



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

Issued by the Chief Inspector

Name of designated centre:	An Diadan
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 May 2025
Centre ID:	OSV-0005667
Fieldwork ID:	MON-0046904

About the designated centre

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

An Diadan is a high support residential service for adults with intellectual disability and/or autism between 18 and 65 years of age. The service provides life skills, behavioural and social supports and in accordance with the statement of purpose. Located just outside a village, An Diadan is a four bedroom house for a maximum of four individuals at any one time. Staffing requirements and supports are informed by a comprehensive assessment of need of each individual. The staff team comprises of social care workers and support workers. There is a full time person in charge in place who is supported by a team leader in the centre. Local amenities include shops, pubs and sports grounds and a close by town offers further facilities such as a cinema, restaurants, a swimming pool & bowling alley. Furthermore, the region has plenty of historic places to visit and enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Wednesday 7 May 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and what the inspector observed, this was a well-run centre where residents were leading busy lives and engaging in activities of their choosing. This unannounced inspection was completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019).

On the day of inspection, the inspector had the opportunity to meet with all four residents living in the centre, the person in charge, the team leader, speech and language therapist, behaviour support specialist and staff members. The inspection had positive findings, with all regulations reviewed found to be compliant. Residents were found to be safe and were protected from abuse.

An Diadan provides full-time residential care to four adults with intellectual disabilities. The core staff team was made up of support workers both full-time and relief, the centre had no requirement to use agency at the time of the inspection. The person in charge is full-time and is supported by team leader, they also have responsibility for two other designated centres operated by the same provider. However there is a plan in place to reduce this remit to two centres in the coming months.

The centre comprises of a two story, five bedroom house with one allocated as office space. The centre is located on a main road just outside a small village in Tipperary. The centre was undergoing some final maintenance work on the day of inspection, new flooring and upgrade to the sitting room had taken place over the previous few weeks. The inspector completed a walk around as part of the inspection and found the centre was warm, clean and suitable to the assessed needs of the residents. The person in charge informed the inspector of changes made to one resident's en-suite where they removed a bath and fitted a walk in shower, previously the resident did not like to use their en-suite and now they utilise it daily. The house was surrounded by an enclosed garden and had a swing set, trampoline and paddling pool in the back garden. The house had adequate communal space for residents to spend time including a seating area in the front hallway where one particular resident likes to spend time. Residents had access to televisions, mobile phones, computers and music systems.

On arrival to the centre the inspector met with two residents who were up, dressed and ready to attend day service. One resident approached the inspector as they signed into the visitors book and then took a seat in the front hall waiting with their bag to go to day service. Another resident was relaxing in their bedroom, the remaining two were in their bedrooms receiving support with person care and

dressing and the inspector met them later in the day.

One resident was ready to go to the barbers and requested to see the inspector before they left. They told the inspector about their recent birthday celebrations, they showed the inspector a photo album with pictures of them with people who were important in their life. The resident spoke about visitors to the centre and activities they are involved in. They also said they liked where they lived.

The remaining resident was observed going down the stairs with support from staff but did not wish to engage with the inspector. They were well dressed and smiling as staff encouraged them.

Overall, residents were observed to be content and relaxed in the centre, they were seen to approach staff when they required support. Staff were observed to be respectful and kind to residents, they were seen to offer residents choices in line with their assessed communication needs. It was evident that residents were receiving a good quality service which promoted their rights, and ensured they were safeguarded.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, inspectors found the provider's systems for oversight were providing effective in respect to safeguarding in this centre. Staff had access to training and refresher training in line with the organisation's policy, including human rights and safeguarding training. Staff were supported to understand safeguarding and the control measures in place to protect residents through discussion at team meetings and supervision meetings.

The staff team was consistent and the number and skill mix of staff was appropriate to meet the needs of the residents. There were systems in place that were proving effective in keeping residents safe.

Regulation 15: Staffing

The inspector found there was a core staffing team in place including three relief staff, this was in line with the providers statement of purpose. The provider had identified one full - time vacancy and recruitment was ongoing to cover this gap. The staff team was well established and had no requirement to use agency. The relief staff covered any gaps in the roster and were familiar with the needs of the

residents. The inspector reviewed the rosters for January to April 2025, there were planned and actual rosters available and they were updated as required, including training, team meetings and unexpected leave such as sick leave. The rosters contained staff members full name and grade. With the staffing levels in place this allowed for residents to engage in activities that interested them and facilitated the implementation of formal safeguarding plans in place.

Staff, as mentioned previously were seen to treat residents with dignity and respect, staff were observed to knock on residents bedroom door and seek consent before entering. They allowed residents time to process requests and prompted them with short, clear instructions.

The provider had made provisions for career progression for employees, this was seen to be successful with the recruitment of a new team leader and the education opportunities available for them to support their progression to person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training records for all staff in the designated centre. It was found that all staff were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example, all staff had undertaken human rights training, safeguarding vulnerable adults and children's first training. From observing staff engagement with the residents the benefits of human rights training was evident. For example, from review of residents meetings, staff were supporting residents to choose where they would like to go and develop a weekly plan based on their requests.

All staff had up-to-date mandatory raining such as safe administration of medication, fire safety and crisis management (CPI). Staff were in receipt of supervision every 8 weeks, the inspector reviewed the supervision schedule in place for 2025 and all supervisions due had been completed by the team leader or person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this centre. A clearly defined management structure was lead by the person in charge who also had responsibility for three other centres operated by the same provider. Although as mentioned

previously this remit was due to be reduced to two centers in the coming months. The person in charge was supported in their role by a full time team leader specifically for this centre. The person in charge was supernumerary to the roster at all times.

The person in charge held a qualification in social care and management. They were found to have the necessary skills for the role and were very knowledgeable of the residents living in the centre and their responsibilities in relation to safeguarding residents. The team leader informed the inspector they were supported by the person in charge, who was regularly present in the centre and they were available by phone when based in another centre.

The designated centre had been audited as per the requirements of the regulations. An annual review of the service had been completed by the person in charge in March 2025 along with two six monthly unannounced visits to the centre completed by the quality manager in November 2024 and April 2025. These audits were found to be of good quality, reflective of the lived experience of the residents living in the centre and included feedback from residents, their families and representatives. There was also evidence of local, weekly, monthly and quarterly audits in place. These were completed by the team leader and the person in charge had oversight. All audits reviewed by the inspector had action plans developed where improvements were required. For example, the annual and six monthly audits had identified the requirement for upgrade works to be completed through the centre including replacement of all flooring. This was seen to be completed on the day of inspection.

The inspector found evidence of oversight and effective management all safeguarding concerns, incident forms and subsequent safeguarding plan were in place, reviewed and discussed on a regular basis by the person in change and the staff team. The inspector reviewed the last 12 months of team meeting minutes. The centre had one team meeting per month, the minutes were printed and available to staff for review. Topics discussed included up date on residents well being, incidents and safeguarding and it was evident the formal safeguarding plan in place was at the forefront of discussion at each meeting.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents, were of a good standard, the management and staff team were striving to provide person centred care to the residents in the centre. The inspector observed that residents were supported to make decisions about how they wished to spend their time and were treated with dignity and respect.

The provider had policies and procedures in place to guide staff practices that were

seen to be effective on the day of inspection.

The premises was suitable to the assessed needs of the residents living there. It was found to be warm, homely and well maintained. safeguarding concerns were being identified, reported to the relevant authorities and manage well within the centre.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Residents' had communication support plans on file that guided staff on how best to communicate with the residents. These plans identified; how I communicate, this area was further broken down into; how I say - I want an object, for you to go away, go to bed, seek help, stop and no. The plans detail the individual unique and specific ways to communicate these needs and wishes. The plans were found to be in date and available to staff.

The inspector reviewed key working sessions for three residents and found they discussed topics such as, purchasing new furniture for their room, day trips, birthday plans, changes to home visiting schedule, appointments, keeping safe and how to make complains. The complaints policy was also available to residents in an easy ready format.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the needs of the residents, it was in a good state of repair, with recent upgrading works being completed on the day of inspection. New flooring was laid throughout the house, residents received new notice boards in their rooms for individual communication supports, new robust frames for certificate of registration and floor plans was mounted on the wall and new canvas photos of all residents displayed. The sitting room had been pained and new soft furnishing purchased, the room was homely and warm. Throughout the property the inspector found the provider had reviewed and enhanced many areas. One resident was seen to be very happy with the changes made to their en-suite where they had a bath removed and a walk in shower fitted. This resident was now using his en-suit with ease on a daily basis.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management policies and procedures in place, in the centre, to protect residents, staff and visitors. The risk management policy had been reviewed in line with the time frame identified in the regulations and it contained information required by the regulations.

The person in charge was seen to have full oversight of risk and was knowledgeable of the risks present in the centre at the time of the inspection. All individual and centre specific risks were documented on the providers online data management system. These risk assessments were reviewed by the inspector.

The inspector found that the local management team were recognising the risk relating to the allegations or suspicions of abuse which had been notified to the Chief Inspector of Social Services. Each resident had a vulnerabilities risk assessment in place and they were reviewed after every incident and additional controls added when required. From review of the risk assessment in place they were found to have appropriate control measure in place relative to the risk identified.

On review of the incident accident system the inspector could see the person in charge had oversight of all incidents and these incidents were also reviewed by the clinical risk manager and senior management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the four residents personal plans and found them to be up-to-date, detailed and well laid out. Residents files were audited regularly and actions listed at the front of the file were, for the most part, completed. Residents assessment of needs looks at residents' education and training, self-help skills, communication, health and well being and hopes, wishes and dreams. Each section was detailed with individual information and identified where supported needs were required. These assessments were seen to inform specific support plans that identified how their needs would be met.

Review of assessment of need, support plans, risk assessments and observations of staff interactions with residents it was evident that the centre provided person-centred care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a restrictive practice policy in place that was in date, the person in charge had completed the self-assessment questionnaire in preparation for the restrictive practice committee meeting, any actions identified were seen to be completed on the day of inspection. The provider had systems in place to record, monitor and review, restrictive practices on an ongoing basis. The inspector reviewed the restrictive practice log and minutes from the previous restrictive practice committee meeting held in March 2025. The inspector found the provider was actively taken steps to reduce restrictive practices where possible and as a result their were limited restrictions in place within the centre on the day of the inspection.

Residents had behaviours support plans in place, they were detailed and identified the methods used to develop the plan, such as mood trackers, incident trending, discussion with staff members and functional assessments, to name a few. The plan contained information on the identified behaviours, sensory profile, skill teaching along with direct interventions, reactive strategies and tension reduction. The behaviour support plans also supported staff the steps required after an incident of behaviours that challenges including reporting of incident.

On discussion with the behaviour support specialist they informed the inspector about the referral process for residents and how each request is processed and responded to based on level of severity. Members of the staff team reported they don't ever have to wait long to get support from a behavioural clinician.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard the residents. The inspections found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre. There was ongoing review of the safeguarding plans to sure they were effective.

All staff had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. The residents were also kept informed about their right to raise a concern and how to make a complaint through residents meeting and key working sessions.

Previous, peer to peer safeguarding incidents had been reported to the relevant authorities and formal safeguarding plans developed. The behaviour support specialist also developed a protocol as a result of these incidents to guide staff in best practice when both residents spend time in the same area or in transport. This protocol had recently been reviewed following an incident, additional controls were implemented in the protocol and the risk assessment was reflective of these

changes.

Each resident had detailed intimate care plans in place. These plans offered staff guidance in the area of person care and the resident individual support requirements and their preferences around these supports.

Judgment: Compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members, members of the clinical team and management and from the inspectors observations, residents were supported to exercise their rights. Residents were supported to understand and contribute to decisions that were being made relating to the designated centre. For example, residents were informed about the planned schedule of works for the centre in sufficient time and were asked for their feedback, some residents choose paint colours for their bedrooms walls. Residents were also informed through their residents meetings in relation to a change in service transport for a period of time.

Concluding the annual review, completed by the person in charge, in March 2025, the provider had identified the focus for 2025 was to adopt a prolific human rights based approach to all aspects of care. All staff working in the centre had received human rights training and evidence of this was seen in their work practices on the day of inspection. For example, residents were provided with relevant information in a manor that was accessible to them and given time to make their own decisions.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant