



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 November 2025
Centre ID:	OSV-0005121
Fieldwork ID:	MON-0040591

## About the designated centre

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

No. 1 Heather Park provides planned short-term breaks to children, both male and female, ranging in age from six to 18 years. The designated centre can accommodate a maximum of six children with intellectual disabilities, who may also be autistic, at a time. Breaks are usually offered on an eight week rotation and can be for either two or three nights. Overnight stays are available after school hours on weekdays during the school term-time and operate full-time over weekends and school holidays. At the time of inspection the service was operating on a 12 night per fortnight basis. The centre is located in a rural area on the outskirts of Cork City. Two transport vehicles are available to support the children to attend school and participate in social activities. There is an after-school service operating in the same building as the designated centre. The centre is single-storey with large garden spaces to the front and rear of the building. There is also a sensory garden at the side of the building. The garden areas are secured by gates and there are electrical gates located at the entrance to the property. There are double doors in the middle of the centre that can be closed, if required. This facilitates the building to be subdivided into two areas. The staff skill-mix includes a social care leader, nurses, social care workers and care assistants. At the time of this inspection children stayed in both areas of the building seven nights a fortnight and in one area only five nights a fortnight. There are a minimum of two staff on duty at any time in each area when children are staying there.

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

Number of residents on the date of inspection:	2
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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
Wednesday 12 November 2025	09:50hrs to 16:20hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

This was an announced inspection to inform the renewal of the registration of the designated centre. The overall findings of this inspection found that the residents in this respite were receiving a good quality and person centred service. The designated centre is registered to accommodate up to six residents on a respite basis. On the day of the inspection there were two residents coming into the centre on that evening. Neither of these residents were met during the inspection as they had not returned to the designated centre by the end of the inspection. Staff were met before they went to collect the residents for their stay. The centre was a large bungalow in a rural setting. The premises could be divided into two areas for residents to enable different groups to stay there together with the support of different staff teams.

The premises was well maintained. Painting had been undertaken in the designated centre to refresh the decor in the centre. The designated centre was well furnished with bedrooms well equipped with ample storage space for the residents. The residents had well decorated sitting rooms and dining areas to use. Communication aids were placed throughout the designated centre to assist the residents with their schedules and what activities they were undertaking. Residents' artwork was on display throughout the home. Staff reported also that residents brought their own communication devices when staying in the designated centre.

There were no residents in the centre during the inspection and staff went out to collect the residents in the afternoon and were scheduled to go out for activities if the residents wished.

The inspector spoke with two staff members in the designated centre. They reported that earlier in the year staffing levels had been reduced but this had now been resolved. The staff spoken with told the inspector that were able to offer residents a good choice of activities and there was ample transport available to the residents. Current staffing rotas were reviewed and these showed that there were adequate staff currently in the centre to support the residents. The staff team also told the inspector they had good contact with families.

As this inspection was announced, residents were given the opportunity to complete residents surveys. Four of these surveys were completed by family member of the residents and returned. The feedback from the residents and their families in these surveys were very positive, with the residents and families explaining that were happy with their living arrangements and felt safe in the centre. One resident's survey described the designated centre as a "home away from home".

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 of 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.

Incidents and complaints in the designated centre were well managed and documented. Incidents were reported to the office of the Chief Inspectors as required by the regulations. Complaints in the centre were recorded and dealt with in line with the registered providers complaints procedure.

## 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.

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, which included nursing and social care staff, was appropriate for the residents. There was a planned and actual staff roster available in the designated centre. Staff rosters were reviewed for a two month period in the

designated centre for October 2025 and November 2025. Staffing levels were maintained as outlined in the designated centre's statement of purpose. The residents were provided with continuity of care with a consistent staff team members being present on the staff rota. Staff spoken with during the inspection were aware of the residents needs and wishes.

Five staff personnel files were reviewed and these were well managed containing the information required by schedule 2 of the regulations. This included two references for each employee and evidence of Garda vetting being completed.

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 the training needs of the staff. Training being provided to staff included fire safety, manual handling, children's first, safeguarding and total communication. One staff member did require training in relation to managing behaviours that challenge, this was scheduled for the staff soon after 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 and appraisals for staff members in the designated 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 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge who was full time in the designated centre. 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 August 2025. This annual review contained information on what the residents were undertaking in the centre such as new activities for residents and review of stays for new residents. The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in May 2025 and Oct 2025 as required. The reports were made available to the inspector and contained actions that the person in charge was working towards achieving, for example improving the medication management process in the centre.

There was a schedule of various other audits being completed in the designated centre to monitor the safety and quality of the service provided. These audits were being completed in a timely manner. Examples of these audits were in relation to safeguarding, restrictive practices, fire safety and medication.

Staff team meetings were taking place on a fortnightly basis in the centre. Agendas and minutes from these meetings were viewed. The team discussed such topics such as safeguarding, medication and maintenance issues. The staff team spoken with during the inspection reported that they were comfortable raising concerns at these meetings.

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

Overall, incidents had been notified to the Chief Inspector as required. The inspector reviewed incident reports in respect of the centre and other documentation in respect of the centre that showed that the person in charge had notified adverse incidents as specified in the regulations to the office of the Chief Inspector.

Notifications had been submitted on a quarterly basis and within the three days as required by the regulations. These notifications included allegations, suspected or confirmed of abuse to a residents within three days and any occasion where restraint was used in a quarterly basis.

Judgment: Compliant

#### Regulation 34: Complaints procedure

Information on the complaints procedure in the designated centre was available to residents. Complaints were documented in the designated centre. A complaint reviewed involved a residents medications in the centre. The documents were reviewed which showed the complaints were investigated, the actions to address the complaints were recorded and the satisfaction of the complainant was also recorded. Further audits and protocols had been put in place following this complaint.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had in place had policies in place in relation to Schedule 5 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 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 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 designated 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 designated centre and measures were in place for safeguarding of residents. Residents had positive behaviour support plans in place when they required support in this area. The information guide 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.

Protocols around medication management and medications being brought to the designated centre were put in place since the last inspection. This guided staff on what to do when medications were brought to the designated centre that were not in line with the medication management policy of the registered provider.

## 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.

There were various items in the centre such as schedule boards and calendars with easy items to assist various residents with their schedules of activities. Social stories were used when the residents were undertaking new activities. The residents brought their own assistive technology to the designated centre to assist with their communication. Staff had familiarised themselves with this equipment.

Residents had access to television and the internet in the designated centre.

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 decorated in an age appropriate manner. The premises had appropriate equipment for the residents that appeared to be in good working order. The centre was clean throughout on the day of the inspection.

As this centre caters for persons under the age of 18 it is required to have recreational outdoor facilities. There was an enclosed area with playground equipment available for the residents to use.

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 included 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.

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. The residents were participating in the fire safety drills in the centre, there were 10 fire drill completed in the 6 weeks preceding the

inspection. The person in charge spoke about wanting to get all respite residents in the centre involved in a fire safety drill.

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 where the residents may go and stay if the designated centre needed to be evacuated.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

This regulation was not reviewed in full. A finding from the previous inspection was that staff were administering medications that may not be labelled or labelled incorrectly which was not in line with the registered provider's policy. A local protocol had been put in place to guide staff in relation to the medication which was seen as non compliant in the centre. The incident log of the centre tracked the times that these medications came into the centre. Staff were guided on how deal with and who to contact in relation to these medications seen as non compliant.

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 such as going to new areas for outings, walks for exercise and to go shopping for personal items. It was evident that these achievements for the residents were being monitored and the achievements being documented.

Families were involved in creating these personal plans for the residents. These plans were reviewed at the end of each respite stay and updated for the next stay.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were minimal restrictions used in the centre. These restrictions were reviewed regularly. There was information available on how to work with the residents and how they should be supported. There were behaviour support strategies in place for residents and residents were currently working with behaviour support specialists with reports to be compiled. Information on working with the different respite residents was shared between the service providers that the residents attended.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were offered choice in relation to what room they would use for their respite stay. Residents had choice in what activities, outings and meals they had. Feedback was gathered following each stay for residents, families maintained regular contact with the centre. The respite stays were tailored to residents needs. Residents were able to bring their own personal items for the stay if they wished. The residents had access to sufficient communal and private space in the designated centre.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant