



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 September 2025
Centre ID:	OSV-0005120
Fieldwork ID:	MON-0047350

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 supports for a maximum of five male adults aged over 18 years in County Cork. It provides support for persons with moderate to severe intellectual disability, including those with autism. The residents may have multiple/complex support needs and may require support with behaviours that challenge. The property is a large detached dormer bungalow which has been decorated with the full involvement of the people living in the house. The house includes six large bedrooms, a dining room, a kitchen, two sittings rooms, two bathrooms, one toilet and a garage. The centre is managed locally by a Social Care Leader supported by the person in charge. The core staffing is 2/3 staff on duty with one staff on sleepover duties and 1 staff night awake. Additional staff may be assigned to support particular activities during evenings and weekends, in line with priorities identified in individual resident plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 September 2025	09:55hrs to 16:15hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the registered provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. There were five residents residing in the designated centre and there were no vacancies. The residents in the designated centre were met after they returned from their day service on the evening of the inspection.

On arrival in the centre the inspector met with the person in charge and later met with other staff. Following an initial opening meeting with the person in charge a walk around of the designated centre was undertaken. The designated centre was well maintained and the residents different interests were catered for in the home. There were a number of communal areas for residents to use. There was a poster displayed to inform staff, residents and visitors that this inspection was taking place. The residents' bedrooms were decorated in a personal and individualised manner. Visual aids were seen throughout the residence which were important for residents to support them with their schedules and what staff they would be working with on a given day. Concerns regarding the premises and it meeting the needs of the residents is discussed further on in the report.

All residents had left for the day when the inspector arrived at the centre. The attended various day centres in the locality. The residents were met when they returned home in the afternoon. When all residents returned the house appeared to be very busy particularly in the kitchen/dining area. Staff spoken with described that the designated centre was often this busy when the residents returned. This is discussed further in the report. The residents briefly interacted with the inspector but did not have much interest in engaging or speaking with the inspector.

When the residents returned to the centre the staff were seen to interact with the residents in a kind and respectful manner. Staff were offering snacks and drinks to residents when they came home. Residents appeared to be enjoying their various activities they attended and the premises in the centre reflected their interests.

As this inspection was announced surveys had been sent out in advance for residents to complete. Five surveys were completed and reviewed by the inspector following the inspection. These surveys were completed by residents with the assistance of staff. Two residents identified through this survey that they felt that house noise levels were too loud at times. The remainder of the feedback provided by the residents was positive.

The next two sections of this report will 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 provided.

Capacity and capability

There was a management structure in place to support the running of the centre. The management team and staff were familiar with the residents and their needs. The management team in the centre were maintaining oversight of the centre with the six monthly unannounced registered provider visits being completed. An audit schedule was being undertaken to identify actions to improve the service provided.

The annual review had been completed in the centre in the last 12 months and it was evident that the residents had contributed to this review with information on how the residents spent their time and the activities they undertook.

Staffing levels were maintained at an appropriate level to support the residents. Training in the designated centre was well managed and staff were receiving appropriate training to support the resident.

Documentation for the renewal of registration for the centre had been submitted in a timely manner and contained the documents required such as the proof of insurance for the designated centre and the designated centre's statement of purpose.

Complaints were managed in line with the registered provider's policy and the satisfaction levels of the complainant were recorded. Information was available to residents on making complaints.

Management of incidents in the designated centre required review. Three incidents had been reported late to the office of the Chief Inspector. This is discussed under regulation 31.

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. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 15: Staffing

Overall, the registered provider was ensuring that the number and skill set of the

staff was appropriate to the needs of the residents, the statement of purpose and the layout of the centre. A third staff member had been added during the evening time which was working well for residents according to staff in the designated centre.

A planned and actual staff rota was maintained in the centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents.

Four staff files were reviewed and they contained all the information required by the regulations under schedule 2, for example evidence of Garda vetting and two references from previous employers.

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 viewed the training matrix for all the staff working in the centre. It was evident that the person in charge was maintaining a good oversight of this training. Training that had been undertaken by staff included fire safety training and training in relation to the safeguarding of the residents.

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 23: Governance and management

This inspection found that the registered provider was ensuring that this designated centre was adequately staffed to provide for the effective delivery of care and support in accordance with the statement of purpose. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, were taking place in a timely manner.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. Unannounced six-monthly visits were being conducted by a

representative of the provider and records in relation to these were reviewed. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of the most recent unannounced visit was reviewed by the inspector and it was seen that it assessed a number of relevant areas related to residents' care and the governance of the centre. A schedule of audits were being undertaken in the designated centre which included an overall person in charge audit and a fire safety audit.

Meetings for residents were taking place on a monthly basis and staff meetings were taking place where all residents' needs were discussed. Concerns identified during these meetings are discussed under regulation 17 premises.

A number of notifications that were required to be submitted to the Chief Inspector were not submitted within the required time frame. This is discussed under regulation 31.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review and had been reviewed in the last 12 months. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. For example the statement of purpose contained information in relation to the staffing of the designated centre and the facilities provided to the residents. The statement of purpose was available to be viewed in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Certain notifications are required to be submitted to the chief inspector's office within three days of the incident occurring. This includes any allegation, suspected or confirmed, of any abuse of any resident and any fire, any loss of power, heating or water; or any incident where an unplanned evacuation of the designated centre took place. Three of these incidents in the designated centre that occurred in May, June and July 2025 were not submitted within the three working days as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints policy. The complaints policy and procedure were made available to residents in an easy to read format. Staff spoken with were familiar with how to make a complaint in the centre. A complaints log was maintained in the centre. Residents were supported to voice their concerns. Complaints made in the designated centre had been resolved and the satisfaction of the residents were recorded at the time.

Judgment: Compliant

Quality and safety

Three of the residents' personal plans were reviewed by the inspector. These personal plans were well maintained and reviewed by staff in the designated centre. These personal plans contained appropriate assessment in relation to residents' social and health care needs. These residents personal plans contained information of how to communicate with residents and their likes and dislikes. The contained suitable guidance for staff on promoting positive behaviour for the residents.

Fire precaution measures were appropriately managed in the designated with checks taking place, fire drills occurring and fire safety equipment serviced within the required time lines.

Residents rights were being promoted and staff were seen assisting residents in a respectful manner and also knew their needs well. Residents had an appropriate information guide on the centre available to them.

Safeguarding concerns in the designated centre were managed in line with the registered provider's policy. Residents had appropriate documentation available to assist with keeping them safe.

The premises of the designated centre was not meeting the needs of all of the residents residing there. This is discussed under regulation 17.

Regulation 10: Communication

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be

communicated with.

Residents had access and were using smart devices on the day of the inspection such as tablet devices, speakers and televisions.

Staff working with the residents knew how the residents communicated and gave them time to let them communicate and comprehend what was being said. This was done in a respectful manner.

Easy to read documentation was available to residents regarding their information in their personal plans.

Judgment: Compliant

Regulation 17: Premises

While the designated centre was well maintained and a new area had recently been created for the residents to use for laundry and as a communal area, it was evident that the premises was not meeting the assessed needs of all the residents. An assessment completed for one of the residents explained that the "the person's needs would be better met living in a low arousal environment". One resident survey explained that the resident would like to live in a quieter environment. Staff surveys had also identified that the house is loud and busy and the quieter residents were not receiving enough attention in this loud environment. One family returned a survey for their loved one, observing that the home was very busy and noisy and the resident would prefer a quieter home. The designated centre was busy when all residents returned to the designated centre and especially the kitchen/dining area. This was observed by the inspector on the day of the inspection.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate residents guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the designated centre and was also present in the designated centre on the day of the inspection. This document was reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Appropriate containment measures were in place. Fire doors were observed throughout the designated centre and seen to be operating correctly.

Fire safety equipment was present in the designated centre. This equipment was seen to be serviced in a timely manner including fire extinguishers, emergency lighting equipment and the fire alarm system. Personal emergency evacuation plans (PEEPs) were in place for residents and it was evident that they were reviewed in the previous 12 months.

Fire evacuation drills were taking place every quarter in the designated centre. The drills were using minimum staffing levels that would be present in the designated centre. The last drill was completed in August 2025. There were daily and weekly checks in the designated centre to ensure evacuation points were clear and that equipment was operating correctly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Three of the residents individual assessments and personal plans were reviewed. Appropriate assessments were completed in the centre which met the needs of the residents in relation to their health, personal and social care needs. Support plans were created around these assessments which were suitable for the residents. These support plans provided staff with relevant guidance on how to support the residents and meet their needs. The support plans had evidence of review in the previous 12 months and the multidisciplinary team were involved in the support planning process.

Residents were being supported to create goals in line with their needs and wishes as part of the person centred planning process, there was evidence of progression, completion and ongoing review of goals. It was clear residents and staff met to review these goals throughout the year. All residents had just returned the week before the inspection from their holidays which they all appeared to enjoy.

Consent from residents regarding their personal plans and assessment had been sought and it was evident that residents engaged in creating these plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans had been created for residents that required them. Two of these plans were viewed and they contained extensive information about how the resident may escalate and how strategies may be implemented to ensure residents engaged in positive behaviour. These support plans had been reviewed in a timely manner. Staff spoken with on the day of inspection were aware of these behavioural support plans and how to implement them.

Restrictive practices being used in the centre were under review and had been submitted to the Chief Inspectors office on a quarterly basis.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to protect the residents from all forms of abuse. There was safeguarding documentation in the centre with regards to incidents reported to the Chief Inspector. From a review of the training records all staff had received training in safeguarding residents and the prevention, detection and response to abuse.

Residents were provided with information on how to make complaints and safeguarding issues were discussed at team meetings.

Residents had intimate care plans to identify the supports the residents required in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and the inspector was told by staff and management about how residents were supported with choices and to participate in meaningful activities of their own choosing. Staff were observed to speak with and interact respectfully with residents and the person in charge and staff team spoke about residents in a manner that was rights focused. Records reviewed in relation to monthly residents' meetings showed that residents were consulted with and informed about issues in this designated centre.

Resident surveys completed and viewed by the inspector did explain that one resident found the home very busy, loud and they would prefer a quieter

environment. This is addressed under regulation 17 premises.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	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 No.1 Stonecrop OSV-0005120

Inspection ID: MON-0047350

Date of inspection: 16/09/2025

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge has ensured that <ul style="list-style-type: none">• Clear reporting processes are in place to guarantee that the person in charge is informed immediately when a notifiable event occurs.• the Team are aware of the need to include all incidents in the Incident Log in the Centre to support the tracking of notifications and the monitoring of Incidents.• All notifiable events will be submitted to the Authority within the required timeframe.	
Regulation 17: Premises	
Not Compliant	
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will work with the Person in Charge to address the need to create a low arousal environment in the Centre as follows:- <ul style="list-style-type: none">• The Person in Charge has had initial discussions with the Housing Association regarding the need to possibly expand the footprint of the Centre.• The current environmental structure will be reviewed with Building & Facilities Manager to ascertain what structural changes are possible to meet the accessed needs of residents.• The proposed adaptations will be discussed with relevant multi-disciplinary clinicians for possible further recommendations based on the needs of the residents• Further engagement with the Housing Association will be scheduled to agree required changes and how these can be financed. An update on the above, together with next steps and completion timelines will be provided to the Authority no later than 31 March 2026.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2026
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	16/09/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	16/09/2025

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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