior management in the centre noted that person in charge had access to information regarding this service including incidents records, it was evident that the oversight of this service was not within the current remit of the person in charge.
- There was evidence of repeated actions in audits and reviews carried out in the designated centre. For example, the completion of a financial audit had been highlighted as an action in the annual review completed in 2025, and the six monthly unannounced visit reports completed in May and November 2025. This had not been completed at the time of the inspection despite the timeline for this action being outlined as 'immediate' in May 2025.
- An action tracker had been developed to outline the actions taken to address the non-compliances identified at the October 2023 inspection of the centre. This stated that all actions had been completed. This was not accurate in line with the findings of this inspection.
- A six monthly unannounced visit report had been complete on 13 November 2025, however this had not been provided to the person in charge until 16 February 2026.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose had been developed by the registered provider. It was noted that this document did not contain the information set out in Schedule 1 of the regulations. For example, the statement of purpose did not accurately reflect the services provided to all residents in the designated centre. It did not accurately reflect that one of the centre's houses provided respite support to an individual at weekends on a monthly basis. It also contained conflicting information on the number of residents to be supported in the designated centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies outlined in Schedule 5 of the regulations were updated at intervals not exceeding three years. The following Schedule 5 policies required review;

- Provision of behavioural support
- The use of restrictive procedures and physical, chemical and environmental restraint.
- Recruitment, selection and Garda vetting of staff
- Staff training and development
- Monitoring and documentation of nutritional intake.

Management in the centre noted that there had been changes to the processes outlined in a number of policies. The provider was planning to include these changes within the policy updates. The inspector was informed that this review was taking place at the time of this inspection.

The provider did not have a policy on the provision of information to residents which is a requirement outlined in Schedule 5 of the regulations. This had been identified at the inspection completed in October 2023 and had not been completed in line with the provider's compliance plan response.

Judgment: Substantially 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. Throughout the inspection day, residents appeared to be comfortable in the presence of staff members and each other. Staff noted that one resident had a favourite chair in the conservatory of their home, where they relaxed using their computer device. The resident was observed sitting in this area after their dinner completing this activity. Other residents sat in the sitting room together completing artwork and watching television, while others accessed their bedrooms independently.

Residents who spoke with the inspector expressed that they were happy living in, or attending Skibbereen Residential for respite. It was evident that the supports provided by staff were person centred and flexible to support the choices and wishes of residents.

The storage of medicines in the centre had improved since the October 2023 inspection. Residents' medicines were stored in the drawer of a locked filing cabinet, with out-of-date medicines stored in a separate location. However, some medicines date of opening had not been documented in line with the provider's policy. It was also noted that a number of areas of non-compliance regarding the administration and prescribing of residents had not improved since the previous inspection of the centre.

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with access to occupation and recreational activities. The inspector met with five staff members working in Skibbereen Residential on the inspection day. Staff spoken with noted that they had sufficient resources to ensure that residents were supported to access their local community. Staff noted that residents choose the activities they participated in each evening, with staff facilitating these requests. Residents were supported to access a variety of activities such as bowling, the cinema, swimming and eating at local restaurants. Residents enjoyed attending concerts, with staff noting that residents had been to the pantomime at Christmas time. Residents were also supported to engage in employment, with one resident working in a local pub.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was laid out to meet the objectives of the service, and the number and assessed needs of residents. The houses were observed to be clean. Staff members completed

regular deep cleans while the provider trialled a number of local cleaning companies before they recruited one of these agencies to complete deep cleaning in the centre.

Painting had been carried out in Skibbereen Residential since the centre was last inspected. However, damage to the flooring was observed both upstairs and downstairs in one house, and damage to the kitchen floor was observed in the second house.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the day of the inspection, the inspector completed a walk-around in each of the two houses to review fire safety systems in place. A fire alarm panel was provided in each of the centre's houses. Fire doors were also provided to ensure effective containment in the event of a fire. It was noted that these were reviewed by a fire competent person since the inspection completed in October 2023. Call bell activation points were also provided to activate the fire alarm in an emergency.

A cupboard was observed outside an exit from a sitting room in one of the houses. Staff noted that four of the individuals who attended respite in this house were wheelchair users, and that the placement of the cupboard may impede the safe evacuation of these residents in the event of an emergency. This required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medicines management systems in place in the centre as this had been an area of non-compliance at the inspection completed in October 2023. It was noted that the practices regarding the prescribing and administration of medicines required review.

- Staff spoken with told the inspector that a number of residents did not have a medicines prescription record completed by their general practitioner (G.P) as residents who self-administer medicines did not require these medicines to be written on a prescription record. This was not in line with organisational policy on the safe administration of medicines. The inspector observed one resident file where a prescription record by their G.P had not been completed.
- There was conflicting guidance in place regarding self-administration of residents' medicines. For example, an assessment on the ability of a resident to self-medicate noted that they were unable to administer their own medicine without assistance as they could not recognize their medicines by

colour, size or shape, and that they were unable to read the label of their medicine. The outcome of the assessment stated they required a trained and authorised person to complete the steps with them. However, the resident was considered to be able to self-administer their own medicines. This was despite the provider's policy stating that self-administration of medicines involved the 'independent use of medicines'.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of three of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs.

Residents had been supported to identify and develop goals as part of the personal planning process in the centre. There was evidence that easy-to-read information had been provided to residents to support the development of goals. Although staff on the day of the inspection noted that goal-setting was an area that they found challenging, it was evident that residents were supported to develop and achieve goals. For example, one resident had a goal to make the centre feel like home, with plans in place to renovate their bedroom. There was also evidence of residents achieving goals such as kayaking and trips out in photographs taken by staff members.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. The inspector reviewed the behaviour support plans put in place to support the assessed needs of two residents living in Skibbereen Residential. It was evidenced that these included information specific to the assessed needs of these individuals. It was also noted that these were developed with supports from members of the multi-disciplinary team including behavioural support specialists and psychology.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure residents were protected from all forms of abuse. The registered provider had adopted a national policy on the safeguarding of vulnerable adults with some updates in line with the needs of the organisation outlined in a policy document reviewed in March 2024. This policy included information for staff members on the types of abuse, and the procedure for raising concerns of a safeguarding nature.

There were no open safeguarding plans in the designated centre at the time of the inspection. Management in the centre noted that there was ongoing work with the organisation's social work department to review and update the actions taken following investigations into alleged incidents of abuse. The inspector reviewed the documentation relating to two investigations completed following an allegation of suspected abuse. It was noted where such investigations recommended additional training and supervision that this had been provided to staff members.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Skibbereen Residential OSV-0003857

Inspection ID: MON-0043465

Date of inspection: 19/02/2026

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of the Statement of Purpose has been completed in line with the respite service operating from the designated centre to ensure that there is clarity within the governance of the designated centre.</p> <p>A review of the Action Tracker has now been completed and identified whereby gaps arose within its process. The process has been reviewed and amended to ensure that areas whereby items have not been completed are identified correctly.</p> <p>CoAction is committed to ensuring that unannounced visits are completed by the provider on a six monthly basis as required by regulation. Following the inspection, the Person in Charge is provided with an action plan within 10 working days or sooner, depending on the nature of the action and associated risk.</p> <p>There was a delay in providing the full report to the Person in Charge, as an additional quality assurance step was introduced to strengthen the process further through the enhanced governance structures that have been implemented in recent months. Going forward the full report will be provided to the Person in Charge within 21 days following the audit.</p> <p>An Inter Departmental Meeting to discuss the Regulations and Provider Responsibilities occurred on 26th of March 2026 to review regulatory responsibilities of each department and develop a communication structure to ensure all actions are completed.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A review of the Statement of Purpose has been completed in line with the respite service operating from the designated centre to ensure that there is clarity within the governance of the designated centre. A meeting between the Person in Charge, Assistant Director of Services and the Local Manager occurred on the 12/03/2026 to streamline the service. Error made on the registered number of beds within the statement of purpose will be amended in accordance with our registration.</p> <p>]</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>CoAction is committed to ensure that all organisational Schedule 5 Policies are prioritised and reviewed to ensure compliance with regulation within a twelve-month deadline. This is being processed through the 4 PG Review Committee chaired by the organisation's Quality, Safety and Risk Manager.</p> <p>A Policy on the Provision of Information is currently being devised and will follow the 4PG process prior to implementation.</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the flooring will be completed in one of the designated centres in the kitchen area. Replacement of same will be conducted in consultation with the residents.</p> <p>A review and feasibility of the replacement of the flooring in the other centre will be completed in line with future planning and works required. This review will outline a schedule plan for the centre and improvements including within aspects such as the flooring.</p>	

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Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Cabinet was relocated on the evening 19.02.2026 of the inspection to ensure egress from the sitting room into the hallway.</p> <p>]</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: CoAction has revised its Safe Medication Management Policy through the 4PG and issued an up to date policy on the 04.03.2026. This now strengthened the Self Administration Procedure within the policy to inform CoAction’s ongoing review of people who self-administer their medication.</p> <p>All self administration tools for residents will be reviewed and updated in line with current residents presentations.</p> <p>A full review of the medication folder occurred on the 09.03.2026 and gaps identified for remedial action. The prescription has been requested as of the 12.03.2026 for one resident.</p> <p>Medication Audits are conducted three times per year within the designated centre and the process will be updated to include a strengthened review of all self-administration tools and assessments in line with individual’s needs.</p> <p>]</p>	

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	02/10/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	02/10/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	02/10/2026

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/02/2026
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	30/06/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/04/2026
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies	Substantially Compliant	Yellow	31/08/2026

	and procedures on the matters set out in Schedule 5.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2026