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:	Youghal Community Houses
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0004645
Fieldwork ID:	MON-0048459

About the designated centre

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

The designated centre provides full time residential services to ten residents in a large coastal town in Co. Cork. The service is provided to adults with an intellectual disability and mental health concerns. The designated centre comprises of three bungalows located within the community. Within each bungalow, there is a kitchen/dining room, utility room, sitting room, 4 bedrooms and two bathrooms. The designated centre is staffed by social care workers and care assistants, with access to nursing staff provided as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Thursday 27 November 2025	10:40hrs to 18:30hrs	Deirdre Duggan	Lead
Friday 28 November 2025	08:50hrs to 17:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what inspector observed, residents in this centre were offered a safe and individualised service that took into account their individual needs and preferences. Residents were very active within their local community and safeguarding was seen to be an important consideration within this service. Some documentation and recording issues were identified but there was no evidence to show that this had impacted on residents and enhanced systems put in place by the provider had largely addressed this issue.

The centre accommodates ten adult residents over three houses and had no vacancies at the time of this inspection. One resident was in hospital at the time of the inspection. All of the individuals living in this centre had lived there for a long period and one resident told the inspector that they had lived in their home for 29 years. All of these individuals availed of full-time residential services and some accessed day services part-time in line with their own wishes.

This centre comprises three bungalows located in a large seaside town. Two of these houses are located next-door to each other in a residential area of the town and another is located nearby, adjacent to a campus owned by the provider. Each bungalow has the same layout. Three residents were accommodated in two of the houses and four in the third, which did not have an office or sleepover room.

Overall, while compact in nature, these premises offer adequate space and facilities to residents. The communal areas, such as kitchens and sitting-rooms in particular are not particularly spacious but are meeting the current needs of the residents. Each resident has their own bedroom and there are adequate shower, toilet and laundry facilities available to residents' also. Communal areas were seen to be appropriately furnished and homely and residents' bedrooms were personalised according to their wishes. The layout and size of the houses meant that they would not be suited to meet the needs of individuals with significant mobility issues or who would require the use of large mobility equipment.

During this inspection, residents were observed to use the communal areas and kitchen facilities and were seen to be comfortable to move freely about their home. Pleasant garden and outdoor areas are available to residents and outdoor smoking facilities are available for residents that smoked also. Some residents enjoyed spending time with each other in communal areas and some residents preferred to relax in their bedrooms. Residents had access to televisions and radios in the communal areas and also in their bedrooms, as desired.

This unannounced inspection took place over two days and the inspector had an opportunity to meet and spend time with all nine residents that were present. One resident was attending an appointment on the first day of the inspection but met with the inspector on the second day. Residents were observed to prepare and enjoy refreshments and snacks, eating meals provided by the providers catering

kitchen, cleaning up after meals and leaving and returning to the centre for planned activities including a Christmas craft fair, visiting friends, collecting their pensions and going shopping. One resident told the inspector about taking piano lessons and playing the guitar and another told the inspector about the chores that they took responsibility for in their home. Residents also told the inspector about shopping trips they enjoyed and one resident told the inspector they intended purchasing a new smart watch at the weekend.

The inspector observed a number of very warm and positive interactions between staff and residents that indicated that residents were comfortable and familiar with most of the staff that supported them. One resident told the inspector that they had never met one staff member before. Staff were seen to make efforts to ensure that familiar staff were available to residents as much as possible. For example, a regular staff member rotated between locations throughout the day when an unfamiliar staff was on duty. Staff were observed to be familiar with residents' communication styles and preferences and to support residents in a respectful manner and staff were seen to be responsive to residents' needs. It was clear that residents directed their own care and support for the most part.

Aside from the person in charge, the inspector spoke in detail with four staff members and the Community Nurse Manager 1 (CNM1) on duty. The inspector interacted briefly with four other staff over both days. Staff reported that they felt residents were safe and well cared for in the centre and that the provider was responsive to any issues or concerns raised. The staff spoken with told the inspector that they would be comfortable to raise concerns, including safeguarding concerns or complaints and all of the staff interviewed were very positive about the services offered in the centre. Staff confirmed that they had ample training provided to them to support them in their role.

Overall, the findings on this inspection indicated that residents were afforded a safe service and had a good quality of life in this centre and there was good compliance with the regulations. 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

The findings of this inspection showed that the management systems in place in this centre were overall ensuring that good quality, safe and effective services were being provided to residents. This inspection found good compliance with the regulations. This was an unannounced adult safeguarding inspection. The previous inspection of this centre took place in February 2024 with good findings also.

Documentation reviewed during the inspection included resident information, safeguarding documentation, the annual review, the report of the unannounced six-

monthly provider visit, audit schedule and incident reports. There was evidence that the provider was identifying issues and taking action in response to them and that ongoing consideration was being given to safeguarding residents in this centre. Some issues in relation to the oversight of recording and reporting of safeguarding concerns are discussed under Regulation 23: Governance and Management but these had already been addressed by strengthened provider systems at the time of the inspection.

There was a clear management structure present and there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. There was a clear management structure present in the centre. Front-line staff consisting of social care workers, care assistants and staff nurse reported to front-line Clinical Nurse Managers (CNM1's). These staff usually reported to a CNM2 at centre level but at the time of this inspection they were reporting directly to the person in charge. The person in charge in turn reported to the director of services (DOS).

The person in charge, a CNM3, was on leave at the outset of the inspection but made themselves available to facilitate both days of the inspection. A CNM1 present in the centre also facilitated this inspection and was available to speak with the inspector on the first day of the inspection and facilitated the inspector with any documentation requested. The person in charge had remit over some day services also at the time of this inspection but told the inspector that this would be reduced in the coming months. Both of these individuals were experienced in their roles and presented as very committed and very familiar with residents and their support needs. Residents knew these individuals very well and it was evident that they maintained a strong presence in the centre.

Management systems in place including the providers' policies and procedures and audit systems were seen to be sufficient to identify and respond to most issues that arose in the centre as will be detailed under the next sections of this report.

The centre was seen to be adequately resourced at the time of this inspection and staffing levels and competencies were seen to provide for a good quality and personalised service. The training needs of staff were being appropriately considered and all staff had completed training in the area of safeguarding.

Permanent and regular agency staff met with during the inspection were familiar with residents' needs and preferences and reported that they were well supported by the management structures in the centre.

In summary, this inspection found that there was evidence of good compliance with the regulations in this centre and the findings of this inspection indicated that residents were being afforded safe and person centred services. 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 15: Staffing

The inspector reviewed a sample of six weeks planned and actual rosters and saw that staffing was in line with or above the levels outlined in the statement of purpose of the centre and were adequate to provide for safe and effective services. This roster included details of the management cover and staff leave arrangements to ensure full oversight.

Additional staffing was in place at the time of the inspection to provide support to one resident who was in hospital. One weekday shift was also covered by the same regular agency staff to ensure consistency of care for residents and to support following a change in the assessed needs of some individuals living in the centre. This did mean that there was some additional use of agency staff for this period, but there were clear efforts to ensure that a familiar staff would be available to work alongside unfamiliar staff. The person in charge told the inspector about some planned changes to shift patterns following a staffing review that had been completed in the centre. This would accommodate the changing needs of residents in some areas of the centre and would mean that waking night staff would be available to more residents in the centre.

At the time of the inspection two staff supported by day with a waking night staff in one house. In the other two houses, located next to each other, three staff supported both houses by day and one sleepover staff supported in each house by night. Staffing was provided by a team of social care workers, care assistants and nursing staff. The statement of purpose set out that 1.13 whole time equivalent clinical nurse manager 1 (CNM1's) provided frontline day-to-day oversight in the centre and a Clinical nurse manager 2 provided supernumerary support to the person in charge. This individual was on long term leave at the time of this inspection and a staff nurse had been assigned to the centre to support in the interim.

Some agency staff were new to the centre and one of these told the inspector about how they had been provided with an induction and information about the centre and that they were being well supported in their role by the familiar staff on duty.

A sample of the documentation held in respect of four staff named on the centre roster was reviewed. This showed that the required information as under Schedule 2 of the Regulations was in place.

Judgment: Compliant

Regulation 16: Training and staff development

This inspection found that this service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training,

professional development and supervision. The person in charge had ensured that staff had access to appropriate training, as part of a continuous professional development programme. Staff were being provided with training appropriate to their roles and the person in charge was maintaining oversight of the training needs of staff.

The inspector reviewed a training matrix for 17 staff that were also named on the centre roster.. The matrix viewed indicated that staff had access to and had completed training in keys areas to provide for safe care and support for residents. This included training in areas including safeguarding, food safety, fire safety and fire evacuation, Crisis Prevention Intervention and dysphagia. All training for staff currently working in the centre was viewed to be up-to-date. The person in charge also provided written confirmation from the agency staff provider that these staff had all mandatory training completed. The person in charge also provided certificates demonstrating that the two agency staff on duty on the first day of the inspection had completed safeguarding training.

The inspector saw details of an induction booklet that was kept in a readily available place for new staff to access. This includes an induction checklist completed with the individual and included details including resident profiles, safeguarding risks and procedures.

The National Standards for Adult Safeguarding were available to staff in the centre and the person in charge confirmed staff had access to this information.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were at the time of the inspection in place to ensure that the service provided was appropriate to residents' needs and that the service's approach to safeguarding was appropriate, consistent and effectively monitored. Some issues in relation to the oversight of the documentation and reporting of safeguarding concerns for a period were found, but as outlined below these had been addressed by strengthened systems by the time this inspection took place.

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. This included planning for changes linked to the age profile of residents in the centre. For example, a targeted review of residential services in this centre had been completed as part of the forward planning strategy for this centre.

There was a clear governance structure in place that set out the lines of accountability within the service. The provider had appointed a designated officer to promote and manage safeguarding within the service. This individuals' details were displayed prominently in the service and all staff spoken with were aware of

safeguarding procedures and how to raise a concern if needed. The provider had also implemented a new system for oversight of incidents and ensuring that these were reported to the relevant statutory agencies as required.

A comprehensive annual review had been completed in respect of the centre for 2024 and the inspector reviewed this document. This included evidence of consultation with residents and included details on how the centre promoted safe services for the individuals living there. Where issues were identified, these were seen to be responded to. For example, the annual review detailed that a review of incidents had identified improvements required in medication management and actions were expected to reduce the number of medication errors. The annual review also detailed actions that were completed to assess if a change in how residents were charged would be beneficial to them.

Unannounced six-monthly visits were being conducted by a representative of the provider and reports on the two most recent of these, completed in April 2025 and October 2025 were reviewed. Action plans arising from these outlined completed or outstanding actions required to address any issues identified. Generally these were related to documentation issues and had been addressed. .

The minutes of the past three monthly team meetings held were reviewed and showed that pertinent issues were discussed regularly, including safeguarding, risk management, finance, fire safety and residents' support needs. Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

The inspector reviewed the safeguarding documentation in place in respect of previous concerns in the centre. While it appeared that all concerns were documented and responded to, with safeguarding plans and actions put in place to keep residents safe, some issues with the recording and reporting of concerns were identified.

- The documentation in place on the day of the inspection did not fully demonstrate if all safeguarding concerns raised since the previous inspection had been notified to both the office of the Chief Inspector and were also reported to the Health Service Executive (HSE) safeguarding and protection team (SGPT). One incident recorded as reported to the SGPT had not been notified to the office of the Chief Inspector and it was unclear if a number of concerns reported to the Chief Inspector had been reported to the SGPT. This was discussed with the person in charge during the inspection and also during the feedback meeting with a representative of the provider. They committed to review this and in the week following the inspection some further information was received in relation to this matter. For the most part, it appeared that this was a tracking error and that overall these concerns had been reported as required. However, the findings did demonstrate that full oversight had not been maintained at all times over this area as these gaps in documentation had not been identified through the providers' own audit

structures and it was noted that a safeguarding audit had not been completed in line with the time-lines identified in an audit schedule.

This issue appeared to be in relation to a specific time-frame and is was seen that since then, the provider had significantly strengthened the systems in place for oversight of this area within the larger service area. A tracker in place was reviewed by the inspector that indicated this was effective in ensuring that all safeguarding concerns were reported to the relevant bodies and were subject to oversight at provider level also.

Judgment: Substantially compliant

Quality and safety

Safe and good quality supports were being provided to the ten residents that availed of residential services in this centre. The wellbeing and welfare of residents in this centre was maintained by a good standard of care and support, provided by a consistent and committed core staff team. A very good level of compliance with the regulations was found during this inspection.

Residents told the inspector that they participated in their local community and had access to a variety of community based activity of their own choosing. The inspector saw and was told about various activities that residents took part in as part of their daily routines and also saw documentation and pictures that showed that residents were supported to enjoy once-off events such as concerts and trips away.

A culture that promoted safeguarding and rights was evident in the centre. Safeguarding was discussed regularly with residents and individualised personal plans and support plans were in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and well-being.

The inspector saw that residents appeared to be comfortable, content and happy in their home. Residents were accommodated in premises that provided an adequate standard of accommodation, were clean and well maintained, and continued to meet their assessed needs in relation to their environment.

Residents were offered choices and had a large degree of autonomy over their own lives. Risk management systems were in place that balanced the need to keep residents safe, while promoting residents independence and respecting the choices that residents made for themselves. For example, the inspector reviewed the management of finance in the centre and found that there was systems in place to support residents in this area in a manner that was safe but also encouraged residents to develop and maintain independence.

Records provided during the inspection showed that all staff working in the centre had completed training in safeguarding and were appropriately Garda vetted.

Resident meeting minutes were viewed that indicated that topics such as safeguarding, complaints, advocacy, health and safety, fire safety and infection prevention and control were regularly discussed with residents. The staff spoken with during this inspection demonstrated a good working knowledge of safeguarding procedures and complaints procedures and presented as being very aware of these topics and how to manage any issues, should they arise.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were observed to be very familiar with and respectful of residents' communication methods and styles. The inspector reviewed the communication guidance in residents' personal plans and saw that relevant guidance was available to staff in relation to supporting residents to communicate.

Easy-to-read information about a large variety of topics was available to residents for use to educate residents about matters relating to safety and safeguarding and make this content more relatable.

Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and this meant that the staff supporting residents were familiar with them and would be familiar with their communication style and preferences.

Residents had access to media such as television, satellite channels, newspapers and radio. Residents had access to Internet and mobile devices. This meant that they could keep in touch with their families and representatives if they wished and could seek support if they were home independently and required it.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in the centre. The same policy also outlined the control measures for specific risks as required including self-harm and accidental injury. An emergency plan was in place that provided guidance on how to manage a emergency scenarios that might arise such as fire, flooding, loss of essential services or an outbreak of infectious disease and the person in charge spoke about the contingency arrangements and service agreements with local accommodation providers that were in place if evacuation of the centre was required. This was being updated at the time of the inspection and a draft form reviewed by the inspector.

Individualised risk assessments were viewed in residents' files and a local risk register was also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular review and updating. Where risk was identified, efforts had been taken to reduce or mitigate the impact of this on residents. For example, there were systems in place to manage the risk of fire including personal emergency evacuation plans for residents and regular fire drills including twice yearly drills supervised by an external fire safety adviser.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the assessed needs of each resident.

The inspector saw that the plans in place were person centred and individualised. There was clear input from residents to these plans, including planning meeting details and details on goal setting and progress with these goals. A sample of three residents' personal plans/files and two residents' daily notes were reviewed by the inspector. Annual multi-disciplinary reviews and health assessments were completed and reviewed in residents' files. Residents' files included details about relevant screening programmes that they were supported with. Support plans in place for residents contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Staffing levels were considered based on the assessed needs of each resident and where changes to the assessed needs had occurred, staffing had been put in place to address any new risks. Residents' documentation showed that they had access to a variety of allied health professionals to inform the support plans in place for them and were supported to make and attend medical and allied health appointments as required. Residents had access to their own general practitioners (GPs).

The person in charge had identified a gap in access to psychology supports for residents and this had been escalated for a long period at provider level. The inspector was told that there was not a very significant need for this support at the time of the inspection but that some residents would likely benefit from internal access to this. The provider had taken a number of actions in an attempt to source this resource through various channels and this was ongoing. Control measures were outlined that showed that residents did have access to some mental health

supports including psychiatry and there were mental health support plans viewed to be in place where required for residents.

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 behaviours of concern and support residents should this arise. None of the residents in this centre required positive behaviour support plans but staff had up to date training in this area. There was a protocol in place in relation to concerns presented by one resident on occasion. When reviewing this residents' information, it was seen that guidance for staff was included on how to support this residents with a specific issue. This guidance included how staff should respond to and report specific incidents. Incident records reviewed in the centre, indicated that such guidance and strategies were being followed in practice.

Overall, restrictions in place were seen to be carefully considered and were in place to address identified risks and meet the needs of the individuals that lived there. The level of restrictions in place in this centre was low and generally restrictions reported related to monitoring equipment in place to support residents to be safe while maintained privacy as much as possible. The inspector spoke to a resident about a recent restriction that had been put in place for them and found that they were well informed and had been consulted in relation to this. Signed consent was also viewed in relation to restrictions in place and risk assessments were seen to be associated with identified restrictions.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that overall the registered provider had appropriate measures in place to protect residents from abuse. The person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. The inspector was provided with garda vetting disclosures that showed that all staff working in the centre had received appropriate garda vetting disclosures. This included disclosures in respect of two agency staff that were requested by the inspector.

Guidance on supporting residents with intimate personal care was contained within residents' personal plans and systems were in place to ensure that residents' finances were safeguarded. The provider had in place a safeguarding policy and a

number of other relevant policies also that promoted safeguarding including policies related to finance, medication and risk management. As set out under Regulation 23, the provider had enhanced the system in place to respond to and notify relevant bodies of any concerns raised and it was seen that this was now effective. Some issues in relation to previous oversight of this is covered under Regulation 23.

Safeguarding measures in place in the centre included the provision of additional staffing for residents during times of acute need, such as hospital stays. Staff rotas reviewed, observations on the day of this inspection, and discussions with staff indicated that staffing was being well considered to meet residents' needs, while maintaining a balance that promoted residents' to retain their independence.

Staff working in the centre had completed relevant safeguarding training and there was a named designated officer appointed by the provider. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre. Residents spoken with also told the inspector that they felt safe in their home and with the staff that supported them.

Residents were provided with information and education for self-care and protection. For example, one resident outlined to the inspector about how he would respond to a stranger calling to the door. safeguarding plans reviewed indicated action was taken by the provider in response to any safeguarding incidents reported. A review of residents' weekly house meetings showed that safeguarding was discussed with residents regularly alongside other relevant areas including complaints, advocacy and fire safety. From documentation reviewed in the centre including incident reports for 2025, and speaking to residents, staff and management, the inspector saw that there was a prompt response, investigation and ongoing learning following any incidents or near misses that occurred in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life and to live a life of their own choosing. From what the inspector observed and was told during this inspection it was evident that there was a commitment to positive risk taking in the centre, and this was promoting a rights based culture for residents. Overall, the evidence found on this inspection indicated that residents' rights were respected in this centre.

Measures were taken to safeguard residents' rights to be involved in and make decisions about their own lives. Individual assessments had been completed that

covered areas such as finances and medications and residents were seen to retain ownership of these areas of their lives when it was desired and safe to do so.

Residents were seen to be supported to exercise choice and control in their daily lives and to participate in decisions about their own care and support. For example, the provider had in place a number of policies and procedures in place in respect of residents' finances. These were reviewed by the inspector and seen to be rights focused and safeguard residents' rights to exercise will and preference in their daily lives. The residents of this centre had longstanding systems in place that were outside the norm for this provider in relation to the contributions they made towards their households, including a 'house kitty'. The management of the centre told the inspector that work was ongoing to bring the systems in place fully into line with the providers own systems but that residents' rights and preferences were being prioritised in this matter. From reviewing documentation including resident and staff meeting minutes and speaking with residents and staff, it was indicated that residents were well involved and well informed about their finances and had control over and choices in relation to how their money was managed.

The registered provider had ensured that residents had access to advocacy and information about their rights. For example, one resident spoke with the inspector about how an advocate was supporting them to access information about their family history. They also spoke at length with the inspector and showed them documentation about the supports being provided to them to exit the ward of court system. It was clear that there was ongoing information, consultation and support provided to this resident in relation to these matters and that these issues were very important to this individual.

Residents told the inspector that they paid the household bills and residents were observed to take an active part in the upkeep and regular chores in their homes. Some residents accessed the community independently, and others with support and they told the inspector about this. Residents were supported to collect their pensions themselves if they could not do this independently in line with their own wishes. Weekly resident meetings were held and the inspector reviewed the minutes of these in one location. These included details of choices provided to residents in relation to food and activities and information about issues that might affect them. Staff were also heard to consult with residents about activities, mealtimes and their plans for the day.

Residents in two houses still received a hot meal delivered daily from a campus kitchen run by the provider nearby during the week. The management of the centre told the inspector that residents were satisfied with this arrangement but recognised this practice was institutional in nature. There were plans for residents to be afforded more opportunities to cook the main meal in their home with the planned changes in staffing arrangements and this would afford them more choices and more independence in this area.

Residents were afforded privacy in their own personal spaces. For example, staff were seen to knock prior to entering residents' rooms and residents were seen to respect each others privacy also. All residents had their own bedrooms.
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 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 Youghal Community Houses OSV-0004645

Inspection ID: MON-0048459

Date of inspection: 28/11/2025

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: An updated tracker system is in place to record and monitor all incidences; it includes a section on whether incident is notifiable to the regulator. This will ensure all notifications will be notified to the Chief inspector within the correct timeframe	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/12/2025