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:	Ralahine Apartments
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	27 April 2026
Centre ID:	OSV-0005232
Fieldwork ID:	MON-0045048

About the designated centre

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

This centre is located in a town in Co. Clare and provides a residential service for a maximum of three residents who are all over the age of 18 years. The centre is comprised of three separate ground floor apartments in an apartment complex, and each resident has their own apartment with a staff member supporting them by day and by night. Residents have their own bedroom, some en-suite facilities, a main bathroom, and a combined kitchen and living area. There is a compact garden area to the rear of each apartment. The model of care is social and a staffing presence is maintained in each apartment at all times. The night time staffing arrangement is a staff member on sleepover duty in each apartment. Management and oversight of the centre is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 27 April 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. The inspection was facilitated by the person in charge, and the inspector also got to meet with two residents and two staff members. Overall, this was a positive inspection, which found many examples of where individualised care and support was being provided to a high standard. There were some improvements required to aspects of medication management, fire safety, and restrictive practices, which will be discussed later on in the report.

The centre comprised of three separate ground level apartments, located within very short walking distance of one another. One resident occupied each apartment, and all had their own bedroom, staff bedroom, bathroom, large living, kitchen and dining area, entrance hallway, and some had a utility. Each apartment opened out onto a large back garden space, which was shared communally between these three apartments. Residents had styled and decorated their living spaces as they wanted, with many having soft furnishings and toys, and framed photographs of family and friends proudly and prominently displayed. Some residents required some support equipment, and their apartment was resourced with this. Overall, each apartment was very clean, well-maintained, and provided a very comfortable living environment.

These three residents had lived here for a number of years, and were supported by a staff team who were very familiar with them. They received a wrap-around service, and had low to medium needs primarily requiring care and support in relation to getting out and about, some had mobility needs, others required positive behavioural support, some had assessed health care needs, and a few required support with their intimate and personal care. They each were supported on a one-to-one staffing basis during the day, and each had a sleepover staff stay with them each night. Two of them were in the early stages of a transition process that was estimated to come into effect in 2027, which would see them move to their own home under the continued care of this provider. At the time of this inspection, all residents were presenting well, and were getting on fine with their daily routines with the support of staff.

Upon the inspector's arrival to the centre, they were met by a member of staff who was freshening up a resident's apartment, prior to their return from spending the weekend at home with their family. This resident spent a number of nights at home each week, and when they later arrived back, they welcomed the inspector into their apartment. They said they had a lovely weekend with family, and had enjoyed a trip with them to the beach. They spoke of how they had recently finished an administration course, and were in the process of seeking employment. They were looking forward to going on holiday with their family in the next month, and also had a real interest in organising and scheduling their week ahead. For example, they showed the inspector meal and activity planners that they had drawn up with staff

since they got back, and had also done out their grocery shopping list for the week. They were also in to do French lessons later in the afternoon, which they really enjoyed. The rapport between this staff member and resident was very warm and friendly, and it was clear that the resident was very comfortable in their company.

The second resident that the inspector met with was relaxing in their living area on their laptop. They had set up a little area in their living room to allow them to work on their laptop in comfort, while also having other items that they regularly used to hand. Being on their laptop was something that they loved to do, and also liked to keep their ALEXA near them to use as they wished. This resident also had a warm welcome for the inspector, and said that they were hoping to decide shortly with staff what activity they would be doing that day. When joined by the person in charge, this resident had a quick chat with them about their weekend, made some enquiries about the progress of their transition, and said that they hoped to go shopping later in the week, and also had a road trip planned for themselves. They told of how they had gone to the beach with their peer over the weekend and had really enjoyed being out in the good weather. They also had a menu plan done up for the week, and told the inspector they had recently included tuna steak for the first time, and loved it. Over the course of this inspection, the inspector was in and out of this particular apartment, where there was nice and friendly banter had between both the staff and resident, as they chatted about lunch options and upcoming plans, and it was clear that this was normal daily routine. Overall, there was a very relaxed and calm atmosphere in this centre, where residents were being supported in a kind and respectful manner.

These residents loved to keep active, and each had many interests, to include, shopping, bowling, some went to exercise classes, others were involved in local women's groups where they got involved in a range of activities, they loved to get out for coffee and a bite to eat, some went swimming, and they all loved to schedule and look forward to day trips. Some equally liked to spend time relaxing at home on their laptop, watching television, and generally having one-to-one time with staff. Two of them went home on overnight stays very regularly, and this very much framed the schedule of their week which was working well for them. Although the layout and design of this centre was with independent living spaces in mind, some residents from time to time visited each other, and had meals together. They did get on well as a peer group, with some measures in place for increased supervision, at times when some residents were within each others living spaces.

The staffing arrangement for this centre was fundamental to the quality and safety of care delivered to these residents. Due to some staff vacancies, this centre had experienced a period of rostering challenge, but had managed to ensure that during this time, appropriate staffing levels were sustained. There was a well-established local management team in place, to include to the person in charge and a social care worker, who had systems available to them that they regularly and effectively used to ensure this service was well-ran and well-managed.

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

Capacity and capability

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. There were suitable persons appointed to manage and oversee the running of the centre, with multiple systems working well to ensure that residents were received a safe and good quality of service.

Due to their assessed needs, residents responded well to a familiar staff team, and this was well-recognised by local management. The person in charge did explain to the inspector that they were coming out of a challenging period, where a number of staff vacancies had resulted in increased reliance on agency staff. During this time, the person in charge ensured that regular agency staff were only utilised, and recent successful recruitment had resulted in two positions being filled, with these staff members due to commence induction very shortly. There were effective staff training arrangements in place, and this was maintained under regular review by the person in charge.

The local management structure included a social care worker, who provided managerial support to the person in charge. They worked in both an administrative and direct care capacity, which had a positive impact on the management and oversight of this centre. There was good communication maintained between them about the running of this centre, which was working well in terms of their responsiveness to the needs of this service. Monitoring systems were in place, to include, the conduction of six monthly provider-led visits along with a number of other routine internal audits. Where improvements were identified, time bound action plans were put in place to address these. At the time of this inspection, these systems were subject to further review by the provider to ensure they were more specific to monitoring for more relevant aspects of care and support delivered in this centre.

Regulation 14: Persons in charge

The person in charge held a full-time role, and was regularly at this centre to meet with the residents and their staff team. They knew the residents' needs very well, and were also very familiar with the operational needs of the service delivered to them. They were supported in their role by a social care worker, their staff team, and line manager. They did have responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure they could fulfill their managerial duties.

Judgment: Compliant

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. Each day residents were supported by one-to-one staff, and there were also three sleepover staff on duty each night. Agency staff had been required to support the staffing arrangement, with only regular agency staff appointed to do so. On-going recruitment had resulted in the filling of staff vacancies, which were continuing to be under review by local management with the support of the provider. There was a well-maintained staff roster, which clearly named all staff members and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received up-to-date training to ensure they could fulfill their duties. When refresher training was required, this was scheduled accordingly by the person in charge. In addition to this, all staff did receive 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 all three residents, and the operational needs of the service they received. The running and management of the centre was the responsibility of local management. When issues arose, there was an escalation pathway available to them, to alert senior management so that these issues could be responded to and addressed.

There was good internal communication systems in place, which ensured all staff and management were maintained up-to-date on what was going on in this centre. Staff team meetings were often occurring, and discussed resident related care and support, along with any other business associated with the service. The person in charge had regular contact with their line manager, and attended management meetings to review operational matters.

The monitoring of the quality and safety of care in this particular centre was largely attributed to the regular managerial presence, incident reporting reviews, and through discussion at handover and staff team meetings. Provider visits and audits were also frequently occurring, and these did also identify where improvements were required in this centre. However, the local management did recognise that some of these were expansive in nature and didn't always allow for specific areas of care and support to be subject to the level of review required. At the time of this inspection, this was under review so as to better this system of monitoring.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of social care, and were able to get out daily, to enjoy the activities they liked to do with the support of staff. There were very good arrangements in place with regards to risk management, health care, residents' assessed needs, and safeguarding, which had many positive outcomes for these residents. However, there were some aspects of fire safety, behavioural support, and medication management that did require improvement.

Residents' needs were re-assessed on an on-going basis, and personal plans were updated when any changes to residents' care and support arrangements were required. There were good systems in place to ensure residents with assessed health care needs were supported and reviewed by relevant multi-disciplinary teams. Risk management was also another aspect of this service that was working well, with risk being responded to very quickly once identified, so as to ensure the safety of these residents. Safeguarding was a topic of conversation at most staff and resident meetings, and at the time of this inspection there were no active safeguarding concerns in this centre. Again, very good systems and processes were in place to provide residents with effective positive behaviour support, which had resulted in a low number of behavioural related incidents occurring. There were a number of restrictive practices in place, and although it was evident these were subject to on-going review, some records guiding on the appropriate use of these did require review.

Fire safety was taken seriously, and residents had a good understanding of the fire procedure, and were able to quickly evacuate with the support of staff. Each apartment had two fire exits, one of which was located in residents' bedrooms. However, during a walk-around of the apartments, a number of fire doors were found not to be closing properly, despite multiple fire containment checks being carried out by staff. In relation to medication management, there was good oversight maintained of this aspect of the service; however, improvement was required to some prescribing practices.

Overall, this service was very much resident-led, with a significant focus on ensuring high quality social care, that was meaningful to these three residents. Although there were areas found that required improvement, it is important to note that these did not negatively impact on the care provided to these residents.

Regulation 13: General welfare and development

Residents were provided with multiple opportunities to get out and about on a daily basis. Residents' interests and preferred ways to spend their time were well-known to staff, and well-documented. Each resident was supported daily by a one-to-one staff ratio, and also had their own transport available to them, providing them with the support and means to regularly access the community. Residents were supported to go shopping, attend various classes, some had finished education and were looking to pursue employment, and they each had different day trips and plans made for the coming week and summer months. Residents were also supported to maintain relationships with family and friends, with some having very frequent overnight stays, which they were encouraged to maintain.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of three separate apartments, located very close together within an apartment complex. Each apartment was well-maintained, clean and nicely furnished. When repair works were required from time to time, the provider did have a system in place for this to be reported and quickly addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place to enable risk to be identified, assessed, responded to, and monitored. All risks relating to residents' care and support were well-known by all staff, well-documented, and subject to on-going review. Handover and staff meetings were utilised to allow for further discussion on the centre's risk management activities. There was also a good incident reporting culture in this centre, with local management regularly reviewing and trending these. As part of this inspection, a number of risk assessments were reviewed, which clearly described the specific control measures put in place in response ot risk. However, local management did recognise that some improvements were required to hazard identification and some to some risk-ratings, which they were in the process of reviewing. Organisational risk was largely monitored by local management through the centre's risk register, which they were also in the process of updating to better reflect the status of service related risks that they maintained regular oversight of.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had multiple fire safety arrangements in place, to include, detection systems, clear fire exits, emergency lighting, and clear fire procedures. Fire drills were occurring frequently, and the records of these provided assurances that residents could quickly evacuate, should a fire occur.

However, during a walk-around of the apartments, a number of fire doors were found not to be closing properly. The person in charge was proactive in responding to this, and made contact with the relevant persons to have this immediately addressed. However, despite multiple checks being carried out of these fire doors, these had failed to identify this issue, which required the attention of the provider to address.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Each staff member had up-to-date training in medication management, and there was a good incident reporting system for when medication errors occurred. Residents' prescription and administration records were well-maintained, and there were safe and secure storage arrangements in place for all medicines. Most medicines were dispensed via blister pack system, with a very clear identification and checking system was in place, to ensure each medicine dispensed could be identified.

However, during a review of prescription records, the following was identified:

- The maximum dosage of as-required medicines was not always prescribed
- The daily frequency of administration of regular medicines was not always prescribed

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for on a regular basis, and personal plans were updated as and when required. There was good involvement of relevant multi-disciplinary professionals in this re-assessment process, and any changes to residents' care and support arrangements were quickly communicated to all staff. Personal goal setting was also encouraged, with residents choosing their own goals that they wanted to work towards. Named staff were appointed to support them with this, with records maintained of the progress made towards achievement.

Judgment: Compliant

Regulation 6: Health care

Some residents did have assessed health care needs, and the provider did have suitable arrangements in place to ensure these residents had the supports that they required. For example, residents with assessed neurological needs, were under regular review and clear protocols were in place, should staff need to provide responsive care. There was also regular input from various allied health care professionals, and staff were at all times available to bring residents to medical appointments. Protocols around residents' health care needs were well-written and informed on the specific care that residents required, and were under regular review by local management to ensure this standard was sustained.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents did required positive behaviour support, and they had behaviour support plans in place to guide staff on how to do this. The centre was supported by a behaviour support specialist as and when required. Although there was a low

number of behavioural related incidents occurring, of those that were reported, these were maintained under review by local management.

In response to their behavioural support needs, some residents were prescribed chemical restraint. Records of their use showed that these were implemented on rare occasions, and again these records were maintained under regular review by local management. However, some improvements were observed by the inspector that required the attention of the provider, so as to better demonstrate that the use of this form of restraint was at all times as a last resort:

- The behaviour support plan for residents with prescribed chemical restraint required review, to ensure better and clearer information around the presentation of the resident, and the alternatives to be trialled by staff, to warrant consideration of this last resort chemical intervention.
- Although staff completed an incident report each time a chemical restraint was administered, better information was required to be recorded so as to demonstrate that last resort administration was in accordance with protocol.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had a system in place to support staff on how to identify, report, respond, and monitor any concerns relating to the safety and welfare of these residents. All staff had up-to-date training in safeguarding, and each resident was individually supported to understand the centre's safeguarding policy, and to know that they could report any concern they had themselves to any member of staff. At the time of this inspection, there were no active safeguarding concerns 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 14: Persons in charge	Compliant
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	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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ralahine Apartments OSV-0005232

Inspection ID: MON-0045048

Date of inspection: 27/04/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Daily Fire checks protocol reviewed and enhanced 29/4/26 • Daily Fire checks procedure discussed with staff team 29/4/26. • All staff have been shown the correct process for completing a fire door check 29/4/26. • P.I.C will carry out random reviews of the daily fire check process to ensure compliance. Ongoing	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Medication kardex will be rewritten by the GP to address inaccuracies and support safe practice 25/5/26.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The Positive behavior support plan will be reviewed. The updated plan will clearly outline all proactive and reactive strategies to be attempted, before administration of prescribed anxiolytic medication. Completion date 31/5/26 • Site specific report writing scheduled for staff team. Completion date 30th June 26	

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/05/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre 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.	Substantially Compliant	Yellow	29/05/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	30/06/2026

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			