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. 6 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0008707
Fieldwork ID:	MON-0047668

About the designated centre

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

No. 6 Fuchsia Drive is a detached bungalow located on the outskirts of a town that provides full-time residential support for a maximum of five residents, of both genders, over the age of 18 with intellectual disabilities (including those with autism). The centre is divided up into an apartment area for one resident and a larger area for four residents. Each resident has their own bedroom and other facilities in the centre include bathrooms, a kitchen-dining-living room, a kitchenette-living room, a utility room and a staff room. Support to residents is provided by the person in charge, a social care leader, a social care worker, care assistants and a staff nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Thursday 10 July 2025	10:10hrs to 18:55hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

All four residents living in this centre were met during the inspection. Three of these residents did speak with the inspector while the fourth did not interact with the inspector. Two of the residents spoken with appeared content or happy in their environment.

On arrival at this centre, two residents were attending day services while two residents were present in the centre, one in the larger area of the centre and the other in their own apartment area. The inspector arrived at the larger area of the centre where he was greeted by staff present and one of the residents. This resident shook the inspector's hand as he entered the centre. Three staff were present at this time with one advising that they were staying with one resident before they left to go to day services with the other two staff members supporting the resident in the apartment. The inspector was informed at this time that the resident in the apartment was asleep so the inspector was requested not to visit their apartment at this time. This request was respected by the inspector.

The resident initially present in the larger area of the centre was waiting to picked up for their day services. The inspector was informed that the resident's departure for day services had been delayed on the day of inspection due to a meeting that was taking place in the day services. While they were waiting, this resident engaged jovially with staff present with the resident appearing happy and cheerful generally. The inspector had an opportunity to briefly chat with this resident who indicated they were enjoying the sunny weather on the day of the inspection and would be doing some brushing later in their day services. The resident also indicated that they liked living in the centre and when asked the resident responded by saying "I'm happy".

Later on this resident was encouraged by a staff member to help water some plants outside the front of the centre. After this the resident showed the inspector their bedroom. This bedroom was personalised to the resident with framed photographs of a James Bond actor and the resident's relatives. The resident pointed out a photo on their bedroom wall of them with a dog. The resident smiled as they did this. A staff member present indicated that this was a staff member's dog which was sometimes brought into the centre. After this the resident seemed keen to attend their day services but assured by staff that the bus to collect them was on the way. When the bus arrived, the resident seemed very excited by this and brought a bag and a folder with them as they left the centre to get on the bus.

As the larger area was unoccupied after his resident left, the inspector reviewed the premises provided in this part of the centre. Overall, this part of the centre was seen to be clean, well-furnished and homelike in its general appearance. At the time of the previous inspection of this centre in August 2024, it was identified that the provision of storage in this part of the centre could be improved upon particularly as some paper towels were seen then to be stored in a shower area. On the current

inspection, it was observed that some additional storage presses had been installed in the kitchen-dining-living room as had an additional storage shed to the side of the centre. Despite this, during the early stages of this inspection, some duvets (which were still in their original wrappings) were seen to be stored in the same shower area where the paper towels had been observed previously. These were noted to be removed later in the inspection after the inspector had raised this.

While the designated centre was registered for five, the larger part of the centre had been initially registered with four designated bedrooms with the only communal room being an open kitchen-dining-living room. However, in the recent months the number of residents living in the large part of the centre decreased from four to three residents and at the time of this inspection, a room which was previously a bedroom had been changed into a second living room with the inspector also informed that consideration was been given to changing this room into a sensory room to better support the needs of one resident. This was notable as the provider had previously given a commitment to changing one bedroom into a living room and reducing capacity of the centre at the time that this centre was first registered in January 2024.

The larger area of the centre was connected via an interconnecting corridor to the apartment area at the rear of the centre where only one resident lived. Having been initially asleep when the inspector arrived, nearly two hours into the inspection the resident was heard while the inspector was in the larger area. This was despite two doors in the interconnecting corridor being closed at the time. During the August 2024 inspection, it had been identified that this resident could be heard in the larger part of the centre from their apartment and in response the provider had indicated that soundproofing options would be explored. While the inspector was informed that there been some consideration of such options, no soundproofing works had been completed at the time of this inspection. Post inspection communication received suggested that some noise reduction measures could be installed by September 2025.

Soon after hearing the resident, the inspector was advised by staff that he could speak with this resident. As such the inspector went into the resident's apartment and met the resident in company of a staff member. The resident was upset at this time with the inspector informed that this was related to an item of clothing. With encouragement by the staff member, this resident shook the inspector's hand. The staff member also asked the resident if the inspector could ask some questions with the resident indicating that he could. The inspector asked how the resident was getting on. The resident gave an answer but it seemed unrelated to the question although the staff member reassured the resident as to their response.

As the resident still seemed upset at this time, the inspector asked the resident if there was anything else that they wanted to tell or show the inspector. The resident responded to this by getting up from where they were seated and walked into their bedroom where they got a number of pens and pencils before giving them to the staff member. The staff member suggested that the inspector leave at this time. The inspector did so but, with encouragement from the staff member, the resident said goodbye to the inspector as he left. As he was leaving the resident's apartment,

the resident was heard being offered to go for a drive and left the centre shortly after with their two members of staff in the centre's dedicated vehicle. While this resident did return to the centre shortly before the end of the inspection, they were not met again by the inspector.

While this resident was away from the centre, the inspector returned to the apartment where they lived to review the premises. As had been seen on the previous inspection, this apartment was bare in its presentation. This included the resident's bedroom which had a number of interlocked floor mats on the bedroom walls. While the centre did have a kitchen-living room, food for the resident along with their clothes were stored in the larger area of the apartment. Within the same room, it was observed that the television was behind a locked Perspex screen, a noticeboard was also behind a locked screen and some furniture was fastened to the floor or wall. Such measures were in response to the particular needs of the resident living in this apartment which will be discussed further elsewhere in this report.

In the final hours of the inspection, the three residents who lived in the larger area of the centre returned from day services. One of these residents did not communicate verbally and, while greeted by the inspector, they did not interact with the inspector. The resident that the inspector met earlier in the day appeared happy on their return and high-fived the inspector twice. The third resident also appeared content and talked to the inspector about various locations in Ireland with the resident having a good knowledge of these locations. This resident also talked about their relatives and of a foreign holiday that they had taken with one such relative. Soon after this resident and another sat at the dining table awaiting a meal of fishcakes which was being prepared in the centre by a member of staff.

While awaiting this meal, one of the residents continued to talk to the inspector about places in Ireland. As they did so, the other resident put up their hand which the inspector took to mean that they wanted the former resident to stop talking. The former resident did this and then the other resident proceeded to tell the inspector that they had a job in a hotel. When the inspector asked if the resident liked the job, the resident responded by smiling and making a hand gesture which the inspector took to stand for money. Residents received their meal soon after and then all three residents in the larger area of the centre left with a staff member to get an ice cream from a local shop. On leaving the centre at the end of the inspection two of these residents said goodbye to the inspector. One of these appeared happy at the time while the other chatted to the person in charge about the upcoming All Ireland hurling final.

In summary, all four residents living in the centre were away from the centre for part of the day during the course of the inspection. The inspector spoke with three of these residents with two of these appearing content or happy. The larger area of the centre was seen to be clean, well-furnished and homelike in its general appearance while the apartment was bare in its appearance. This was related to the needs of the resident living in that 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

A number of regulatory actions were identified during this inspection which included some events in this centre not being appropriately notified. This raised some concerns related to aspects of the oversight of the centre although the provider was continuing to make efforts to support the needs of a resident with high needs.

This designated centre was first registered in January 2024. The initial purpose of this centre was intended to provide residents from another of the provider's designated centres with a temporary place to live in while premises works were being completed in the other centre. These residents moved into the centre in March 2024 and the centre receiving its first inspection in August 2024. That inspection found some regulatory actions in areas but it was also evident during the inspection that one resident of this centre had higher and more complex needs compared to the other residents. Notifications received since inspection continued to indicate high needs for this resident.

As such, given the notifications that were being received, a decision was made to conduct the current inspection which was initially intended to focus primarily on safeguarding. However, during the course of this inspection, it was identified that a number of incidents occurring in the centre were not being appropriately notified as required. This raised some concerns around aspects of the oversight of the centre with regulatory actions identified across most regulations reviewed on this inspection. As a result, the focus on this inspection was changed to a risk based inspection in order to include Regulation 31 Notification of incidents.

It also notable during the inspection day that a number of key documentation was not present in the centre. This included an annual review for the centre, a restrictions log for the centre and preliminary screening records related to safeguarding allegations that had been made in the months leading up to this inspection. It was suggested to the inspector that these records were unavailable due to annual leave and some of these could not be available until 16 July 2025. As such, the inspector afforded the provider until this date to submit such documentation along with other information and other follow-up pieces given the inspection findings. While most information was submitted on 16 July 2025, some was not. This meant that some documents had to be requested again but a subsequent response received on 17 July 2025 did not contain some safeguarding documents requested. It was also notable that some of the post inspection communication was not consistent with information given during the inspection day.

Aside from such matters, it was acknowledged that the provider was continuing to make efforts, as best they could, to support the resident with higher needs but that this was challenging given the presentation of the resident. In addition, regarding

the initially intended temporary use of this centre by the current residents, it was highlighted that premises works in the other centre were progressing but that it was now unclear if residents would return there or remain in No. 6 Fuchsia Drive. As discussed later in this report, two of the residents had expressed a wish to continue living in this centre rather than returning to the other centre.

Regulation 16: Training and staff development

During the inspection, the inspector was informed that staff were to be supervised three times a year and staff supervision should be up-to-date. Supervision records were not available in the centre to confirm this but on the day of inspection, the inspector was informed by one staff member that they had last received supervision 12 months previously. Supervision schedules for 2024 and 2025 provided following the inspection stated that staff were to receive two supervisions every 12 months. They also indicated that most staff had received two supervisions during 2024 but two staff were not listed as having received any supervision. The 2025 supervision schedule provided listed 16 staff and indicated that four of them had received supervision in 2025 before the inspection with two indicated as receiving supervision on the day of inspection. The remaining 10 had yet to receive supervision in 2025 up to the time of the inspection but were scheduled to receive this in July and August 2025.

A training matrix was also provided for staff following the inspection. This indicated that most staff had completed training in relevant areas but some staff were overdue refresher training in some areas. For example:

- Five staff were overdue refresher training in fire safety.
- Three staff were overdue refresher training in safeguarding.
- Seven staff were overdue refresher training in infection prevention and control.

Other than training and staff supervision, this regulations that copies of relevant guidance issued by statutory bodies are made available to staff. During this inspection, it was seen that a copy of guidance related to types of abuse was present in the centre. A sheet attached to this guidance document indicated that this guidance document had been read by eight members of staff. The supervision and training records provided following this inspection indicated that more than eight staff worked in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

An organisational structural for the centre was outlined in the centre's statement of purpose which provided for lines of accountability and reporting. An awareness of this organisational structure can also play a key role in raising any concerns that staff or residents may have. During the inspection, when speaking with one staff member, the inspector asked a hypothetical question as who this staff would report if they had had a concern about a named manager. The staff member responded by saying that they would report this concern to the same manger's personal assistant (who was not part of the centre's organisational structure). A second staff member was also asked about the identity of certain members of management of the centre. While, this staff was aware of who the person in charge was, when asked the name of another manager, they gave the name of someone who had left the provider in November 2024. Such response did raise a concern as whether there was sufficient awareness of the centre's organisational and reporting structures although staff spoken with did speak positively of the support they received from centre management.

Beyond the centre's structure, this regulation requires the provider to conduct unannounced visits to the centre at least once every six months. The purpose of such visits is to review the quality and safety of care and support provided and to put a plan in place in respond to any issues identified. Since the August 2024 inspection of this inspection, two provider unannounced visit had taken place. The first occurred on 2 October 2024 and the second was conducted on 30 April 2025. This meant that there was a near seven month gap rather than a six month gap. Reports of both visits were provided during this inspection and it was seen that they did consider areas relevant to the quality and safety of care and support provided to residents. They also contained action plans for responding to areas of concern identified but improvement was needed to ensure that all actions were addressed in a complete and timely manner.

The action plan of the April 2025 provider unannounced visit report highlighted time-frames for addressing actions identified but the action plan had not been updated to reflect progress with such actions. A similar finding had been made during the August 2024 inspection also. Some of the identified actions from the April 2025 provider unannounced visit report had due dates that had passed at the time of this inspection without the actions being fully implemented. For example, an action had been identified to update complaints information in the centre by June 2025 but, as referenced under Regulation 34 Complaints procedure, this had not been fully completed. An action was also identified around re-establishing residents' meetings by June 2025 as there had been gaps in these identified. While notes of one resident meeting from 20 May 2025 were provided during this inspection, these were the only notes of such meetings provided since the April 2025 unannounced visit. This is discussed further under Regulation 9 Residents' rights.

Aside from provider unannounced visits, documentation reviewed as part of the inspection indicated that there were other means to monitor the services provided in the centre. For example, in December 2024 a specific person in charge audit had been completed which focused on specific regulations. The inspector was also informed that an annual review for the centre had been completed but that a report of this annual review was not present in the centre on the day of inspection. In the

days following it was subsequently indicated that this annual review had not been fully completed pending receipt of feedback from residents' representatives but a draft report of the annual review was provided. When reading this draft report it was noted that it considered relevant national standards while also providing for feedback from residents. However, while such monitoring systems were in use for this centre, the current inspection did find regulatory actions across most regulations reviewed. This indicated that the provider's monitoring systems were not always effective in identifying and address matters in a timely manner. In particular, the findings under Regulation 31 Notifications of incidents raised concerns around aspects of the oversight of the centre.

It was acknowledged though that a number of the regulatory actions identified on this inspection were of an administrative nature rather than things that posed a significant risk to residents. It was also noted that, as had been highlighted by the August 2024 inspection, one resident living in this centre had significantly higher needs that other residents living in the centre. As a result, this resident required more support compared to their peers and was the subject of additional input from various health and social care professionals. The nature of this residents' needs and the supports they required were a challenging situation and the provider was continuing to make ongoing efforts to supports their needs as best they could. For example, the inspector was informed that staff had been recently undergoing particular training to help determine how best to support the resident. Matters related to this resident are discussed further in the context of Regulation 5 Individualised assessment and personal plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector of Social Services must be notified of certain events at specific time frames. These events include:

- Allegations of a safeguarding matter which must be notified within three working days.
- Any occasion where an unplanned evacuation of the centre took place which must be notified within three working days.
- Any use of environmental restrictive practice that must be notified on a quarterly basis.
- Certain types of injuries that must be notified on a quarterly basis.

While a number of notifications had been received from this centre since the August 2024 inspection that had been notified in a timely manner, the findings of this inspection highlighted that this regulation's requirements were not been complied with. In particular, it was appeared that some notifiable events had not been

notified as required and/or some incidents occurring had not been recognised or identified as needing notification. This was evidenced by the following:

- Based on records, an incident had occurred on 5 January 2025 which was safeguarding in nature. This incidents was processed through the provider's regarding processes and was notified to the relevant Health Service Executive (HSE) Safeguarding and Protection Team. Despite this, it had not been notified to the Chief Inspector at the time that it occurred. A retrospective notification about this was submitted on 21 July 2025.
- In the notes of a residents' meeting from 20 May 2025, reference was made to residents leaving the centre after the fire alarm was activated the previous day. There was no fire drill record that corresponded with this but the entry in the residents' meeting notes suggested that this was an unplanned evacuation due the activation of the fire alarm which had not been notified at the time of this inspection. This was raised with management of the centre during the feedback meeting for the inspection who were afforded an opportunity to provide additional context to this matter. Following the inspection, it was indicated that an unplanned evacuation had occurred on 19 May 2025 that had not been reported nor notified. A retrospective notification about this was submitted on 16 July 2025.
- During the previous inspection of this centre in August 2024, it was identified that some environmental restrictions in use, such as locked Perspex screens on a television and a noticeboard, had not been notified as being in use. These were still seen to be use at the time of the current inspection. In response to the August 2024 inspection, it was indicated that the provider did not regard these as restrictions and it was acknowledged that there were in use due to the particular needs of one resident. However, they were by their nature environmental restrictions and had not been notified as being in use since the August 2024 inspection. This was despite the centre's restrictions log containing an entry for a "TV unit".
- While injuries of a certain type had been notified for this centre for the fourth quarter of 2024 and the first quarter of 2025, no such notification had been received for the third quarter of 2024. When the inspector queried this during the inspection, it was indicted that there may been no such injuries that occurred during the third quarter of 2024. When reviewing an incident log book for the centre for the period, the entries in this suggested that there had been no relevant injury that occurred in the centre during the period 1 July 2024 to 30 September 2024. All entries in this log book for this time period were signed by the person in charge. However, when the inspector reviewed separate incident reports for the same period, he identified four incidents where a resident was recorded as sustaining an injury. For example, one incident report from 30 September 2024 referenced a resident as sustaining a cut. Such incidents reports were not listed on the incident log book seen. This raised a concern as to how incidents were being recorded and monitored in this centre both from a notifications and oversight perspective. Following the inspection, communication was received which indicated that any injuries sustained during this the third quarter of 2024 coincided with the administration of chemical restraint/PRN medicines (medicines to be taken when required) and were captured in a quarterly

notification of restrictive practices submitted for the same period. On review of this notification, it was seen that this notification referenced self-injurious behaviours on certain dates but did not specific details of any actual injury sustained. As such, the inspector was not assured that all relevant injuries had been appropriately notified in a timely manner. It was also indicated in the post inspection communication received that "several incidents" from July 2024 had not been notified. On 16 July 2025 a retrospective notification for the third quarter of 2024 was submitted that listed 18 minor injuries that had occurred during this period.

Judgment: Not compliant

Regulation 34: Complaints procedure

During the inspection day, the inspector reviewed a complaints folder provided. This contained records of two complaints that had been made since October 2024, one from from February 2025 and the other from March 2025. However, a complaints log for 2024 in the same folder suggested that there had been a further complaint from December 2024 while a provider unannounced visit report from 30 April 2025 indicated that there had been four complaints since the previous provider unannounced visit in October 2024. No other records of any complaint from December 2024 nor any other complaints from this time period were present in the folder provided. This was highlighted during the inspection but no further records of either were provided before the end of the inspection day. As such the inspector afforded the provider additional time to provide further information these complaints. Communication received following the inspection stated that after review there had only been complaints and that there had been an error in the April 2025 provider unannounced visit report.

While such information was noted, when the reviewing the complaint record from February 2025, it was noted that a resident had been unable to leave the centre as there was only one staff member to support three residents and one of the other resident had refused to go out. Such matters had been raised during the August 2024 inspection in which it was indicated that additional staff would be put on to ensure that such instances did not happened. During the inspection, it was verbally communicated to the provider that residents' ability to go out was not being impacting by staffing matters. The staffing arrangements described to the inspector generally appeared similar to those of the previous inspection although it was noted that the number of residents living in the centre had decreased in recent months. Despite this, the complaint record from February 2025 was described an ongoing matter and was not marked as being resolved. This did not assure that the resident's complaint had been responded to in a timely manner.

Information about the complaints process was seen to be on display in the centre. This outlined how and to whom residents could raise a complaints to. However, it was noted that in the larger area of the centre, two signs about the complaints

process were on display. Each sign identified a different manager who could help residents with a complaints. While the manager identified in one sign was working in the centre at the time of inspection, the other manager identified in the other sign had not been involved with the centre for some time.

Judgment: Substantially compliant

Quality and safety

Records were not provided that some safeguarding allegations were being screened while some measures outlined in safeguarding plans were not being implemented. Residents meetings were occurring but infrequently based on notes provided.

One resident living in this centre had higher needs compared to their peers. While this resident was subject to ongoing support, it was unclear if the resident could be adequately supported in their current environment. The presentation of this resident could impact their peers and had resulted in some safeguarding incidents occurring. Such incidents were appropriately screened with safeguarding plans put in place but it was noted that some outlined safeguarding measures from these plans were not being implemented. This included holding resident meetings on a weekly basis with notes of such meetings provided during this inspection indicating that they were being held in an infrequent basis. Other safeguarding allegations were being made also and while documentation was provided that some had been screened, such documentation was not provided for other allegations.

Regulation 10: Communication

Three of the four residents living in the centre could communicate verbally. For the resident that did not, information was present in their personal plan around how to communicate with the resident and how to support them in this area. The inspector was also informed that the resident had been recently referred to a speech and language therapist with a view to potentially using some assistive technology for their communication. To facilitate the use of such assistive technology, the centre was provided with Wi-Fi Internet access while media such as televisions and radios were provided within the centre.

Judgment: Compliant

Regulation 12: Personal possessions

This regulation was not reviewed in full but during this inspection the personal possessions logs of two residents were reviewed. The log for one resident contained three entries and the log for the second resident contained six entries. When viewing the bedroom of the second resident, it was apparent that they had more than six possessions. This did not provide assurance that these possessions logs were being appropriately monitored and kept up-to-date.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was present in the centre that contained all of the required information such as how to access inspection reports and the arrangements for visits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, each resident should have an individualised personal plan in place that sets out their needs. The personal plans of two residents were reviewed during this inspection and were found to have been recently reviewed and contained guidance on supporting the needs of residents in areas such as their health, communication and intimate personal care. A process was also used to identify priorities for residents to achieve which focused on areas such as their health and participating in the community. It was noted though that some priorities had time frames and responsibilities assigned for helping residents with these but others did not. It also noted though that both residents last had an annual multidisciplinary review completed in early 2024 when they last lived in another designated centre. Under this regulation, residents' personal plans should be subject to an annual review by at the time of this inspection, these residents had not received such a review since moving into this centre in March 2024. The inspector was informed that such reviews were scheduled to take place in November 2024.

Aside from personal plans, this regulation also requires that suitable arrangements are in place to meet the needs of residents and that the designated centre is suitable to meet such needs. During this inspection, there was some suggestions that the needs of one resident were increasing from a health perspective. This was being reviewed by the provider at the time of inspection but the evidence gathered during this inspection indicated that the resident continued to be well supported in their current home. However, as referenced already in this report, another resident had significantly higher needs than their peers. This resident was in receipt of regular multidisciplinary input and high levels of staff support. Ongoing efforts were

made to support as best the provider could. For example, the inspector was informed that recent changes had been made to the resident's day service provision while the resident was also provided with their own living area.

While the resident did have their own living area, and did not physically interact with the other residents of the centre, they could still impact on their peers. This was reflected in some safeguarding incidents that had occurred and comments of staff during this inspection. Similar findings were also highlighted during the August 2024 inspection. That inspection also found that this resident this resident was discussed at the provider's admissions, discharge and transfer (ADT) committee and the provider's planning and development forum which raised a query as to whether the resident's current environment was best suited to their needs. On the current inspection, the inspector found that the resident continued to be discussed at the ADT committee along with the planning and development forum. It was also evident that the resident needs' remained high, particularly from a mental health perspective, with the resident described as having recently been in crisis.

Accordingly the inspector was informed that the resident's placement in the centre was under review with an emergency meeting about this to take place. Following the August 2024 inspection, the provider's compliance plan response made reference a review of long-term compatibilities of residents. When the inspector queried this on the current inspection, it was expressly indicated that a compatibility assessment for residents had been completed. The outcome of this was requested along with the outcome of the emergency meeting. Communication received following the inspection then suggested that no compatibility assessment had been completed. It was not confirmed either what the outcome of the emergency meeting had been although other documentation provided post inspection did confirm that the resident was subject to extensive multidisciplinary review with notes of a recent meeting referencing that the resident's service was to be assessed. Notes of another meeting provided also raised a query as to No.6 Fuchsia Drive was the right service for the resident. Taking into account the inconsistent information provided during the current inspection process, the finding from the August 2024 inspection under this regulation remained unchanged.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had a designated officer whose role was to review any safeguarding allegations or incidents that were raised/occurred. Contact information about this designated officer was seen to be on display in the centre's staff office while staff spoken with also displayed a knowledge of this person. Such staff also demonstrated a reasonable knowledge related to the types of abuse that could occur. Notes of four staff meetings from 2025 were also reviewed and it was seen that the most recent meeting notes from May 2025 did reference safeguarding being discussed. The three other meeting notes did not reference safeguarding being discussed in a

general sense but did appear to make reference to a specific safeguarding incident and plan being raised with staff.

Since the August 2024 inspection, twenty-three safeguarding notifications had been submitted to the Chief Inspector relating to allegations made by one resident. During the inspection, the inspector requested records of preliminary screening related to the eight most recent allegations notified to the Chief Inspector. These records were not available during the inspection day. As such the inspector twice afforded the provider additional time to submit these. Some additional safeguarding records were provided on 17 July 2025. These records confirmed that some of the allegations were being screened and reported to the HSE Safeguarding and Protection Team. These records also confirmed that the allegations made were unfounded. However, preliminary screening documents were not provided for three of the safeguarding allegations and notifications that had been specifically requested. Taking into account the multiple requests made by the inspector for these and the additional time afforded to the provider, this did not assure that all safeguarding allegations made were being appropriately screened.

Aside from such allegations, there some safeguarding incidents that had occurred since the August 2024 inspection which involved the presentation of one resident impacting their peers. Records about these were available during the inspection day and indicated that these had been screened and reported to the HSE Safeguarding and Protection Team. Given the nature of these incidents, safeguarding plans were put in place in response to them which outlined measure to prevent reoccurrence. The inspector reviewed these safeguarding plans during the inspection but noted that some of the outlined measures were not being followed in practice. For example, some safeguarding plans made reference to there being weekly residents' meetings but records reviewed and discussions with staff indicated that these were not taking place. Safeguarding plans also made specific reference to a door being locked if a resident was presenting with behaviour that challenges. The inspector was informed though that this door was not being locked even though incident records reviewed suggested that there had been times when the resident had presented with behaviour that challenges. It was acknowledged though that the inspector was informed that no resident would attempt to use this door during such incidents.

Judgment: Not compliant

Regulation 9: Residents' rights

The statement of purpose which this centre was registered against indicated that regular meetings would be scheduled with residents to ensure resident were involved in the running of the centre and to discuss matters such as household issues and menu planning. During this inspection, a staff member spoken with indicated that such meetings were being done every two to three weeks. However, some safeguarding plans reviewed stated that these were to be done to weekly. The

notes of residents' meetings provided during this inspection indicated that these meetings were occurring less frequently than this. In total notes of six residents' meetings were provided since the August 2024 inspection with only one such meeting documented since 12 March 2025 despite the April 2024 provider unannounced visit report highlighting that such meetings were to be re-established. As such, these meetings were not occurring regularly meaning that the provider was not consulting with residents or giving them information in the manner outlined in their statement of purpose.

When reviewing the meeting notes that were provided, it was seen that they did reference matters such as safety, the house provided and complaints as agenda items. Rights were indicated as being discussed with residents and it was seen that there were folders in the centre that contained some easy-to-read documents for residents around rights and the provider's policies. It was noted though that some of the easy-to-read policies present in the centre were overdue a review with a posit-it note on the folder containing these stating "first 11 policies need to be revised".

As referenced earlier in this report, the residents currently living in this centre had transitioned into this centre from another centre in March 2024. This was intended as temporary measures pending the completion of premises works. While the premises works plan related to the other designated centre was progressing, it was indicated to the inspector that it was unclear if residents would return to the previous centre where they lived. It was notable also that in the notes of the most recent residents' meeting from 20 May 2025, two residents were recorded as stating that they wanted to remain in No. 6 Fuchsia Drive and did not want to return to the centre where they previously lived.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No. 6 Fuchsia Drive OSV-0008707

Inspection ID: MON-0047668

Date of inspection: 10/07/2025

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 the training matrix continues to be updated for training requirements in the Centre and that • supervision occurs in line with policy i.e. twice yearly and that the supervision schedule as provided is followed. • supervision received in other areas is noted on supervision schedules • staff are booked on refresher training as required. Staff outstanding in Fire Safety, safeguarding and Infection Prevention & Control will complete refresher training [30.09.2025]. • guidance related to different types of abuse is discussed at team meeting [31.08.2025]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that the following actions are taken in relation to improvement in the Governance and Management of the Centre:- • The focus of the Provider visits to the centre will be reviewed to identify possible weaknesses in identification of key regulatory requirements and that the visits are undertaken according to the provider schedule which identifies timelines for visitors to perform such visits. [30.09.2025] • Ensure that all documentation required to be kept in the Centre is available on site	

including Preliminary screening of safeguarding issues and Annual Report of the Centre
• The Person in Charge will ensure that the line management structure as set out in the Statement of Purpose is discussed at staff team meeting [23.07.2025] and that documentation and posters are reviewed to ensure they have the updated detail. [5.08.2025]
• The Person in Charge will ensure that all actions from provider visit reports are addressed and completed in timely manner.
• The Person in Charge will ensure that all complaints are recorded in the Complaints log and the nature of the concern and how resolved recorded.
• The Provider will continue to seek solutions to improve sound-proofing measures between the apartment and the main house to ensure all residents are supported to have quiet enjoyment of their home. [see Reg 5 below]
• The Provider will continue to work with the Person in Charge and the staff Team and guided by recommendations from multidisciplinary and Complex Case Forum, will ensure that a plan on how best to support one resident in the future is scoped out by 30 September 2025 with target implementation date of June 2026. – see Reg 5 below.
• The Person in Charge will ensure that separate incident report books to include safeguarding concerns will be maintained in both the main house and the apartment [25/08/2025]
• The Provider will ensure that the floor plans reflect the temporary change of use of one bedroom in the house [15.08.2025] until such time as it is decided the longer-term function of this room i.e. when residents are supported to make an informed choice of whether they wish to return to their renovated home or remain in this Centre. An Application to Vary will be submitted to the Authority to reflect the requirement at that stage [30/06/2026] see regulations 5 and 9 below

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Person in charge will ensure that
• the notification of incidents is in line with required notification periods [31/07/2025]
• staff are reminded of the responsibilities of reporting notifiable events as and when they occur including unplanned evacuations, at a team meeting [23.07.2025]
• The person in charge will ensure that all restrictive practices are notified on quarterly returns [15.08.2025]
• The person in Charge will ensure that all minor injuries are appropriately notified [31.07.2025]

As stated under Regulation 23 above to support completeness of reporting separate incident report books to include safeguarding concerns will be maintained in both the main house and the apartment

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Provider will ensure that the Complaints Log is operated as required with the Person in Charge ensuring that

- the number complaints/compliments are recorded accurately.
- complaints are resolved in a timely manner to satisfaction of the complainant.
- the learning from issues arising from the complaint are problem-solved/shared with the Team
- all complaints posters are updated to reflect current manager of the centre. [05.08.2025].

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Person in Charge will ensure that all personal possessions logs are reviewed for completeness to ensure they reflect the breath of personal possessions. [30.09.2025]

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
- The Person in Charge will ensure that records of Annual Multi-Disciplinary Review are placed on file for all residents [31.08.2025]
- The Person in Charge will ensure that timeframes and responsibilities are assigned to priorities/goals for residents. [31.08.2025]
- The Provider will continue to seek solutions to improve sound-proofing measures between the apartment and the main house to ensure all residents are supported to have quiet enjoyment of their home [30.09.2025]
- The Person in Charge will ensure that any meetings held regarding placement or compatibility for one resident are recorded through the Complex Case Forum. Also as

stated under Regulation 23 the Provider will continue to work with the Person in Charge and the Staff Team and guided by recommendations from multidisciplinary and Complex Case Forum, will ensure that a plan on how best to support this resident in the future is scoped out by 30 September 2025 with target implementation date of [30 June 2026].

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The Person in Charge will ensure that staff meetings are held with regularity and that safeguarding as a standing item is discussed at each meetin [31.08.2025]
• guidance related to different types of abuse will be discussed at a team meeting [31.08.2025]
• The Person in Charge will ensure that all safeguarding incidents which occur in the designated centre are notified appropriately. The Apartment and the main house will each have an incident report book to track incidents, outcomes of screenings and notifications to the Authority, including a note on rational if an incident is deemed not reportable.
• The person in charge will ensure that all records of all preliminary screenings are held in the Centre [31.07.2025]
• The Person in Charge will ensure that all safeguarding plans are read and discussed by the staff team at team meetings, and that all safeguarding measures to prevent reoccurrence are followed.
• The Person in Charge will ensure that residents meetings are held weekly in line with safeguarding plans to be reviewed when safeguarding plans are closed.
• The Person in charge will ensure that safeguarding plans are reviewed to reflect the discontinuation of the practice of a locked door.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider will ensure that the Log of Restrictions held in Designated Centres is discussed at PIC/Provider forum to ensure consistency on what is reported to the Authority in relation to issues that are a restriction but do not impact on voluntary movement of the resident e.g. TV unit enclosed for safety reasons but still operational via remote control.

The Person in Charge will ensure that
• Residents' meetings are held weekly in line with safeguarding plans.
• all available updated Easy to Read policies are placed on file for residents.

• residents are kept informed of renovation works to their previous residence and consultation will be undertaken nearer completion of works to afford residents information to make an informed choice on whether they wish to return to this premises once works are complete [June 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2025
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	30/09/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2025

Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	05/08/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	30/09/2025

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	31/07/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/07/2025
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring	Not Compliant	Orange	15/08/2025

	in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/07/2025
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	05/08/2025
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	05/08/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each	Substantially Compliant	Yellow	30/09/2025

	resident, as assessed in accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2026
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/08/2025
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/08/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2025
Regulation 08(3)	The person in charge shall	Not Compliant	Orange	31/08/2025

	initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/06/2026