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:	Radharc an Inbhir
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0004966
Fieldwork ID:	MON-0044677

About the designated centre

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

Radharc an Inbhir is a designated centre operated by Corlann. It is a full-time residential service that can provide care and support for up to two residents who are over the age of 18 years, and who have a disability. The centre comprises of one bunaglow house that is located a short busy town where residents can avail of a range of amenities and services, including, a day service operated by the provider. Each resident has their own bedroom and shared access to the bathroom, sitting room, kitchen, and living and dining area, with outdoor access to a front and rear garden. The model of care is social and staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 5 May 2026	09:00hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. This centre has been registered for a number of years, and in 2024 following the successful transition of residents who previously occupied the service, the provider made the decision to close this centre to any further admissions for a period of time. In November 2025, the centre re-opened following the transition of two new residents, and this was the first inspection of this service since this happened. Recent to this inspection, there was a change in person in charge, but they were unable to attend for this inspection. In their absence, the day was facilitated by the previous person in charge, and the person participating in management for the centre. The inspector also got to meet and speak with one of the residents, and their supporting staff member. Overall, this was a positive inspection which found many examples of where care and support was being provided to a high standard. There were some improvements found to aspects of medication management, the premises, and to fire safety, which will be discussed in more detail later on in this report.

The centre comprised on one bungalow house located a few kilometres from a town in Co.Clare. It was home to two residents who each had their own bedroom, shared bathroom, a staff office/bedroom, and communal use of a kitchen, living and dining area, and sitting room. Residents had decorated their bedrooms in their own personal style since they moved in, and had made these spaces very cosy and homely. One resident liked to spend alot of time in their bedroom relaxing, and they had set up a television in their room to watch programmes while they did so. To the front and rear of the house was a garden area, which hadn't been maintained to a high standard. This was brought to the attention of those facilitating this inspection, who were well aware of this and spoke about the arrangements being implemented by the provider to have this addressed. The house itself was clean, bright, well-maintained, had some nice homely touches, and was spacious enough to allow residents to spend time apart if they so wished. The main hall and doorways were wide in layout which worked well for one resident who was a full-time wheelchair user. However, there was a ramped rear exit that did require the attention of the provider to review, which will be discussed again later.

Both residents were presenting well at the time of this inspection, and had settled into their new home over the last number of months. They primarily required care and support in relation to aspects of their personal and intimate care, falls prevention, nutritional care needs, and both required a certain level of staff support so as to get out and about in the community. They were supported by two staff during the day, with one sleepover staff arrangement by night. They each attended day services during the week, got on well living together, and had plenty of social interests that they liked to maintain.

Upon the inspector's arrival to the centre, they were met by a member of staff, and by one of the residents who was having a cup of tea before they headed out for the day. The other resident had already left to attend a medical appointment earlier that morning. This resident told the inspector that they liked their new home, and had gotten to know the entire staff team who they said were very kind and caring towards them. They knew who the manager of the centre was, and spoke about how they often came to visit them, and always checked in with them to see how they were getting on. They told of their interest in tabletop activities, showing the inspector a piece of diamond art-work that they were working on over the last while. They attended day service each week where they got to meet with their peers, and had various different activities that they engaged in as part of that service. They spoke of how they often went home to have overnight stays with their family which was very important to them, and had their own mobile phone which was fundamental to them to remain in touch with loved ones. They were a full-time wheelchair user, and told the inspector that they were able to use this independently, and that the design and layout of the house made it easy for them to get around. However, they did speak about the difficulty they had with exiting the house via the back door, as this wasn't accessible to them to use without help from staff, which will be addressed again later in this report. Those facilitating this inspection, spoke with the inspector about the care and support required by the second resident, who was also getting on fine since they moved in. The staff member that met with the inspector earlier that morning, spoke of the nice rapport that had developed between these two residents over the last few months, and of how they engaged with each other alot around mealtimes, relaxing in the evening time, and with various planned outings.

As earlier mentioned, both of these residents had various social interests, and the planning of their week's schedule revolved around their day service and overnights with family. At the start of the week, they both sat with staff to map out what they wanted to do for the week ahead, which alot of the time included, going out for coffee/tea, going shopping, heading off on short trips to nearby attractions, one was involved in policy development and advocacy groups, they liked going to the cinema, going to mass, and heading to music concerts. Along with this, they equally both liked to relax at home from time to time, and had plenty of board games and table top activities that they engaged in, which were readily available to them in the living area. There was wheelchair accessible transport at all times available to them, and the staffing arrangement available each evening, gave them the support and means to get out and about as much as they liked.

The staffing arrangement for this centre was very important in ensuring these residents had continuity of care, provided by staff who were familiar to them. This was very much recognised by local management, who maintained this arrangement under very regular review to ensure that it was sustained. Of the interactions observed between the staff member and resident present, these were warm and friendly and it was clear that the resident was very comfortable in their company.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since this centre re-opened in November 2025, the provider had appointed suitable persons to manage the running of the service, and had various oversight systems that were working well in ensuring these residents were receiving a safe, suitable, and good quality of service.

Recent local management changes had resulted in the appointment of a new person in charge, who was being supported in their role by the previous person in charge, and line manager. Local management kept in very frequent contact about operational matters, and there were also regular staff meetings occurring to ensure discussion around residents' care and support needs, along with any other business. Staff training was maintained up-to-date, with additional training having been completed to ensure staff were trained in areas specific to these residents' assessed health care needs. The provider did recognise the importance of ensuring a solid and effective staffing arrangement for this centre since it re-opened, and had ensured that this was the case. All staff had gotten to know these residents and their assessed needs very well, and it was rare in occurrence that relief staff were required.

The monitoring of the quality and safety of care in this centre was largely attributed to the regular managerial presence that was in place. Upon each visit to the centre, the person in charge had a number of aspects of care and support that they kept under review, and were quick to ensure any improvements needed were discussed with staff. Those facilitating this inspection took time to speak with the inspector about the long term plans for this service, which included, the securing of two separate houses for each of these residents. At the time of this inspection, the time line for this was still to be finalised, and in the interim, the provider did recognise through their own review of this premises, that various works would need to be completed both outside and inside to make it fit for purpose, should the residents' need to remain at this designated centre for a longer period of time. This was very much in the early stages of being reviewed and planned by the provider, with local management heavily involved, and maintained up-to-date on this review process.

Regulation 15: Staffing

The staffing arrangement for this service was subject to on-going review, ensuring that a suitable number and skill-mix of staff were at all times on duty. There were two staff rostered each day, with a sleepover arrangement in place at night. When additional staff were required from time to time, the provider had suitable arrangements in place for this; however, this was very rare in occurrence in this

centre. There was also a well-maintained roster at the centre, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received training in all areas they required so that they could carry out their duties. When refresher training was required, this was scheduled accordingly by local management. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the assessed needs of the residents, and the operational needs of the service delivered to them. They had suitable persons appointed to manage and oversee the running of the service, and this ensured regular managerial presence at the centre. There were good internal communication systems in place, with regular staff meetings occurring so that residents' care and support needs could be reviewed and discussed. Local management also maintained in frequent contact with senior management members, ensuring that operational matters were also subject to regular review and discussion.

The provider's next six monthly provider visit was scheduled to occur very soon after this inspection. Those facilitating the inspection informed the inspector that the provider's approach to how this would be conducted in this centre had been reviewed, which was going to allow for a more focused emphasis on specific areas of care and support relevant to the assessed needs of the two residents. In addition to this, local management were also conducting a review into the monitoring of key areas as part of their own weekly visits, so as to ensure this continued to be effective for them in identifying where specific improvements had been required.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that provided good care and support arrangements that were under regular review, and ensured consistent consultation with both residents. There were many aspects of this service that were working well in terms of quality and safety; however, there were areas pertaining to fire safety, medication management and the premises that did required some attention.

Fire drills were regularly occurring, and records provided assurances that staff could support these residents to evacuate in a timely manner. Fire exits were maintained clear, fire safety checks were regularly happening, and all staff had up-to-date training in fire safety. However, during a walk-around of the centre, a number of fire doors were not closing properly. Upon further discussion, it was established that routine checks of these fire doors were not part of current fire safety checks that staff carried out, which did require review by the provider.

In relation to medication management, there were secure storage arrangements in place, all staff had received training, and there was a good incident reporting culture when medication errors occurred. A blister pack system was in operation and this had clear information available to staff, to assure themselves in identifying each medicine dispensed. Although prescription and medicine records were legible and well-maintained, improvement was required in relation to some prescribing practices.

There were good arrangements in place with regards to safeguarding, residents' assessment and personal planning, and also in relation to risk management. The assessed needs of these residents were well-known and well-documented by staff, and local management spoke of the arrangements they had in ensuring this standard was maintained. There were also effective arrangements to support residents to have a good quality of social care. They were afforded choice in planning for their week ahead, and were supported to maintained personal relationships which was very important to them both. Staff were familiar with the preferred routines of both residents, and endeavoured to include these when planning activities with them.

Regulation 13: General welfare and development

The provider had ensured that residents had multiple opportunities for recreation, that was of their own choice and meaningful to them. The staffing and transport arrangement for this centre made it possible for residents to have the support and means to access the community. Residents enjoyed attending day services during the week, liked to access amenities within their local area, and at times opted to spend time relaxing at home. Both residents were supported to maintain strong links with family and friends, with both having regular overnight stays that they each enjoyed. They were each consulted daily by staff about how they wanted to spend their time, and put together their weekly planner with staff which they both had displayed in the living area.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow house which was located a few kilometres from a town in Co. Clare. The design and layout of this house provided residents with their own bedroom which they had decorated as they wished, and communal use of a bathroom, kitchen, living room, and sitting room. There was a garden area to the rear of this house, which was observed to require a considerable amount of maintenance works. The provider was very much aware of this and was in the process of having this addressed at the time of this inspection.

As one resident was a full-time wheelchair user, prior to their transition, a ramps were installed to the front and back door so as to allow this resident to be able to exit the centre independently. However, the ramp at the back door was not fit for purpose, as it still didn't enable the resident to independently use this exit. The resident spoke with the inspector briefly about this, stating that although they were able to independently get around using their own wheelchair inside the house, upon exiting via this said door, they required the assistance of staff. This did require the attention of the provider to review, so as to provide this resident with a rear exit route that was accessible to them.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place ensuring all risk could be identified, assessed, responded to, and monitored. When incidents were reported, they were reviewed by local management, measures were put in place when needed, and this was then communicated to all staff. There were multiple risk assessments developed in response to residents' identified risks, and these provided good guidance around the specific control measures that staff were to adhere to

daily. The oversight of organisational risk was largely guided by the centre's risk register, which was in the process of further review at the time of this inspection, to ensure it fully supported the person in charge in their on-going monitoring of risk specific to this centre.

Judgment: Compliant

Regulation 28: Fire precautions

Although there were many aspects of fire safety that were working well in this centre, improvement was required to safety checks and also in relation to emergency lighting arrangements.

Upon a walk-around of the house, a number of fire doors were found not to be closing properly. Those facilitating the inspection contacted the relevant persons to have this addressed immediately, and this was rectified before close of the day. However, despite fire safety checks often being carried out by staff, these did not include checks of the operation of fire doors so as to allow for any further fire containment issues to be identified and addressed.

External emergency lighting also required review at the rear of the premises. Although there was some lighting installed, due to the shape and design of the house at the rear, assurances couldn't be provided that that those exiting from the back fire exit would have enough lighting to bring them to the fire assembly point.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was subject to on-going review in this centre, and there was a timely response to when issues arose. However, over the course of this inspection, some improvements were found which required the attention of the provider to address.

A review of prescription records was required to ensure:

- the maximum dosage of all as-required medicines was clearly prescribed

- clarification around particular dosages of insulin dosages to be administered, should times arise where blood sugar readings were below normal range.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an effective system in place for assessment and personal planning of residents' assessed needs. Since they both transitioned to the centre, much work had been completed in relation to this, and re-assessments had subsequently occurred as and when required. There was good oversight of this maintained by the person in charge, and residents were facilitated to be involved in this process. Where changes to residents' care and support needs occurred, this was quickly communicated to all staff to ensure residents received continuity of care.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents with particular health care needs, had the arrangements and supports in place that they required. There was good linkage with the various allied health care professionals, and at the time of this inspection dietician referrals were being made to further support residents' nutritional care needs. Again, there were good assessment and personal planning arrangements around residents' identified health care needs, with staff very informed on how they were required to support these residents with this aspect of their care.

Judgment: Compliant

Regulation 8: Protection

The provider did have procedures in place to support staff on how to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. All staff had up-to-date training in safeguarding, and it was a topic of discussion regularly had between staff and residents. At the time of this inspection, there were no active safeguarding plans in this 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Radharc an Inbhir OSV-0004966

Inspection ID: MON-0044677

Date of inspection: 05/05/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The back door is to be made accessible. • The grounds of the premises are to be maintained to a higher standard, including ensuring level surfaces and regular garden maintenance.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire door checks are to be carried out daily. • Additional emergency lighting to be installed at the rear of the premises.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: •Kardex's are to be reviewed and clarified by the GP for both individuals.	

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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	28/08/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/07/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	12/06/2026

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			