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:	Comeragh Residential Services Waterford City
Name of provider:	Corlann
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	18 May 2026
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0049890

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The centre comprises of one house. Residents attend off-site day services Monday to Friday. Transport to and from this day services is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The centre comprises a two storey house. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge.

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
Monday 18 May 2026	16:00hrs to 22:00hrs	Sarah Barry	Lead
Monday 18 May 2026	16:00hrs to 22:00hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This was an unannounced risk inspection carried out to review the actions that were stated by the provider to be in place, following findings from the previous inspection of the designated centre, and to inform the decision in relation to renewing the registration of the centre. It took place over one evening and was carried out by two inspectors. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspectors found that residents were being provided with person centred care. However, a significant risk was identified in the centre relating to fire safety measures which the inspectors required the provider to address prior to the end of the inspection.

An announced inspection had been conducted in this centre on 23 February, 2026. This inspection found poor levels of compliance in the areas of governance and management, staffing and medicines management. The level of concern relating to medicines management resulted in an urgent action being issued to the provider during that inspection and an urgent compliance plan was submitted by the provider the day after the inspection. The inspectors reviewed the actions the provider had outlined in their urgent compliance plan and found them all to be in place and guiding staff practice in the centre at this inspection.

The centre was a large detached two-storey house on the outskirts of Waterford city. The centre was home to four residents on the day of the inspection, with one resident having recently moved in. The centre comprised six bedrooms, one of which was a staff sleepover room, a sitting room, an open plan kitchen-sitting room-dining space, a utility room, three bathrooms and staff office. There was a separate apartment, however, this was under renovation that the time of the inspection to create a large en-suite bedroom on the ground floor.

The inspectors arrived to the centre in the evening when the residents had returned home from their respective day services. One of the residents brought the inspectors on a walk around their home. The house was warm and comfortable and pictures of the residents were displayed throughout. The residents were very welcoming to the inspectors and one resident made them tea and they sat and chatted with all of the residents in the kitchen for a time. One resident was meeting with the provider's social worker for a conversation when the inspectors arrived and they reported they enjoyed this individualised time.

Residents stated they were very happy in the centre. They spoke positively about the staff team and it clear that residents were relaxed and enjoyed being in the staff's company. Residents updated the inspectors and the person in charge about their day and also their upcoming plans. One resident was organising their attendance at a special birthday lunch for one of their family members the following weekend and they spoke with the person in charge and staff about this. Staff and the person in charge confirmed to the resident that arrangements for the resident's

attendance would be organised. Family contact was very important to the residents and they were supported by the person in charge and staff team to keep in regular contact with their families.

Residents spoke about their day services and the activities they engaged in there. All of the residents in the centre were attending day services on a full time basis. There were no staff working in the centre during the day, however, the person in charge provided assurances that if a residents wished to not attend day service on a particular day that staff would be made available to support the resident at home.

One resident had recently moved in the centre. The inspectors spoke with the resident about the move to their new home. The resident said they were very happy with their new house and liked living with their housemates. They spoke positively about the staff team and were laughing and joking with the staff working in the centre during the inspection. They knew most of the residents prior to moving into the centre and were hoping to go on a holiday with their new housemates this year.

Over the course of the inspection, the inspectors observed staff supporting the residents in a professional, person-centred and caring manner at all times. A concern identified during the last inspection was the staffing levels in the centre. At the time of the last inspection, residents' opportunities to go out individually or to stay at home if other residents wished to go out were limited. Since the beginning of April 2026, the provider had increased the staffing levels in the centre at evenings and at weekends to two support staff. The impact of this on residents was observed on the evening of the inspection. Three residents chose to go visit a friend for a coffee in a nearby town. One resident chose to stay at home and relax watching television and engaging in one of their hobbies. With the previous staffing levels, this resident would not have been able to exercise their choice of remaining at home, at the same time as other residents chose to go out. However, as there was now two staff, one staff could drive residents to their meet their friend and the other staff member remained in the centre to support the resident in their home.

Residents spoke of their hobbies such as making jigsaws and some of these were framed and on display in the centre, others loved to colour and were relaxing on the sofa and at the table engaging in colouring activities. Residents showed the inspectors the photograph based staff roster that was on the wall in their kitchen and spoke of how they liked knowing who was going to be in their home to support them. Inspectors observed raised flower beds outside the house and one resident and the person in charge spoke of how they were looking forward to planting these up.

Later in the evening when all residents had returned from meeting with a friend they were supported to make supper and sit together at the table and planned what they were going to watch on the television. They told the inspectors of places they liked to visit locally such as a local grotto that they liked to walk to and sit to enjoy the flowers, or a local shopping centre where they could have a coffee.

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 to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care.

Regulation 15: Staffing

The inspectors found that the centre had sufficient staff in place to meet the current assessed needs of the residents. Since the last inspection of the centre, staffing levels have increased at evenings and weekends. At the beginning of April 2026, in response to safeguarding concerns in the centre, an additional staff member was introduced for evenings from the time residents returned from their day service, and at weekends, with two staff now on shift at these times. As mentioned in the opening section of this report, these increased staffing levels were leading to positive outcomes for residents. Residents could now exercise greater control over their every day life and had real choice regarding how they spent their time at evenings and weekends.

The inspectors met with both of the staff members working in the centre during the inspection. One staff member stated they had worked in the centre for a long time and were very familiar with the residents. This was something which the inspectors also observed during the inspection. They spoke about the positive change having the additional staff had made in the centre. They also spoke about the care and support needs of the residents and they were very aware of the measures in place to support residents with their identified needs.

There were planned and actual rosters in place in the centre. One of the inspectors reviewed the rosters for the last three months and this demonstrated that a consistent staff team was supporting the residents. Over that period, three shifts had been completed by two different agency staff. The core staff team and regular relief staff were providing the residents with good consistency of care.

Judgment: Compliant

Regulation 23: Governance and management

The provider and the person in charge had reviewed support arrangements since the last inspection and had ensured that the centre was adequately resourced to deliver effective and person centred care. There was a full time person in charge in the centre and, at the time of this inspection, there was a full staff team in the centre. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the people who use the service.

The person in charge had responsibility for another designated centre operated by the provider. There were arrangements in place to ensure there was appropriate oversight in this centre. For example, the person in charge split their time between both centres each week. The person in charge facilitated this inspection.

Staff spoken with felt supported in their roles by the person in charge. The person in charge completed supervision meetings with the staff team. There were a number of local audits taking place in the centre, including audits of medicines, finances and premises. The provider completed their oversight of the service provided including unannounced six monthly audits and they reviewed monthly reports submitted to the provider's senior management team. One of the inspectors reviewed the monthly reports for February, March and April 2026. These contained all the actions identified in previous inspection reports, the previous six monthly report and a training report. The action plan contained all of the actions arising from these audits and an update on their status.

Staff meetings were occurring on a regular basis and the inspectors reviewed minutes of meetings that had been held since the previous inspection of the centre. These meetings were seen to be resident focused and all areas of discussion that required it, had a corresponding action and identified a person responsible and timeline for completion.

Judgment: Compliant

Regulation 31: Notification of incidents

One inspector reviewed the incident log in the centre since the date of the last inspection in February 2026. This demonstrated that only one incident was recorded which did not meet the requirements of needing to be notified to the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who lived in the designated centre. Improvements were required to the arrangements for risk management in the centre to ensure all residents were safe in their home.

One resident had recently transitioned to live in the centre which increased numbers living in the centre to four. This had had a positive impact on the resident's life and they were very happy in their new home. All residents spoken with commented that they were happy with this new arrangement.

Regulation 17: Premises

The centre was found to warm and welcoming on the day of the inspection. Each resident had their own bedroom and there were multiple communal areas where residents could sit and relax together. One of the residents gave the inspectors a tour of the premises. They showed the inspectors their bedroom which contained their personal items and was decorated with artwork they had completed. Additional pieces of their artwork were framed in locations around the house.

Residents were observed over the course of the inspection to move freely through their home and to be comfortable in the presence of staff and each other. Inspectors observed residents using the communal areas of their home to relax, receive visitors and make snacks and drinks.

At the time of the inspection, building works were taking place in the house to renovate an area which had been a ground floor apartment. The provider had not informed the residents of the purpose of these works and they were awaiting this update. The inspectors identified a significant risk in this apartment and this will be discussed under Regulation 26: Risk management. It was identified, on the previous inspection of this centre in February 2026, that works were required to one of the bathrooms in the house. The inspectors reviewed evidence that these works were in the process of being undertaken and this was in line with the completion date that the provider had submitted in their compliance plan.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had moved to this centre from another centre operated by the provider since the last inspection. One of the inspectors spoke to the resident about the move and they spoke about how happy they were with their new home. They talked very positively about their new housemates, their bedroom and the staff team working in the centre. They had already known some of their new housemates prior to the move.

One inspector reviewed the transition plan which was dated 20 March 2026 and put in place by the provider prior to the resident's move to the centre. This demonstrated that the resident had visited the centre on multiple occasions before they moved. They had met with their new housemates for tea and lunch and met with members of the staff team that would be supporting them.

The provider's multii-disciplinary team had met on multiple occasions to discuss and review the resident's transition to their new home. The assessments completed supported the resident in safely transitioning for example, ensuring their personal plans, allergy information and individual preferences were communicated to the new staff team. While there were areas that did not go as smoothly such as the transition of the resident's personal possessions the responsibility for this lay with the centre they were moving from.

The inspectors reviewed the up-to-date service contract and tenancy agreements that were in place for all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

An immediate action was issued under this regulation that required the provider to address a risk prior to the end of the inspection. At the time of the inspection, there were building works being completed to an apartment that formed part of the designated centre. During the walk around of the centre, the inspectors observed the two smoke detectors in the living area of this apartment had been covered by rubber gloves which had been taped in place. This presented a significant risk to the fire safety arrangements in the centre as the smoke alarms would not operate as required. The person in charge took immediate action when these were shown to them and this risk was removed.

As part of the works to the apartment, the paving to one side of the house had been dug up which presented a safety risk should residents exit via the door on the side of the premises. This exit point was one of the identified emergency exits and the holes and uneven pathway had not been risk assessed in light of the building works.

Consideration of the safety of residents when transitioning internally through this part of the building which was under construction had also not been fully assessed.

Inspectors reviewed individual and centre based risks that were in place and found these to be detailed with control measures identified that mitigated risk. Inspectors observed examples of positive risk management during the inspection, where for example risks related to safe eating and drinking were identified one resident told the inspectors "I can't talk when I am eating". This demonstrated clear awareness of the measures in place. Staff were also observed making smaller volumes of tea for a resident to reduce the risk of scalds. Where residents had been assessed as being in a position to spend time on their own in their home the provider had supported them with education on safety awareness and had practiced fire drills without staff support.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

As discussed above, findings of the last inspection under Regulation 29: Medicine management required the issuance of an urgent action by the inspector. The provider submitted an urgent compliance plan which provided the Chief Inspector with assurances at that time.

The inspectors reviewed the actions the provider had committed to implementing following the last inspection. They found that all actions as identified by the provider were in place. There was a protocol for the management of Schedule 2 medication and this was displayed in the staff office. Schedule 2 medication was stored securely and the person in charge demonstrated the storage location to one of the inspectors. The inspector also reviewed the log book in place which showed that staff were signing when the Schedule 2 medication was being administrated to the relevant resident. The person in charge was reviewing the record and co-signing on the days they were in the centre.

The provider was also in the process of reviewing their policy in relation to medication management to ensure that the guidance contained in it was consistent.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations.

There was evidence of restrictive practices being reviewed by the provider to ensure that they were necessary. The provider had a human rights committee which the person in charge referred any restrictive practices in place in the centre to. The committee met regularly however, centres operated by the provider were each discussed once a year by the committee. The committee had been scheduled to discuss this centre in April 2026 to review restrictive practices in place and the person in charge had referred all established and newly applied restrictions in advance.

There was evidence of staff members advocating for residents regarding restrictive practices. For example, where one resident was prescribed a medication PRN (as needed), staff members and the person in charge had brought to the attention of the prescribing professional that they thought this was having a negative impact on the resident. The professional had assessed, agreed and made a change to the medication which was noted to be having a positive impact for the resident.

Where a resident had an identified need regarding positive behaviour support, there was a support plan in place. One of the inspectors reviewed the plan and found it had been created by a relative health and social care professional. It was within its review date and provided guidance for staff to support the resident. It had also been reviewed and signed by the resident.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves.

During the inspection of this centre in February 2026, it was identified that some of the control measures within an open formal safeguarding plan could not be applied due to staffing levels in the centre. Also due to the lack of a laptop for staff to complete documentation meant that they had to be in the office to complete administration tasks rather than be available to support residents. At the time of this inspection, both of these concerns had been addressed with an additional staff now in place and a laptop available in the centre.

There were accessible safeguarding versions of plans in place which provided accessible information for residents on what staff will do to support them. There were two current safeguarding plans in place and both of these were read by inspectors and found to have been reviewed in line with timelines as set out in National and the provider's policy.

Residents had attended a safeguarding awareness session in February 2026. Safeguarding was observed to be a standing topic for discussion at weekly house meetings and this provided residents with an opportunity to discuss safeguarding

and questions they may have. Staff spoken with had completed training in safeguarding and were aware of the actions to take should a safeguarding concern arise. They were also aware of the control measures detailed in the open formal safeguarding plan in place in the centre.

The provider's social worker also regularly met with two of the residents and completed regular sessions with them to explore solution based measures and listening skills, among other skills. One of these sessions was taking place as the inspectors arrived in the centre.

One of the inspectors reviewed the intimate care support plans in place for three residents. These contained guidance for staff to protect the residents' dignity and privacy.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0049890

Date of inspection: 18/May/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 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

• The Person in Charge ensured removal of all obstructions from smoke detectors immediately on the day of inspection.

• A comprehensive check of all fire detection devices within the centre was completed to ensure they are functioning correctly.

• The Building and Facilities Manager formally instructed the contractor that, under no circumstances, are fire safety equipment or devices to be tampered with.

• A Risk assessment was completed in regard to building works being carried out at the centre.

• Control measures were implemented to ensure the safety of all residents during the works. These included:

• The cordoning off of unsafe exit routes, with temporary signage in place to direct residents to alternative safe exits.
• Communication of temporary changes to fire exits to residents, with these changes also discussed at house meetings.
• All works at the apartment have now been completed, and the original fire egress procedures have been fully reinstated. This has been communicated to all residents.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	30/May/2026