



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

Issued by the Chief Inspector

Name of designated centre:	Aras Ola
Name of provider:	Victoria Healthcare Organisation Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	14 October 2025
Centre ID:	OSV-0008958
Fieldwork ID:	MON-0047436

## About the designated centre

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

Aras Ola is a detached bungalow located in a rural area but within close driving distance to a nearby city. The centre can provide full-time residential care for a maximum of four residents. The centre can support residents of both genders and over the age of 18 with intellectual disabilities and additional supports needs such as autism. Four individual bedrooms for residents are available, two of which have en-suite bathrooms, and other rooms in the centre include a kitchen-dining-living room, a sitting room, a laundry and a staff office. Residents are to be supported by the person in charge, nurses, social care workers and health care assistants.

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

Number of residents on the date of inspection:	0
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## 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
Tuesday 14 October 2025	09:02hrs to 11:35hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

No resident was present in this centre at the time that this inspection took place. As a result, no resident views were obtained during this inspection nor were any resident and staff observations made. Some observations were made though regarding the premises.

The premises that was provided for this centre was a detached bungalow. A day services room was part of the same bungalow but this day services room was not included within the footprint of the centre. The centre was surrounded by a garden area but most of the ground of this garden area was rough and/or overgrown. Since a site visit of this centre that had taken place in February 2025, moss had been removed from the centre's roof while the external walls had been painted. On the current inspection it was observed though that the surface of one window was peeling externally. Some closed-circuit television (CCTV) cameras were also seen on the external walls.

A monitor showing the feeds from these CCTV cameras was present inside the centre in the staff office. Internally the premises provided was seen to be nicely decorated and well-furnished in places such as in the hall and corridor areas while the kitchen worktop appeared modern. It was noted though that some of the fixtures and fittings in the centre were older in their general style and appearance. These included a corner unit in the sitting room and presses in one bedroom. It was also observed in the kitchen-dining-living room that three presses there were screwed shut and could not be opened. These presses was highlighted to management of the centre during the feedback meeting for the inspection.

During the course of the inspection, the premises internally was mostly seen to be presented in a clean manner. However, it was seen that the laundry room and a corner press in the kitchen-dining-living room needed further cleaning. It also noticed by the inspector that two bedrooms in the centre had a musty smell when entered by the inspector. Four bedrooms for residents' use were present in the centre which had beds and facilities to store clothes such as wardrobes. It was observed that the four bedrooms, the sitting room and the kitchen-dining-living were all painted the same colour.

In summary, this centre was vacant so the inspector's observations were limited to the premises provided. While the premises provided was seen to be clean, well-furnished, and nicely decorated in places, two bedrooms were noted to have a musty smell and the laundry needed cleaning. A number of rooms were painted the same colour and three presses were seen to be screwed shut.

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

Although this centre had been registered since June 2025, no residents had been admitted at the time of this inspection. Some regulatory actions were identified during this inspection with some being similar to the findings of a site visit conducted before the centre was registered.

In December 2024 the provider applied to the Chief Inspector of Social Services to register Aras Ola as a designated centre. After a review of the registration documentation submitted, a site visit of the then proposed centre was conducted in February 2025. That visit identified a number of regulations where further assurances were required that the provider would comply with specific regulations. This covered areas such as the premises, fire safety and specific required policies. Taking into account the response to this site visit as submitted by the provider, the decision was made to register the centre until June 2028 with no restrictive practices. The current inspection was conducted to assess compliance with the regulations since the centre was registered.

During the introduction meeting for the inspection, it was indicated that the centre had not been in use since registration was granted with no residents having been admitted. It was indicated to the inspector that the provider was engaging with a statutory body about admissions with the provider also giving consideration to changing the centre's statement of purpose to allow for emergency admissions to the centre to occur. As the statement of purpose for the centre informs the basis of a condition of registration, management of the centre were advised that making such change may require the relevant condition to be varied.

When viewing the statement of purpose provided during the inspection, it was observed that this did not include all of the information contained in the centre's registration certificate. The same statement of purpose also indicated that the person in charge worked full-time in the centre. However, the inspector was informed that while the person in charge did work for the provider, they were employed full-time by another organisation and would only commence working full-time with the provider once residents were admitted to the centre. While the circumstances of this were acknowledged, the inspector did highlight centre management around the content of the centre's statement of purpose and the requirements of the regulations regarding a person in charge working full-time.

Given that the centre was unoccupied at the time that this inspection occurred and no residents had availed of the centre since registration, it was not possible to make evidenced judgements on a number of relevant regulations. Such regulations covered areas including residents' rights, safeguarding and the provision of healthcare. Despite this, this inspection did highlight some areas that needed improvement before any residents were to be admitted to the centre. Some of these

were similar to the findings of the February 2025 particularly relating to the provider's policies and aspects of fire safety.

## Regulation 23: Governance and management

An organisational structure for this centre was outlined in the centre's statement of purpose. The inspector was also informed that the provider did have an individual from their quality and safety department who would do audits in the centre. However, as the centre had not yet had any admissions since registration, it was indicated to the inspector that no audits had been completed for the centre. While it was acknowledged that the centre was not yet operational, some of the findings of this inspection did highlight some areas that needed improvement before any residents were to be admitted to the centre. These areas will be discussed in greater details elsewhere in this report but covered areas such as fire safety and infection prevention and control. Some of the areas in need of improvement during this inspection were also raised during the site visit in February 2025. This indicated that the management and monitoring systems in operation needed improvement to ensure that all relevant issues were identified and addressed before residents were admitted to this centre.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place for this centre that contained most of the required information. This included a description of the rooms in the centre and the arrangement for respecting residents' privacy and dignity. The statement of purpose also included the admission criteria for the centre and expressly indicated that the centre did not accept emergency admissions. During this inspection it was indicated that the provider was considering changing the centre's statement of purpose to allow for emergency admissions to centre to take place. Aside from this, it was observed during this inspection that the statement of purpose provided had not been updated to reflect that the centre was registered since June 2025. As a result, all of the information outlined in the centre's certificate of registration was not included within the statement of purpose. Such information is required to be include in keeping with this regulation.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

Under this regulation, the provider is required to have in place and implement specific policies. Having such policies is important to provide guidance for staff to ensure that they and the provider are consistently providing safe and effective care. During the site visit of the centre in February 2025 it was identified that, while the provider did have the required specific policies in place, a number of these policies contained limited guidance on the procedures that were to be followed in this centre. During the current inspection, the inspector requested to review the provider's policies required under this regulation. From the policies documentation provided on the day of inspection it was noted that all of the policies were dated January 2025 and some continued to contain limited guidance on the procedures to be followed in this centre. For example:

- The complaints policy did not sufficiently address any appeals process that could be followed if required.
- The medicines management policy contained limited details on the processes to be followed in the event that a medicines error occurred. This policy was also noticeably brief given the scope of medicines management.
- In addition, when reviewing the provider's policy related to records, it was observed that this policy did not set out how long specific records relating to the centre were to be retained for. It was also noted that the same policy referred to a named hospital rather than Aras Ola or the provider in one section.

Based on the policy documents provided during this inspection, the provider's policies had not been sufficiently reviewed and updated to reflect the findings of the February 2025 site visit.

Judgment: Not compliant

## Quality and safety

Fire systems were provided for in the centre but the operations of two fire doors needed review. A service check was overdue for the fire alarm provided. The status of a vehicle present at the centre was queried during this inspection.

Given that no residents were present during this inspection, this inspection focused on matters related to the premises provided. Observations in relation to the premises generally are outlined in the opening section of this report. It was seen that this premises was provided with fire safety systems such as a fire alarm but based on the information proved during this inspection, this fire alarm was overdue a service check at the time of this inspection. A fire blanket present in the centre was indicated as not having had a service check in nearly three years. Fire doors were also provided for within the centre but two of these did not close fully under

their own weight which could negate their effectiveness.

Beyond such matters, during this inspection the inspector observed a vehicle to the rear of the centre. The inspector queried the status of this vehicle and was told that it was intended to be used for this centre. Under the regulations, any vehicles used to transport residents should be roadworthy but the inspector observed that the vehicle had a National Car Test certificate that had expired since February 2025. When highlighted during the feedback meeting for this inspection, the inspector was informed that parts were awaited to repair this vehicle but that the vehicle was not for this centre. The inspector was also informed that the provider had two other vehicles for the centre, neither of which were present for review during this inspection.

### Regulation 17: Premises

Since the February 2025 site visit, the external of the premises provided had been painted while moss had been removed from the roof. Although this premises was seen to be well-furnished, nicely decorated and clean in places, during this inspection some areas were seen which needed improvement. These included:

- A sink and a press in the laundry room along with a press in the kitchen-dining-living room were unclean.
- Two bedrooms were noted to have a musty smell which raised queries around the level of ventilation in those bedrooms.
- The condition of the garden area surrounding the centre and three presses in the kitchen-dining-living room being screwed shut detracted from the potential homeliness of the premises.

The premises provided did have communal rooms and bathrooms. However, as no resident had been admitted to the centre since the centre was registered, the inspector was unable to judge if such rooms and facilities were suitable to meet any residents' needs.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents guide was present in this centre that was read by the inspector during this inspection. This residents guide was found to contain all of the information required under this regulation. This included a summary of the services and facilities to be provided along with details of the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

Given that the centre was vacant, the inspector queried if there were checks being conducted to mitigate against the potential for Legionnaires' disease to develop. Although this represents an infectious disease, the inspector was informed that no such checks were being conducted at the time of this inspection. In addition, during the inspection the inspector observed that some contents of a first aid kit had expired in June 2024 while a bottle of hand sanitiser in the centre's laundry was marked as being expired since November 2022. Similar observations were made during the February 2025 site visit for the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The February 2025 site visit raised a number of concerns and queries in relation to the provision of fire containment in the centre. This included the standard and operations of fire doors in the centre which are intended to prevent the spread of fire and smoke in the event of a fire occurring. In response, the provider submitted a letter from a competent person, dated March 2025, which indicated that recommended remedial fire safety measures had been completed. The same letter also indicated that the centre complied with a relevant code of practice for fire safety.

During the current inspection, it was seen the remedial works outlined in the March 2025 letter had been completed. For example, the hot press in the centre was now located behind fire doors. It was observed though that two fire doors in the centre did not close fully under their own weight. This had the potential to reduce the effectiveness of these doors in their intended purpose. A similar observation had been made during the February 2025 site visit.

Aside from fire doors, the centre did have other fire safety systems in place such as a fire alarm and emergency lighting. Such systems should be serviced regularly by external contractors to ensure that they are in proper working order. However, the last record provided during this inspection of either the fire alarm or emergency lighting being serviced was from January 2025. When highlighted management of the centre indicated that they had tried to engage with a fire company around such servicing in August 2025 but were still waiting on this. Given that documentation reviewed indicated that the centre's fire alarm was to be serviced on a quarterly basis, at least two quarterly checks on this fire alarm had been missed at the time that this inspection occurred.

The centre was also provided with fire extinguishers which were indicated as last being serviced in November 2024. Such fire extinguishers were observed to be located in the laundry and the hall area of the centre but were not seen in the kitchen-dining-living room which was between these two rooms. It was also observed that no fire blanket, which can be useful in putting out fires in cooking areas, was present in the kitchen-dining-living room. Management of the centre informed the inspector that they had been advised that such a fire blanket was not needed in the kitchen-dining-living room. A fire blanket was present in the staff office which was indicated as last having a service check in November 2022.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Aras Ola OSV-0008958

Inspection ID: MON-0047436

Date of inspection: 14/10/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	<p>1. The provider will carry out an audit of the designated centre by 30th Nov 2025.</p> <p>2. All identified issues in the audit have been addressed.</p>
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	<p>The statement of purpose will be edited to include the certificate of registration and the conditions of registration. It was sent to the inspector on 08/12/25.</p>
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	<p>All policies will be updated by 15th December, 2025. In particular, the three policies mentioned in the inspection report have been updated and included in this submission. The process of updating the other report is ongoing.</p>

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. The sink and press in the laundry room was cleaned the following day of the inspection on 15th Oct 2025.</li> <li>2. Room windows are being opened frequently starting from the 15th Oct 2025.</li> <li>3. The presses open both ways, therefore the presses can be accessible by then opened part. (15th Oct 2025).</li> </ol>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> <li>1. Expired hand sanitizer has been replaced immediately after the inspection on 14th Oct 2025.</li> <li>2. The expired content of the first aid kits has been replaced</li> <li>3. Taps and showers are being run frequently in the centre, as well as flushing of toilets.</li> <li>4. Laboratory assessment of the water supply in the centre is being carried out regularly.</li> <li>5. A protocol has been put in place to comprehensively manage the risk of legionnaires infection in the centre. (date completed 10/11/2025).</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The fire safety company retained for servicing and maintaining the fire safety equipment has been contacted and an appointment has been booked for the 14th of Nov 2025.</li> <li>2. The fire doors will be adjusted by 15th Nov 2025.</li> <li>3. A new fire blanket has been put in place on 10th Nov 2025.</li> </ol>	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	15/10/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	15/10/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/11/2025

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/11/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/11/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/11/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2025

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	15/12/2025
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