

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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 October 2025
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0047825

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house with a more recent extension, nine self-contained apartments and a four bedroom detached house adjacent to the main building. Modern accommodation is linked to the ground floor of the period building and this comprises of a reception area, bedrooms for four residents, staff offices, therapy rooms, bathrooms and toilet facilities. The nine self-contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Wednesday 15 October 2025	09:25hrs to 16:30hrs	Robert Hennessy	Lead
Wednesday 15 October 2025	09:25hrs to 16:30hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre which focused on regulations related to the safeguarding of residents. There were 15 residents present during the inspection with one vacancy in the designated centre and one resident who was on holidays at the time. On arrival at the centre the inspectors were greeted by a member of staff. The inspectors undertook a walk around of the centre. The designated centre was composed of a main building, a home separate to main house and self contained apartments. One of these apartments was unoccupied and was being prepared for a new resident to arrive. There were building works being undertaken in a building adjacent to the centre. No residents reported this to be an issue and the staff and residents in the centre were kept informed of the what works were been undertaken. As the inspectors walk up the path to the centre one of the resident's door was open while staff were supporting them. This is discussed further in the report.

Nine of the residents in the designated centre were met during the inspection. The inspectors started in the main house of the centre. Two residents and staff were in the kitchen of the main house. The residents were having their breakfast in a modern kitchen, that had been created for the residents just before the last inspection, and staff were supporting residents in a respectful and kind manner. One resident spoke about the interests they had at this time in classic cars and history along with long term goals that they wished to undertake.

The inspectors visited another house on the grounds away from the main house in the centre. Areas of flooring in this home required attention and this is discussed under regulation 17 premises. The inspectors briefly interacted with the two residents here at the time. One of the residents chose not to talk to the inspectors. The inspectors met two residents that lived in the apartments. Both residents appeared happy in their homes and one resident spoke about being very happy with their own space. This apartment was decorated in a very personalised manner. The inspectors visited an empty apartment which was being prepared for a new resident. The bedrooms of the resident's viewed were personalised and contained items which were in line with their interests.

Two residents spoken with had concerns about the availability of transport for undertaking activities. One resident said that they would not be able to undertake any external activities that day and another resident did not know when they could go out to do their shopping. This is discussed further in the report.

The apartments appear well maintained. There was an issue with one internal door on a bathroom in the empty apartment but management in the designated centre were aware of this and working on a solution. This would not impact the privacy of a resident in the apartment.

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

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. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre. Notes from a residents meeting quoted residents saying that there had been improvements in the centre since a new management structure had been put in place.

The person in charge had ensured that the staff team had received appropriate training to meet the needs of the residents. There was evidence of the training programme being monitored to ensure that the staff team remained up to date with training. There was a supervision schedule in place for staff.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted, however, there were concerns regarding transport to enable residents to undertake these activities. Residents said they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspector.

Regulation 15: Staffing

Staffing levels were maintained at 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. Staff were being used from agencies but the staff members used were regular and were familiar with the residents. 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.

Four staff files were reviewed including agency staff which contained all the information required by schedule 2 of the regulations, such as evidence of Garda vetting.

Judgment: Compliant

Regulation 16: Training and staff development

Training was being undertaken by staff in the centre that was required to meet the residents' needs. The inspectors viewed the training matrix for the designated centre which tracked the training undertaken by the staff. It was evident from this training matrix that the person in charge had maintained oversight of the training needs of the staff. Staff undertook training in areas such as manual handling and safeguarding.

Some staff did not have proof of current fire safety training but this information was submitted to the inspectors following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found there was an appropriate management structure in the designated centre, which strove to provide safe care and support for the residents. 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 and that governance and management arrangements in the centre were effective.

Resident and staff meetings were taking place regularly where agenda items such as residents' activities and safeguarding were discussed.

Judgment: Compliant

Quality and safety

The service being provided to the residents was of good standard. The residents met appeared content in their homes. The premises provided enough communal and private space for the residents. Some works were required to maintain the premises which is discussed further in the report.

The residents had appropriate assessments completed and had a personal plan that had reviewed in the last 12 months. These plans contained relevant information on each resident. The communication needs of the residents were not well documented and this is discussed under regulation 10.

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.

While residents' right was a focus for staff and residents were encouraged to have a their say in the running of the designated centre, residents were unable to however undertake all the activities they wished too, this is discussed under regulation 9.

Regulation 10: Communication

Residents had access and were using smart devices on the day of the inspection such as tablet devices, speakers and televisions. Staff working with the residents knew how the residents communicated and gave them time to let them communicate and comprehend what was being said. This was done in a respectful manner.

Residents personal plans did not contained guidance for staff on how residents wished to be communicated with for example one resident used gestures to communicate which were not explained for staff. This would especially be important when new staff were arriving to work with the person.

Judgment: Substantially compliant

Regulation 17: Premises

The premises allowed residents to have sufficient communal and private space. Parts of the residents were well maintained and painted. Areas of the designated centre required attention that would also have some implications for infection control such as:

- areas of flooring in one of the houses were broken and worn, an area was taped off under a mat that was not fully level with the rest of the floor
- a bathroom door in one of the apartments, which was currently not occupied, had a hole at the top. This hole allowed a track for a hoist to be inserted. this would not create a privacy concern for the resident and the the management team in the designated centre were looking at solutions to repair this
- areas of skirting and doors had painting missing from them
- areas of the main centre had posters and signs removed from areas of the wall where the painting on the wall did not match the rest 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 personal plans of the residents contained suitable risk assessments for the residents such as the unexpected absence of any residents.

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 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 health care needs were well met with appropriate assessments completed in such areas as skin integrity and epilepsy.

Residents were undertaking activities on the day of inspection and were leaving the centre at different stages throughout the day. Residents had a mix of goals that involved both enjoyable activities and also ways of increasing the residents' independence. It was evident that these goals for the residents were being monitored and the achievements being documented. Residents met during the inspection voiced concerns regarding not having enough transport to undertake activities. This is discussed under regulation 9 residents' rights.

Concerns regarding guidance to staff in relation to the communication needs of the residents are addressed under regulation 10 communication.

Judgment: Compliant

Regulation 7: Positive behavioural support

A positive behaviour support plan was in place for one resident. This plan was reviewed and found to contain extensive information about how the resident may escalate and how strategies may be implemented to ensure residents engaged in

positive behaviour.

All staff working in the centre had received training in the area of de-escalation and intervention when residents required this.

Restrictive practices in place were logged and reviewed. These restrictions were submitted to the Chief Inspector's office on a quarterly basis as required by the regulations.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in the area of safeguarding. The staff spoken with during the inspection were aware of abuses that may occur and how this should be dealt with. Staff members were seen to speak with residents in a kind and respectful manner.

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

Safeguarding concerns were managed in line with the registered provider's policy and reported to the relevant bodies as required.

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.

Residents had regular meetings in the centre where topics such as complaints and advocacy were discussed.

Two residents spoke to the inspectors about not having transport to undertake activities. The designated centre was not very near any facilities and these were not accessible without transport. One resident spoke about being delayed at medical appointments and being unable to do their shopping. Another spoke about not being able to leave the centre on the day of the inspection due to transport being unavailable.

When the inspectors arrived at the designated centre and were walking up the path to the main building, they observed that a door and curtains were open to a resident's bedroom as they were receiving personal care from staff. This impacted

the privacy given to the resident at this time.

Judgment: Substantially 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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially 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	Substantially compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0047825

Date of inspection: 15/10/2025

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: There are five residents who been identified with communication support needs. Two residents had their communication passports in place on the day of inspection, one resident has had their communication passport completed since the inspection, and the remaining two residents have been assessed by a Speech and Language Therapist and an Assistive Technology Therapist with their final report imminent and the deployment of new technologies expected in January 2026.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Enable Ireland are engaging with the landlord in relation to repairs to the identified areas of broken, worn and unlevel flooring in Sycamore House. • A carpenter has been contracted in relation to a bespoke fitting above the bathroom door to allow the hoist to pass freely, whilst maintaining the dignity of the resident. • Painting works, including skirtings, doors, walls and ceilings to address the deficits identified in advance of the inspection commenced on 18.11.25 • Replacement flooring is completed in the laundry room in Sycamore House. 	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The observation, through an open door and curtains, of a fully dressed resident being hoisted has been discussed with the resident, who has confirmed that having these open is in line with their will and preference. The resident's personal plan has been updated to reflect their wishes.

As noted on the day of the inspection, a new bus had been ordered, and this has now arrived in the centre and is in use.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/01/2026
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	31/03/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the	Substantially Compliant	Yellow	27/11/2025

	freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	27/11/2025