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:	No 4 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0005127
Fieldwork ID:	MON-0047713

About the designated centre

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

The designated centre provides residential supports for a maximum of seven male residents, aged over 18 years. The facility, laid out in four courtyard cottages, can support persons with intellectual disability including those with autism. The individuals may have multiple/complex support needs. Some residents may present with behaviours that challenge. The supports provided focus on understanding and meeting the individual needs of each person living here, by creating as homely an environment as possible. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Each person living in the designated centre requires some support in activities of daily living in terms of their personal care, housekeeping, food preparation, managing finances and participating and accessing local community facilities and events. Residents are supported 24/7 by social care staff and care assistants, with nursing support provided by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 5 November 2025	13:30hrs to 20:45hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This inspection was an unannounced safeguarding inspection in the designated centre No. 4 Stonecrop. The safeguarding regulatory programme puts a focus on adult safeguarding in designated centres and it includes the review of specified regulations. At the time of this inspection, No. 4 Stonecrop was registered to provide residential supports to seven adult residents.

The premises of the designated centre comprised of four cottages. Two of the houses provided single occupancy housing for one resident in each house. One house provided residential support to two residents, with three residents being supported in the other house. Each of the residents' homes provided a private bedroom and en-suite bathroom which provided privacy to residents. A living, dining and kitchen area was also provided to each resident in their home. Residents' homes were decorated with personal items that reflected their personal interests. For example, one resident's bedroom was decorated with football memorabilia of their favourite team. While another resident who liked a particular animal had furniture items and pictures to reflect this preference. In the communal area of one house, photographs of a resident's home town were on display.

The inspector had the opportunity to meet with each of the seven residents living in No. 4 Stonecrop on the inspection day. A number of residents were unable to verbally communicate their views about what it was like to live in No. 4 Stonecrop. The inspector observed residents and their interactions with staff members and each other. The inspector also reviewed documentation and spoke with staff members about the care and support they provided to residents and the support they received from the registered provider to carry out their role. Overall, it was evident that residents were provided with a good level of care and support. This was evidenced in the high levels of compliance with the regulations on the inspection day.

The inspector spent time with residents in their home in No. 4 Stonecrop. One resident was supported to have a cup of tea with the support of a day service staff member. The resident had been out for a walk to feed geese locally. This resident was observed smiling as they repeated vocalisations and interacted with staff. Another resident could be heard asking staff on duty when they would meet with the inspector. It was evident from this interaction that the resident had been informed of the inspector's visit to their home. This resident told the inspector that they had been out for lunch that day with their day service staff. This resident had an interest in cars and spoke about purchasing new cars each week.

Staff and management in the centre noted that one resident was undergoing a period of increased incidents of behaviour that is challenging. As a result, time spent with this resident was limited to ensure the inspector's presence did not cause any upset to the resident. Staff working with this resident advocated for the resident in this regard to ensure they were supported in line with their changing needs. Staff also noted that the change in this resident's presentation did not appear to impact

on the other resident that they lived with as they liked to spend their time in different areas of their home. Staff members acknowledged that it was difficult to support the resident at this time, however they noted that multi-disciplinary support was being sought to identify the cause of the resident's changing needs.

Residents were observed relaxing in their homes after spending the day in their day service which was located in close proximity to their home. One resident was supported to have a cup of tea and a drink after deciding to go home earlier than their day service would usually finish and staff support was provided at this time. One resident had a keyboard in their home that they enjoyed playing. They also showed the inspector the drum kit that they played in their bedroom. During the inspection evening, two residents were supported to go shopping in one of the centre's vehicles. It was noted that two staff supported this journey which was a safeguarding measure in line with the assessed needs of both residents. Another resident asked a staff member if they could go to the local petrol station to fill the centre's vehicle with fuel and this was supported by staff on duty.

Residents and staff members spoke about the interests and activities that residents participated in. Staff spoken with noted that one resident enjoyed cutting the grass and removing weeds in the garden and courtyard of their home. It was evidenced on the walk-around of the centre that the external areas were well maintained to ensure the garden facilities and sensory walk area could be enjoyed by all. Photographs were displayed in the residents' homes. This included photographs of days out to visit castles, walks and trips to the pub for a pint.

When one resident requested to have some time outside of the centre with a specific staff member this was facilitated. The resident told the inspector that they wanted to go to a local shop which had a seating area where they could have a drink and chat with the staff member. The inspector met with the staff member on return from their trip and they stated that the resident appeared to have enjoyed their evening.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. It is evidenced throughout the inspection report that this inspection found a high level of compliance with the regulations.

There was a clear governance and management structure in the designated centre. Staff spoken with were aware of the lines of authority and responsibility in the centre. An on-call management system was on displaying the centre if required by staff members. The on-call protocol was also outlined in the designated centre's statement of purpose.

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

Residents living in No. 4 Stonecrop were supported by a team of social care workers and support workers. The person in charge worked on a full-time basis, and half of their hours of duty were spent working with residents providing direct support to them. The person in charge was a registered nurse therefore nursing support was provided to residents when required.

Management in the centre noted that six staff worked with residents each day, with four staff on duty at night. Two of these staff were waking staff members while the other two staff completed a sleepover shift. This was consistent with the staffing compliment outlined in the designated centre's most recent annual review and the statement of purpose. It was reported in the annual review that the staffing levels in the centre had a positive impact on the residents living in No. 4 Stonecrop.

The inspector reviewed the centre's rota from the 22 October to 06 November 2025. It was evident that the rota reflected that staffing was provided in line with the assessed needs of residents as outlined in the statement of purpose. It was also noted that this outlined the most senior staff on duty when the person in charge was not on duty. It also evidenced that consistent staffing was provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training as part of a continuous professional development program. The inspector reviewed the training matrix for 28 staff members and found staff were provided with the training in the management of challenging behaviour and the safeguarding of vulnerable adults. 13 staff were awaiting refresher training in fire safety. This training was required to safeguard residents living in the centre.

The inspector met with five staff members during the course of this inspection. Staff spoken with were knowledgeable about the assessed needs of residents living in No. 4 Stonecrop. The inspector was informed that a staff team meeting was being held on the inspection day to discuss the support needs of a resident. This ensured a consistent approach would be taken to support the resident.

The inspector reviewed the supervision records for six staff who worked in the designated centre. Management in the centre noted that these were due to be completed with staff every six months as outlined by the registered provider's policy. It was noted that these staff members had all received a supervision in January 2025, however they were due to have completed a supervision meeting in July 2025 which had not occurred for each of the six staff members. One staff member noted that they had not received formal supervision in some time however advised that they could raise any queries or concerns if required.

Judgment: Substantially compliant

Regulation 23: Governance and management

On arrival to the designated centre, the inspector met with a staff member who was coming to the centre for a staff meeting. This staff member noted that the person in charge was rostered off duty so they contacted management to advise them of the inspection taking place. It was noted that the person in charge was informed of the inspection taking place and they attended the centre to facilitate the inspection.

An annual review of the supports provided to residents in their home had been completed in July 2025. This review included consultation with residents and their representatives as is required by the regulations. It was noted that surveys were sent to residents' representatives to seek their views on the supports provided to residents. The six surveys received by the registered provider were noted to provide positive feedback from residents' representatives. The annual review also included a review into the safeguarding measures in place in the centre, and a review of accident and incident reports throughout the year.

Six monthly unannounced visits had been completed by the registered provider. These audits completed in January and June 2025 noted the progression of actions from previous audits carried out. This audit also included a review of safeguarding incidents in the centre to ensure effective oversight of the management of safeguarding events.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. The lay-out of the centre was observed to support the assessed needs of the residents in relation to safeguarding. Two residents lived in a single-occupancy home where they were supported by staff members. Staff members spoken with noted that the residents who shared their home with others were compatible and appeared content living with each other.

Staff spoken with on the inspection day were aware of the safeguarding procedures in the designated centre. This included information regarding the types of abuse and how to report an allegation of suspected abuse in the designated centre.

Regulation 10: Communication

It was identified in one resident's persona plan that they repeated phrases and words communicated by others. A plan had been developed for this resident to outline how staff should communicate with this resident, in line with this assessed need. A communication dictionary had also been developed to support the resident to express their needs and wants to staff members. For example, it outlined if the resident stated 'salt' that they were indicating that they would like a bag of salt and vinegar crisps. Therefore, staff members could facilitate the resident's request.

Assistive technology had been trialled for one resident in consultation with a speech and language therapist. Staff noted that the resident used this system which involved staff recording themselves verbally outlining the resident's routine including visits home and attending day service. Staff noted that this was used by the resident regularly, and that they often heard the resident playing the recordings when they were in their bedroom.

Residents were supported to have access to media such as the television, radio and Internet access. During the inspection, one resident was observed to use their laptop computer to search videos online.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre comprised of four cottages which looked out onto a courtyard. Each of the centre's houses had a kitchen and dining area for residents. A living room area was also provided and these areas were observed to be decorated to reflect the likes and interests of the residents that lived there.

Residents also had access to a utility room where they could wash and launder their clothing.

Management in the centre noted that two of the centre's kitchens and two resident bathrooms required refurbishment. The inspector was unable to inspect all areas of the centre due to the assessed needs of residents, however it was noted that the kitchen in one of the centre's houses was visibly worn. It was also noted that the shower area in one resident's bathroom was not suitable given the resident's height to support staff to assist the resident with personal hygiene. Staff spoken with noted that this caused challenges when providing this support to the resident. This had been assessed by the organisation's occupational therapist who staff noted was recommending this was changed to meet the needs of the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk in the designated centre. A risk register had been developed by management in the centre which outlined a number of risks in line with the assessed needs, and supports provided to residents. The inspector reviewed risk assessments that had been developed and/or reviewed following alleged safeguarding incidents occurring in the centre. This included a risk assessment for residents travelling in the transport together, and the use of a restrictive practice. It was evident that control measures were put in place in response to these incidents to ensure the safety of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' personal plans. These plans included an assessment of the health, personal and social care needs of each resident. When a resident was noted to require support to meet a specific need following this assessment, a plan of care was developed. For example, residents were supported to identify goals they would like to participate in as part of the personal planning process. For one resident this included attending horse-riding and bowling once a fortnight. Progress was documented outlining that the resident had been supported to participate in these activities. The resident also had a goal to join their local tidy towns however there was no evidence of progress with this goal at the time of the inspection.

Staff and management noted that one resident was presenting with changing needs at the time of the inspection. Multi-disciplinary support had been sought to review the resident's presentation. This included review by the resident's general practitioner (G.P) and a psychiatry review which was due to take place the day after this inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the residents living in the designated centre had a behaviour support plan to support them to meet their assessed needs. At the introductory meeting for this inspection, staff members discussed the behavioural support needs of the residents to ensure the inspector was aware of these assessed needs. It was also evident that staff members advocated for residents to facilitate meaningful engagement with the inspector. For example, the inspector met with residents on their return from day services. When one resident began to display signs of anxiety, staff noted that transitions were difficult for this resident and it was agreed that the inspector would leave the resident's home. At this time, the resident was offered a weighted vest which they accepted. The inspector met with this resident later that evening where they interacted with the inspector using gestures and by holding the inspector's hand. This provided for meaningful engagement with the resident, in line with their assessed needs.

Management and staff in the centre noted that one restrictive practice of a door lock had been discontinued and this was working well.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed documentation relating to five allegations of suspected abuse in the designated centre. It was evident that these had been reviewed in line with organisational policy to ensure residents were protected from abuse. Following an allegation of suspected abuse where one resident was awoken from their sleep by another resident, multi-disciplinary support had been sought to prevent reoccurrence of a similar incident. For example, an occupational therapist had visited the centre to identify strategies to reduce noise should one resident wake at night.

A safeguarding policy had been developed by the registered provider. This was subject to regular review and was most recently reviewed in July 2025.

Judgment: Compliant

Regulation 9: Residents' rights

Residents meetings took place on a monthly basis in the centre. At these meetings, staff and residents discussed process and procedures in the centre. This included complaints and safeguarding. An easy-to read booklet was utilised by staff to explain to residents the types of abuse and who to contact if a resident had a safeguarding concern. Residents' human rights were also discussed at these meetings. For example, the meeting held in September 2025 discussed the importance of respecting the property and personal space of others.

However, it was observed that one resident's personal information was displayed on the wall in a communal area of their home. This required review.

One resident had recently attended an advocacy meeting held by the organisation in Galway. Staff noted that the resident had stayed overnight to attend the conference and that they had enjoyed this.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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 No 4 Stonecrop OSV-0005127

Inspection ID: MON-0047713

Date of inspection: 05/11/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will ensure that: • Staff requiring Fire Safety training will complete this by 31/12/25. • All outstanding Staff Supervisions will be completed by the 31/01/2026. • All staff will receive supervision twice a year in line with the Provider policy in 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has ensured: • That there is a continual process of maintenance in the designated centre. • The upgrade work to the two bathrooms and two kitchens identified by Management as outlined in the Inspection report have been approved and these works will be completed by the by 04/05/2026.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	04/05/2026