



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

## Issued by the Chief Inspector

Name of designated centre:	No.5 Fuchsia Drive
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	28 January 2026
Centre ID:	OSV-0004577
Fieldwork ID:	MON-0039942

## About the designated centre

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

No.5 Fuchsia Drive is a detached dormer bungalow located on the outskirts of a town that provides residential support for a maximum of four residents, of both genders, between the ages of 30 and 75 with intellectual disabilities. Three residents reside in the centre on a full-time basis while a fourth resident avails of the centre on a shared care arrangement. Support to residents is provided by the person in charge, a social care leader, a social care worker and care assistants. The centre has two apartments areas adjoining the centre with one of these operated as a self-contained unit. Each resident has their own bedroom and other facilities in the centre include bathrooms, a sitting room, a kitchen, a utility room and a staff room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Wednesday 28 January 2026	10:00hrs to 18:05hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

This was an announced inspection in relation to the renewal of the registration of this designated centre. The staff team working in the designated centre were providing a good quality of service to the residents and the overall findings of the inspection were positive. On the day of the inspection there were four residents residing in the designated centre. The designated centre is a detached dormer house in a housing estate and is located on the outskirts of a large town.

Two of the residents were met during the inspection and two other residents had gone to their day service. One of the residents was going home to their family that evening and they spent some nights at home every week. Staff reported that this was working well for the resident. One resident spoke to the inspector on two occasions and indicated they were happy in the centre. This resident went on an activity with the staff in the designated centre in the afternoon. Another resident came into to the office to speak with the inspector and said they too were happy in the centre. They spoke about going out with their day centre staff in the afternoon also.

The person in charge and the staff team were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents.

The premises was well maintained. Since the last inspection in July 2025 areas of the home had been painted, a new heating system installed and a resident had a area of their self contained apartment reconfigured, to have a more comfortable sitting area. The rooms reflected the residents interests with one of the resident's photography being on display throughout the home. The residents all had their own areas to relax and watch television, with one resident explaining that they loved their new large television in their room. Two of the residents had their self contained apartment areas in the designated centre.

Residents' bedrooms were spacious and had adequate storage for their personal items. Residents had photographs and personal items on display in their rooms and also had seating for relaxation. One resident chose to lock their room while they were away during the day and this was respected by staff.

As this inspection was announced, residents were given the opportunity to complete residents surveys. Four of these surveys were completed by residents with the assistance of staff. The feedback from the residents in these surveys were very positive, with residents feeling safe and liking where they lived. Two residents commented that they enjoyed having their own apartment while another commented that they enjoyed having a big screen television in their bedroom.

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

There was an appropriate management structure in place in the designated centre. The person in charge was knowledgeable of the residents and their needs. There was a staff team in place with the skill mix to support the residents and were also knowledgeable of the residents. The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre was current and under review such as the directory of residents, statement of purpose and the policies and procedures. They met the requirements of the regulations and were reviewed in a timely manner in line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. Documentation in relation to the application to register the designated centre, had been submitted and had the information required.

Incidents in the designated centre were well managed and documented. Incidents were reported to the office of the Chief Inspectors as required by the regulations.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was appointed in the designated centre on a full time basis. The person in charge was suitably qualified and had the relevant skills and

experience required by the regulations, such as three years management experience.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The staff skill mix was appropriate in supporting the residents. There was a planned and actual staff rota in place which showed the staffing levels available to the residents on a given day. The staff rota was viewed for three months from November 2025 to January 2026. This review showed consistent staff members and staff levels were used for the designated centre. Staffing levels match those as set out in the designated centre's statement of purpose. The staff member's working with residents during the inspection knew them well and spoke with inspector about their interests and how they support them with their interests. Staff present on the day spoke about having to change one of the residents activities due to changes in their physical needs and how these changes were managed.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The inspector reviewed the training matrix for all 15 staff working in the centre. It was evident that the person in charge was maintaining a good oversight of the training needs of the staff. Some training courses remained outstanding for staff but dates for these training sessions were scheduled in the weeks following the inspection.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision for staff members in the centre for the current year.

Judgment: Compliant

## Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory of residents was made available to the inspector on the day of the inspection. The information required under Schedule 3 of the regulations was included in the directory for example, the name and address of the resident and their next of kin.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge. The person in charge had support from senior management within the organisation.

The annual review of the quality and safety of care and support in the designated centre was completed in September 2025. This annual review contained information on what the residents were undertaking in the centre such as new activities for residents. Residents and staff members had completed surveys on their views of the service provided. These surveys reflected positively on the residents' experience in the designated centre. The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in April 2025 and October 2025 as required. The reports were made available to the inspector and contained actions that the person in charge was working towards achieving such as updating health care management plans.

There was an audit schedule in place for the staff team to complete in the designated for 2026. Audits in the area of safeguarding, restrictive practice had been completed in January 2026 with further audits scheduled to be completed throughout the year.

Staff team meetings were taking place on a monthly basis in the designated centre. The last staff meeting had taken place in the week preceding the inspection. Topics discussed at these team meetings included complaints, training needs and safeguarding.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the incident log of the centre. Incidents in the centre had been notified to the Chief Inspector's office as required by the regulations. Notifications that required to be submitted on a quarterly basis were done so such as the restrictions used in the designated centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had in place policies in place in relation to Schedule 2 of the regulations including policies in relation to staff training and development and risk management and emergency planning. These policies and procedures were made available to staff members. All of the policies and procedures viewed had been reviewed within the last three years.

Judgment: Compliant

## Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans 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 liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. Risk was well managed in the centre and measures were in place for safeguarding of residents. The information guide about the designated centre was available to the residents and had been reviewed in the last 12 months.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order.

### Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met. Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. Staff were seen interacting with the residents in line with their communication plans.

Residents were observed to be using smart devices during the inspection. Resident had access to their own televisions and radios and had access to the Internet. Notice boards were used by residents for schedules for example the staff working that day in the centre were on display.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents in the designated centre were involved in their care and support. The residents contributed to their personal plans. Residents meetings were occurring on a fortnightly basis in the designated centre where topics such as residents rights, complaints, social outings planning were discussed. The residents were seen undertaking activities of interest during the inspection with the support of staff. From reviewing documentation and discussions with staff and residents, residents were undertaking new activities and returning to old activities that they enjoyed.

Three of the four residents accessed their day service, while the other resident was now of retirement age and undertook activities with staff in the designated centre, such as a resident helping at the local mass.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had maintained the premises well. The designated centre was designed and laid out to meet the number and needs of residents living in the centre. There was ample communal and private spaces for the residents. The designated centre was clean and well maintained. The bedrooms of the residents were designed and decorated in a manner that reflected the interests of the residents; for example, one resident had an interest in photography and photographs they had taken were on display throughout the home.

Since the previous inspection the premises had been improved with a relaxation area being provided for one of the residents which meant they had their self contained living space. The resident was seen relaxing in this area during the inspection. Areas of the designated centre had been freshly painted and a new heating system had been installed.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents guide in relation to this designated centre. A copy of this guide was available to the residents in the designated centre. This guide outlined the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been reviewed in the previous 12 months. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks.

There was suitable risk management policy put in place by the registered provider which contained identified and contained the control measures for specified risks required under the regulation. An example of a specified risk would be the unexpected absence of any resident.

The registered provider had a vehicle check system in place to ensure that the resident transport was roadworthy and serviced.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks on a daily basis in the designated centre. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months. One resident's emergency evacuation required review because of a changing need of a resident, this was completed before the end of the inspection. The residents were participating in the fire safety drills in the centre and minimum levels of staff were used for these drills.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which identified where the residents may go and stay if the designated centre needed to be evacuated.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

Residents undertook both enjoyable activities and also ways of increasing the residents' independence. Residents were undertaking such activities as baking, one resident was returning to helping during mass at the locality, while another resident had gone on a cruise. Plans were being made with residents to have nights away and sample such activities as massage therapy.

The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were being well addressed in the designated centre. Individual health assessments had been completed for each of the residents. Residents had an annual medical completed. The residents in the designated centre had access to a General Practitioner (GP) and also had access to allied health care professionals such as physiotherapists and occupational therapists. A resident that had a recent hospital stay had input from the a physiotherapist and occupational therapist to assess their living environment when they returned home.

Residents' health care assessments had been completed for residents to meet their various health care needs. The health care documentation was reviewed and contained information on how to support the resident with their health care conditions such as hypertension and high cholesterol.

Judgment: Compliant

### Regulation 8: Protection

One safeguarding incident had occurred in the designated centre in the previous 12 months. This was reviewed and managed in line with the registered provider's policy and was notified to the officer of the chief inspector. A safeguarding plan was in place to prevent similar incidents occurring.

Training records reviewed showed that the person in charge had ensured that almost all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding as a topic was discussed at the staff meeting. Easy to read information was available to residents in relation to safeguarding.

Residents had intimate care plans in place, which explained what varying degrees of support residents needed in this area. These plans had been reviewed as required with one of the resident's plans being updated following a hospital stay.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant