Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	19 May 2026
Centre ID:	OSV-0003641
Fieldwork ID:	MON-0041512

About the designated centre

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

Teach Saoirse is a purpose built house located in a large walled and gated site. The centre provides a dedicated respite service midweek and at weekends for children, both male and female, from the ages of 0 to 18 years, who have been diagnosed as being on the autistic spectrum or have a physical, sensory or intellectual disability. The centre comprises five en-suite bedrooms which can accommodate up to five children. Other facilities in the centre include a kitchen, a utility room, a dining room, a living room, a kitchen, a multisensory room and staff facilities. Staffing in the centre is made up of family support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 19 May 2026	13:30hrs to 18:30hrs	Sarah Mockler	Lead
Wednesday 20 May 2026	09:00hrs to 13:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to monitor the designated centre's ongoing compliance with Regulations to inform an upcoming registration renewal decision. The inspection was announced and occurred over a two day period. Overall, it was found that the children availing of respite stays in the centre were receiving a good quality service were their assessed needs were well met. The designated centre met compliance with all Regulations reviewed.

The designated centre is currently registered to provide respite care for five children at a time. At the time of inspection 29 children were availing of respite care in the centre with approximately 78 children on a waiting list. Children received one to two nights respite care based on their needs, with some children receiving two nights a month and other children receiving up eight nights a month.

The inspector had the opportunity to meet with five young people receiving respite care on the first evening of the inspection. All young people were collected from their school by the staff team and brought back to the centre to relax for the evening. In addition the inspector met with and spoke to 11 staff members, house keeping staff, the team leader, the Clinical Nurse Manager (CNM1) and the person in charge. The inspector also had the opportunity to speak with family representatives. Documentation in relation to care and support needs, risk, safeguarding, medicine management, fire safety and relevant audits were also reviewed as part of the inspection process.

The designated centre consists of a large purpose built detached house on its own grounds in a town in County Tipperary. There are electric gates to the front of the property and ample parking for staff cars. The centre is surrounded by a very large garden area with ample play equipment such as swings, accessible swings, zip-line, trampoline and raised flower beds.

The inspector completed a review of all aspects of the premises. The designated centre is a large bungalow with five en-suite bedrooms. There was ample storage in each bedroom for the young people's belongings. Some rooms had accessible or specialised equipment to meet the assessed needs of the young people, this included over head hoists, specialised beds and specialised mattresses and sleep systems. The young people had access to a large sitting room, a room with a sensory pod, a kitchen and dining area. Also located in the building was a dedicated administration/office area, three laundry rooms and a medication room. All parts of the centre were well maintained, bright with child- centered decor and pictures in situ.

The inspector spent four hours with the young people in the centre. The majority of the young people primarily used non-speaking means to communicate their immediate preferences. The inspector saw the young people engage in activities of

their choosing such as putting on laundry, playing outside, playing and interacting with the staff team, being supported to leave the centre to go an enjoy an activity or being supported around meal times, medication or other care and support needs.

All the young people were seen to be engaged and well supported during this time. One or two staff members were assigned to each young person and no young person was ever left unattended. The designated centre was very busy with seven staff members present and three members of the local management team. However, all young people appeared well supported and comfortable in their environment. The young people that had no mobility needs were seen to freely move around the centre. The young people that required support around mobility were supported accordingly.

All staff were aware of the young people's communication preferences and were seen to interpret non-speaking cues with ease. For example, the inspector saw one young person request a preferred song and game and the staff member interacted accordingly. There were pictures and posters on the wall to encourage staff on how to communicate with the young people, this included pictures of adapted sign language and pictures of core words with associated visual symbols.

Staff were familiar with the young people's needs and spoke with the inspector around relevant risks, control measures and supports in place to help the young people regulate. At one point in the afternoon, one of the young people became dys-regulated and the inspector observed how the staff supported this young person at this time. They were kind and patient in their interactions and took immediate actions to ensure the young person was kept safe. The young person soon settled and was brought out to engage in a preferred activity.

The inspector observed some of the young people at meal times. Meals and snacks were offered when the young people requested them. A freshly cooked meal had been prepared prior to the young people returning home and the inspector observed this meal been modified for the young people in line with their assessed needs. Young people were also seen to request specific food, the the staff prepared this accordingly. The staff were very knowledgeable around the young people's dietary needs and preferences. For example, one staff explained to the inspector how one young person liked their potato alphabet shapes cooked and that one specific letter had to be removed as this was the young person's preference.

The inspector received feedback on the service provided to the young people from seven family representatives. In the feedback family representatives were overwhelming positive on the service the young people were receiving. They described the service as "fantastic", "brilliant", "life saving" and "great". A number of family representatives were very complimentary of the staff team and named staff who were supporting their child. All family representatives stated that they spoke to the person in charge on a regular basis and that they were very accommodating in terms of specific requests for respite stays.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of children's care and support.

Capacity and capability

Overall, the systems in place to manage the centre were effective resulting in the children receiving good care and support while on their respite stay.

There was a strong local management in team that were responsible for developing and leading a staff team. The skill mix of staff in the centre included nurses, social care roles and support staff. There were sufficient staff in place to support the children and staff had availed of all necessary training to allow them to complete their roles effectively.

The inspector found this service to be appropriately resourced, with suitable recruitment, vetting, staffing and supervision arrangements to ensure oversight and accountability of the performance and quality of the staff team. The premises was well maintained and there were sufficient vehicles and other resources in place to meet each child's specific needs.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of young people at all times in line with the statement of purpose and size and layout of the premises.

There was two whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these positions. The person in charge

maintained a planned and actual staff roster. The Inspector reviewed planned and actual rosters for the months of March, April and May and found that regular staff were employed, including regular relief and agency staff, meaning continuity of care was maintained. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspectors spoke to 14 staff members, and found that they were knowledgeable about the support needs of the young people and about their responsibilities in the care and support while they were availing of respite stays.

The inspector reviewed six staff records and found that they contained all the required information in line with Schedule 2, including evidence of professional references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

There was a good of compliance with mandatory and refresher training maintained in the centre. The inspector reviewed the training records for all staff, and saw that all staff were up-to-date in training in key areas including safeguarding, Children's First, Safe Administration of Medicines and managing behaviour that is challenging.

Additionally, staff were up-to-date in trainings required by children's specific needs. For example, all staff had received training in dysphagia and epilepsy. The Inspector asked staff about some of the young people's associated care plans in these areas and found that staff were well informed of the measures to ensure that the children and young people's routines were well maintained while on their respite stay.

Staff were in receipt of regular support and supervision through monthly staff meetings and individual staff supervisions which took place two times per year. A number of staff expressed that they were well supported in their roles.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to the team leader and/or the CNM1 who in turn reported to a person in charge. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. The person in charge, team lead and CNM1 were all present on both days of the inspection and were very knowledgeable around the young people's needs.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, there was a residential weekly monitoring audit which reviewed the day -to -day practices in the centre such as practices in relation to safeguarding, infection prevention and control (IPC) practices, how daily notes were recorded, and incident recording and management. When actions were identified on this audit they were added to a quality improvement plan and also brought to the relevant staff members attention during supervision. In addition, there were audits completed around medication, health and safety, mattress audit and an IPC audit completed.

The provider had also completed regular six monthly audits of the quality and safety of care. The inspector reviewed the most recent six monthly audits dated May and December 2025. 15 actions had been identified on the December 2025 provider-led audit and all had been completed. This included actions in relation to IPC, behaviour support plans, risk register updates and team meetings. For example, it was identified that team meetings were not occurring on a regular basis, this had been rectified with team meetings now occurring on a monthly basis.

The inspector reviewed the team meeting notes from February 2026 to May 2026 and found that the meeting notes had a comprehensive agenda which included a review of incidents, safeguarding and health and safety. For example, in the notes dated February 2026 a recent safeguarding incident was discussed and the learnings identified were shared with the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the young people in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided to the children was to a good standard and promoted their overall well-being and development.

The care and support provided to each child was informed by a comprehensive assessment of need and through adopting a partnership approach with parents, guardians and other relevant multidisciplinary team (MDT) members. Care plans developed provided clear, concise and relevant information on all aspects of the children's needs.

There were a number of measures in place to keep the children safe which included good risk management practices, fire safety measures and procedures that were in line with children's first legislation.

Regulation 13: General welfare and development

The inspector found that children could choose to take part in activities in the house or in their local community. There was a white board displayed in the hall with a variety of actives that were available to the young people on the evening of their respite stay. Two children went out in the community on the day of inspection to go shopping for a preferred food items.

In the home the inspector saw toys and activities that were available to the young people including sensory based activities such as a sensory pod and a water bed. There was also a a Jacuzzi bath with sounds and lights which staff reported that lots of children liked. As previously described there were lots of different play activities outside and the inspector observed one child engage in water and bubble play outside with the support of staff.

During term time, children were supported to attend school. There were four vehicles available to support children to attend school or activities in the community.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a full review of all aspects of the premises with the person in charge. The designated centre was a large bright building which was designed and laid out to meet the differing needs of the children that attended the respite stay.

The children and young people were assigned individual en-suite bedrooms which were well laid out and decorated in a child-centered manner. The young people were observed to utilise all areas of the home such as the garden, the sensory pod room, the sitting room, the kitchen and dining room. Some young people spent time in their bedrooms and were observed to bring toys to play in the room.

All parts of the designated centre were well maintained. Any minor maintenance work had been identified and there was a plan in place to rectify any minor issues. For example, it had been identified that some flooring in one part of the centre needed replacing and dates had been identified to when this would occur.

In line with the Regulations, there was more than sufficient outdoor space with play equipment available to the children and young people.

Good practices were in place around accessibility equipment with over head hoists, manual hoists, wide corridors and doors, accessible equipment in bathrooms and specialised beds in place.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, a robust approach to risk management was evident in this centre. Risk was understood and well managed in this centre. During the observation period on the first day of inspection the inspector observed the staff manage existing and emerging risks.

The inspector reviewed the Risk Management Policy which contained all of the necessary requirements of the regulations.

The inspector reviewed incident and accident logs for this service, and risk assessments which had been composed based on the needs of the children. The inspector found that incidents were well, identified, recorded, learning identified and used to inform relevant risk assessments.

Risk assessments had been created for individual risks including accidental injury, Feeding eating and drinking needs, percutaneous endoscopic gastrostomy (PEG)

feeding risks, epilepsy risks, medication errors, hoisting and child handling risks, behaviours of concern and communication needs. The inspector reviewed the individual risk assessments for four children and found that they were all up -to-date and the risk rating and control measures in place were reflective of practice in the centre. In addition, there a general risk register in place with 18 identified risks which again were all up -to -date and in line with general risks within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, good practices were observed in relation to fire safety. During the walk around of the premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment, fire doors, swing closers and an alarm systems were in place. The inspector reviewed records for 2026 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

The evacuation plan was on display and each child had a personal emergency evacuation plans (PEEPS) in place. A sample of three fire drill records for 2026 were reviewed. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each child's support needs.

A staff member spent time with the inspector reviewing the daily, weekly and monthly checks that needed to occur in relation to fire safety and found that they were knowledgeable in all aspects of fire safety and relevant checks.

Staff had access to and had completed fire safety training.

The provider had recently commissioned a fire risk assessment with an external fire safety provider. The inspector reviewed this report and found that it stated that fire safety procedures within the centre were effective with some very minor areas that required improvement. The improvements identified did not negate the overall measures in place and were identified to further strengthen the protections that were required if a fire broke out. The provider outlined the plans in place to address the very minor areas of improvement. This indicted that the provider was taking a proactive approach in terms of managing fire risks within the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of one child's medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each child's safety and to mitigate against the risk of recurrence.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management.

The inspector observed medicines being administered to the children across the first day of inspection. Staff were patient and kind in their interactions at this time and were seen to explain to the children what medicine they were taking and why they needed it.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and care plans for four children. In addition, the inspector spent time with a staff member who went through one child's care plan and assessment of need in detail.

The inspector found that each child had an up-to-date and comprehensive assessment which was used to inform person-centred care plans which focused on the children and young people's routines. There was evidence of multi-disciplinary support in relation to care plans and assessments. Care plans were detailed and provided staff with information on meeting the assessed need in a manner which upheld each child's preferences around routines. Care plans were in place for each assessed need including, for example, dental care, skin care, PEG needs, intimate care and sleep management.

There were annual health screening communication plans, hospital passports and behaviour support plans in place as required to meet the children's needs around these specific areas.

Each child had respite specific goals in place.

Judgment: Compliant

Regulation 8: Protection

Overall there were good practices in place to keep the children safe.

From a review of the staff training matrix, all of staff had completed safeguarding and Children's First training. The inspector also reviewed a sample of six staff files and their certificates of this training.

The inspector spoke with a number of staff members. They were each aware of their roles and responsibilities around child protection needs and the requirement for mandatory reporting. There had been a number of safeguarding concerns since the last inspection and the documentation relating to these was reviewed by the inspector. The provider's policy and relevant requirements in relation to Children's first legislation had been followed. The inspector reviewed correspondence from Child and Family Agency (Tusla) which indicated that all child protection concerns had been closed.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and each child had an intimate care plan in place. The child safeguarding statement for the centre was developed and on display. It included eight risks and the controls in place, including those relating to monitoring children's access to online content on electronic devices with Internet access in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant