

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

## Issued by the Chief Inspector

Name of designated centre:	No.2 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	02 December 2025
Centre ID:	OSV-0005136
Fieldwork ID:	MON-0039889

## About the designated centre

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

No. 2 Heather Park provides seven respite places at any one time for adults aged 18 years and over. The centre is based in a seaside location in County Cork. The service is provided to individuals with varied levels of intellectual disability including those who are autistic. The designated centre comprises a six-bedroom facility and a one-bedroom, self-contained apartment to support individuals with higher support needs. The same staff team supports residents in both areas. One short-stay emergency bed is available in the designated centre. The duration of respite breaks may vary but typically last two or three nights per visit. The staff team is made up of registered nurses, social care workers and care assistants. The centre is staffed at all times that residents are present. It is not open on Sundays.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 2 December 2025	10:15hrs to 17:15hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

This was an announced inspection as part of the renewal of registration of the designated centre. The designated centre was part of a large, single storey building located in a coastal area. The designated centre provided respite for a number of residents with up to seven residents being catered for at any one time. There were five residents staying in the designated during the inspection. Four of those residents were in the larger part of the designated centre with another resident in the single occupancy area of the centre. The four residents that were staying in the larger part of the centre met with the inspector during the inspection. The other resident was attending their regular day centre which the staff team reported was very important to them and maintaining their regular schedule.

Two residents were met while they were watching television and two more were met when they were finished their morning routine. All residents appeared content. The residents then went to a coffee shop nearby for a morning coffee. Two of the residents spoke with the inspector when they returned and spoke about how they enjoyed their stay there. The residents went shopping in the afternoon and spoke about the items they planned to buy while in the shopping centre.

The designated centre had premises works completed since the last inspection in January 2025. Flooring had been replaced and repaired in the areas identified as a concern during the last inspection. A new adaptive bathroom was now in use for residents with heating now working and the leak in the ceiling had been repaired in the bathroom.

In the larger section of the designated centre there were six bedrooms, along with large communal areas and a kitchen and dining area. There was a large room in this part of the centre which was called the activities room where residents had access to recreational equipment such as a pool table and a table tennis table. The residents had access to a large outdoor area which overlooked the scenic coastal setting. The communal areas had comfortable furniture and a number of areas for the residents to sit, listen to music or watch television. All bedrooms were had sufficient storage for the residents staying there over a three stay night which was typical for residents. The smaller section of the designated centre was well maintained and had access to a secure outdoor area. Both parts of the designated centre had modern kitchens where the equipment appeared to be in good working order.

The staff were seen to interact with the residents on the day of the inspection in a positive and respectful manner. There were numerous communication aids which were used in the designated centre which used to facilitate choice making for the residents for example the food the residents would have that day. Residents had meetings documented to plan their time while they stayed in the designated centre.

As this inspection was announced, residents were given the opportunity to complete residents surveys. 15 of these surveys were handed to the inspector, during the inspection, completed. These surveys were reviewed following the inspection. The residents were supported by staff and families member to complete these surveys. The responses were positive about the designated centre and the staff. One residents wrote about the location say "its a nice place because of the beach and the waves" ,another resident's survey stated "I love it", while another resident's survey commented "the staff are extremely friendly and respectful to my son"

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 designated centre had an appropriate management structure in place. The person in charge was knowledgeable of the residents and their needs while staying in the designated centre while on respite. There was a staff team in place with the skill mix, such as nursing and social care staff, 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.

Documentation such as the statement of purpose, directory of residents and the insurance policy for the designated centre were maintained and were reviewed with the time lines required. These documents met the requirements of the regulations. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. Incidents that occurred in the designated centre were well documented and were reported to the Chief Inspectors office as required.

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

The registered provider had ensured that the application to renew the registration of the designated centre had been submitted as required by the regulations. Information supplied included floors plans and information in relation to the management team in the centre. This information was reviewed prior to the inspection.

Judgment: Compliant

## Regulation 14: Persons in charge

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

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 registered provider was ensuring the number of staff was appropriate to meet the needs of the residents and suited the size and layout of the designated centre. The staffing levels were also in line with the statement of purpose. The staff skill mix, which included nursing and social care staff, was appropriate for the residents.

There was a planned and actual staff rota available in the designated centre. Staff rotas for October, November and December 2025 were reviewed by the inspector. Staffing levels were maintained in line with the residents and extra staffing resources were put in place depending on the various respite residents' needs. Staff spoken with during the inspection knew the residents needs well.

Four 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 registered 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 the 19 staff working in the designated. A regular agency staff was used in the centre there were assurances provided by the agency to show that the person was suitably trained for working in the designated centre. Examples of training undertaken by staff included safeguarding, fire safety, manual handling and first aid.

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 centre for the current year.

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

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. Management systems in place were ensuring that the service provided was appropriate to residents' needs.

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, showed that the provider was maintaining good oversight of the service provided in this centre.

The annual review of the quality and safety of care and support in the designated centre had been completed in February 2025. This annual review showed evidence

of consultation for residents, information on the highlights for the residents during the year and the links that had been made in the local area. The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in June 2025 and December 2025 as required. These reports were made available to the inspector. Audits being completed by the person in charge in the designated centre, to ensure the service being provided was safe, included such areas as safeguarding, restrictive practices and medication management.

Staff team meetings were taking place on a monthly basis in the centre. Agendas and minutes from these meetings were viewed. The team discussed such topics such as residents' needs, training and maintenance issues. The staff team spoken with during the inspection reported that they were comfortable raising concerns at these meetings. Residents were taking place as each group of residents attended the designated centre.

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

Incidents in the designated centre 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 any occasion where restraint was used in a quarterly basis.

Judgment: Compliant

## Quality and safety

The residents personal plans and assessment were subject to review and a review had been completed for these in the last 12 months. The personal plans contained guidance for staff in relation to residents' health care and communication needs. One update was required for one of the personal plans of a resident and this was completed before the end of the inspection.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents were involved in planning their time in the designated centre, choosing food and activities for the stays.

Risk was well managed in the 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 about the designated centre was available to the residents and had been reviewed in the last 12 months.

The premises was well maintained and was providing residents with sufficient communal and private space. Improvements were noted in the premises since the previous inspection in January 2025. The fire safety equipment in the designated centre was serviced and was in good working order. Fire training and practice drills were completed in the designated centre.

### Regulation 17: Premises

The registered provider had maintained the premises well with the previous actions completed from the inspection completed in January 2025, with flooring being repaired and a bathroom now ready for use for the residents. 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 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.

There were outdoor areas and a large garden area for residents to use in better weather.

Judgment: 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 centre and was also present in the centre on the day of the inspection. This document was reviewed by the inspector prior to the inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been reviewed in September 2025. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks. Individual risks included the medical conditions of residents.

There was suitable risk management policy put in place by the registered provider which identified and contained the control measures for specified risks required under the regulation. These risks included the accidental injury to residents, visitors or staff.

The registered provider ensured that staff were completing vehicle maintenance checklists to ensure the transport used by the residents was road worthy and well maintained.

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.

Residents' personal emergency evacuation plans had been reviewed in the last 12 months. The residents attending the designated centre were participating in fire drills in the centre. Fire drills were occurring in the centre on a weekly basis.

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 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 such as an occupational therapist and speech and language therapist.

Residents were undertaking enjoyable activities during their respite stay. Activities for each of the residents were recorded each time they stayed in the designated centre. The personal plans for residents were reviewed in relation to activities following each stay.

The residents' health care needs were being well managed and assessments completed in these areas. The inspector noted some small details that were not consistent in one health care management plan. This was amended before the end of the inspection.

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 which included proactive and reactive strategies. The staff had guidance on how to work with the residents depending on the form of the resident.

Judgment: Compliant

## Regulation 9: Residents' rights

Feedback was gathered following each stay for residents, families maintained regular contact with the centre. Residents were offered choice in relation to the food and activities during their respite stay. Residents were able to have their input in how the service was ran by having meetings to plan their stay on the evenings they arrived in the designated centre. Residents had sufficient communal and private space to undertake activities 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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant