



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0005147
Fieldwork ID:	MON-0048306

About the designated centre

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

No 4 Brooklime is located on the outskirts of a large town in Cork. The centre provides residential support for up to three adults with severe levels of intellectual disability including those with autism. The individuals have multiple/complex support needs including behaviours that challenge. The service is based on a social care model. To meet the needs of the residents the house has been refurbished and redesigned to incorporate two self-contained apartments. It is a ground floor premises with large garden spaces and a patio area in a tranquil setting. Access to local amenities and shops requires the use of transport. One apartment can support two residents, each with their own bedroom. There is also a shared bathroom, separate toilet area, kitchen-dining area, utility room and two sitting rooms. The second apartment supports one resident who has their own bedroom, sitting room, kitchen-dining area, bathroom and shower room, staff office/bedroom with en-suite and a store room. The centre's focus is on providing a consistent and predictable supported environment including a total communication approach by staff. The individual needs of the residents are supported in a homely environment and they are supported to reach their fullest potential by participating in leisure, social and household activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 25 November 2025	10:25hrs to 16:55hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which focused on regulations in relation to the safeguarding of residents. The designated centre was situated in a rural setting outside the a large town. The designated centre was registered for three residents and there were two residents living there on the day of the inspection.

When the inspector arrived at the designated centre the residents had both gone to their day service. The inspector briefly met with one of the residents after they had returned from their day centre. The other resident went out with staff after they had returned from their day service. They appeared relaxed in the company of staff. The inspector met with a staff member initially and then a member of the management team met the inspector and a walk around of the centre was undertaken.

The designated centre was divided into two apartments with each resident having their own apartment. Both apartments were decorated in a manner that reflected the needs and wishes of the residents. Residents had areas such as sensory rooms to relax in each apartment. Each resident had their own kitchen and sitting room areas also. There was artwork and pictures of the residents and their families on display throughout the designated centre. The designated centre had been adapted to meet the needs of the residents in line with the assessments completed by multi-disciplinary such as colourful padding on walls to assist one of the residents. There was information on the complaints procedure for the residents on display, along with fire safety information and the registration details. There was easy to read information throughout the centre also. The designated centre was homely and clean and reflected the needs of the residents.

The staff team interacted with the residents in a respectful manner and supported them in their activities. Staff appeared to know the residents needs well and how to support them. A member of the management team explained while doing the walk around how restrictions were being reduced and showing the inspectors examples such as the resident having more access to items in their kitchen. It was evident that residents were being supported to increase their community involvement. One resident had guidance around expanding their activities when they were seen as flourishing.

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

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs.

Training for staff working in the designated centre was monitored. There were areas such as positive behaviour support, fire safety and manual handling where staff required training. All staff had received training in safeguarding.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wished to undertake. The staff team were knowledgeable of the residents' needs when they spoke with the inspector.

Regulation 15: Staffing

Staffing levels were maintained at an appropriate level to the number and the assessed needs of the residents and the layout of the centre. The staffing levels also corresponded to the staffing levels described in the statement of purpose. A planned and actual staffing rota was available on the day of the inspection. Staff spoken with on the day were very familiar with the residents' needs and spoke about them in a respectful manner. Residents were able to go on activities more often as there was an extra staff member in place in the evening time when the residents returned from their day service.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule for staff supervision was maintained and this was provided to the inspector. The schedule showed that supervision had begun for the year and that there was a schedule to complete regular staff supervision sessions throughout the year.

Training was being undertaken by staff in the centre that was required to meet the residents' needs. The inspector viewed the training matrix for the designated centre which tracked the training undertaken by the staff. While most training had been undertaken for the 13 staff in the designated centre, some staff required training in the following areas:

- one staff required fire safety training

- three staff were due training in relation to positive behaviour supports
- one staff member required training in manual handling.

All staff had received training in relation to the safeguarding of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a management structure in place for the designated centre. The most recent annual review for the designated centre had been completed in April 2025. This was a review of the quality of service provided to the residents. This review included highlights for the residents and feedback from residents, family members and staff.

The registered provider was undertaking the unannounced visits to the designated centre on a six monthly basis. These visits had been completed in November 2025 and February 2025. The person in charge was completing other audits throughout the year to assure that the service being provided were safe. These audits included medication audits, environmental audits and fire safety audit.

Staff meetings were taking place at least once a month in the designate centre. Topics at these meetings discussed included residents activities, incidents and safeguarding.

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 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 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. There was one incident which involved the safeguarding of residents, this was being managed

in line with the registered providers policy and was notified to the Chief Inspectors office.

In relation to the premises there was enough space for the residents to undertake the activities they enjoyed. Two fire doors were not operating correctly on the day of the inspection. This is further discussed under regulation 17.

Regulation 10: Communication

Residents had access to devices such as tablets. The residents' personal plans contained information on how they should be communicated with and how they comprehended information. The plans also contained guidance on the residents social skills and how they might request something. Different systems were used for residents to communicate such as pictures and objects of reference. The designated centre had wireless Internet available to the residents.

Easy to read information was available to the residents regarding their person centred plan and also regarding the complaints process for example.

Judgment: Compliant

Regulation 17: Premises

The premises was located outside a town in a rural. Residents had access to transport to support them to undertake activities. Each resident has there own self contained apartment within the premises. This allowed the residents to have adequate space for relaxation and activities. One apartment was set up to aid one of the resident's mobility with colourful padding on the walls. There was a multi-sensory room which was well maintained and set up. This worked well for one of the residents and was in use during the inspection. The premises was decorated using resident artwork and family photographs of the residents. There was outdoor areas for residents to use in finer weather.

There were two fire doors that were not operating correctly during the inspection. One door was not closing fully and the other door was difficult to open. They were in a kitchen area and a bedroom area of the designated centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risks had been reviewed in the previous 12 months. The risk register of the designated centre had been reviewed in March 2025 and the individual risks had been reviewed throughout the year such as personal emergency evacuation plans which had been reviewed in October 2025.

The road worthiness of the vehicles used by the residents in the designated centre was monitored by staff by completing a fortnightly overall vehicle check.

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 such as the unexpected absence of any resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for two 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 had access to a psychologist and an occupational therapist for example.

Residents health care needs were well supported with annual medicals completed and plans in place in relation to such health care needs such as nutrition.

Both residents were in their day service when the inspector arrived and one resident went out again in the evening time. Residents had plans for the personal development of the residents such as taking public transport, visiting beaches and dining out. One residents plan had actions to be taken by staff when the person was seen as flourishing and had a separate plan when activities needed to be pared back for the resident due to their presentation. When activities needed to be pared back staff were to support the resident with having a good sleep pattern for example. These plans for the personal development of the residents were reviewed throughout the year.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents had behaviour support plans in place and these provided guidance to staff on how to work with the residents using proactive and reactive strategies. The behaviour support plans were reviewed periodically with the latest review taking place in October 2025.

Restrictions used in the centre were notified on a quarterly basis. It was evident that these restrictions were kept under review and were removed if possible. From conversations with staff it was evident that a resident now had more access to items in their kitchen following a review.

Most staff had received training in this area but three staff required training in this area. This is addressed under regulation 16 staff training.

Judgment: Compliant

Regulation 8: Protection

A safeguarding concern had occurred two days before the inspection. This was notified to the Chief Inspector's office within the three working days as required and the management team in the designated centre had began an investigation. This was reported to the national statutory body as required by the registered provider's safeguarding policy. There were no other safeguarding issues in the centre at the time of the inspection.

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

Staff members were seen and heard to interact with the residents in a kind and respectful manner. There was easy to read safeguarding information available to the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had a choice of activities available to them. There was adequate space in the centre for the residents to undertake their activities in private if they wished. Extra staff support for activities was now in place especially in the evening time.

One of the residents had accessed an advocate to assist them with their decision making.

Both residents in the centre had access to a bank account in their own name and had money management assessments in place to highlight the assistance they required in managing their finances.

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 Brooklime OSV-0005147

Inspection ID: MON-0048306

Date of inspection: 25/11/2025

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 all training is maintained up to date and <ul style="list-style-type: none">• The staff member that requires fire training will be complete by the 31/01/26• The 3 staff requiring training in relation to positive behaviour supports will complete the full training by the 31/3/26. An interim online training will be completed by the 31/01/26.• The one staff will complete the online manual handling module by the 31/1/26, with the people moving and handling element completed by the 31/3/26. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider together with the person in charge continue to ensure that the premises is maintained and appropriate to meet the needs of the residents. The 2 fire doors that were not operating correctly were fixed by a member of the facilities team on 26/11/25.	

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	31/03/2026
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	26/11/2025