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:	An Diadan
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 April 2026
Centre ID:	OSV-0005667
Fieldwork ID:	MON-0041720

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

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 20 April 2026	09:00hrs to 16:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the designated centre.The provider had submitted a completed application to renew registration of the centre to the Chief Inspector of Social Services within the required time frame outlined in the regulations.

This inspection was completed by one inspector over one day. From what residents told the inspector and based on what the inspector observed, a good quality of care and support was provided in this centre. Although improvements were required to ensure all safeguarding incidents are reported to the Chief Inspector of Social Services within the required time frame set out in the regulations.

The centre is located in a rural setting on its own site. The centre had a small lawn area and parking facilities at the front and a patio and garden space to the rear. The rear of the property had garden furniture and a trampoline. The inspector completed a walk around of all areas of the designated centre and found it to be clean and in good state of repair. Residents were supported to have their own bedrooms and these were individually decorated in line with their interests. For example, one resident had painted their room the same colours as their home county, they also had pictures of county players and memorabilia on display. The centre consisted of sitting room, spacious hallway with couch, kitchen-dining area as communal spaces along with an office, utility and bathroom facilities.

This centre has the capacity to accommodate four adults for full time residential placements, there were no vacancies in the centre on the day of inspection. Over the course of the inspection day the inspector meet with three of the four residents living in the centre. One resident was on visit to their family home on the day of inspection.

On arrival to the centre the inspector observed a resident spending time in the hallway, they were dressed and waiting to go to day service, they had not returned to the centre before the inspector left. Another resident returned from their morning activities with a take-away, they were seen to relax on a mat in the sitting room while eating their chips, they had their own electronic device and their preferred music was on the television. When they were finished eating they invited the inspector to view their bedroom, they were seen to have lots of personal items on display and rolled on their bed making sounds that staff verified as sounds of contentment. They indicated they wanted their television on and what they wanted to watch. The inspector met the third resident when they returned to the centre for lunch, they were sitting at the kitchen table looking at photos which held great value to them. The photos were from a big birthday celebration they had and the photos had been printed into a photo book. The resident was eager to engage with the inspector, while their verbal communication was limited and they had some specific sounds and phrases their support staff were able to support the conversation. The

inspector sat with the resident at the table and looked through photos, spoke about recent events they attended, including sporting events.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspector on the day of the inspection. Four surveys were returned to the inspector. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Residents and their representatives' comments included; X is supported every day to be active and happy, "I am happy living here", "I love my bedroom" and "I get great support from al the staff".

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

Overall the inspector found that there were comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents. The provider had submitted a completed application to renew the registration of the centre within the required time frame set out in the regulations to the Chief Inspector of Social Services.

From review of documentation, observations on the day of inspection and discussion with local management and the staff team it was evident that the systems in place to monitor the standard of care provided to residents were effective. Staff were knowledgeable about the care and support needs of each resident and were seen to support them in line with their will and preference.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services in line with the time frame set out in the regulations.

The provider had included the information and documentation on matters set out in Schedule 2 and Schedule 3. This included submitting information in relation to the

statement of purpose, floor plans and submitting a fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge to the designated centre who was suitably qualified and experienced. The person in charge was responsible for this centre only. There were suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a team leader who had delegated duties assigned to ensure effective running of the centre.

The person in charge demonstrated a very good knowledge of the residents including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. On the day of inspection the centre had one full time and one part time vacancy and these shifts were filled by consistent relief and agency. Recruitment was ongoing and one staff member was currently on boarding.

There was a planned and actual roster in place, the inspector reviewed the last three months of rosters and found them to be reflective of the staffing arrangements in place, they were up -to -date and staff were identified by their full name and grade.

Team meetings were held monthly to facilitate team discussion on topics such as update on residents health and well being, learning form incidents, residents goals, training requirements for staff. Each meeting had a minutes record and these were seen to be signed by the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up -to -date training in areas including safeguarding, medication management, fire safety and manual handling. The staff team were also provided with centre specific training including, seizure management, feeding, eating, drinking and swallowing, autism awareness and positive behaviour support.

Staff spoken with were knowledgeable about their role and responsibility in supporting residents and keeping them safe. They spoke about the reporting systems and how support plans guide them to manage residents behaviour.

Staff were in receipt of supervision every eight weeks, the person in charge had a schedule in place to track and plan for supervisions. The inspector reviewed the minutes of supervision meetings for two staff members. Topics being discussed included actions from the previous meeting, annual leave, safeguarding, health and safety, care and support arrangements for residents and human rights.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to the appointed person in charge who reported to and received support from a senior manager.

The provider had auditing systems in place to review safe services including two six-monthly unannounced audits and an annual review. The annual review for the year 2025 had been completed and gave an sense of the lived experience of the residents living in the centre. The review had included feedback from residents and their representatives. Feedback documented was very positive and highlighted areas of good practice within the centre. The provider's two most recent six-monthly audits were completed in September 2025 and in March 2026. All audits were seen to have action plans in place to address areas where improvements were required.

The person in charge and senior manager were meeting monthly to review the centre. A record was kept for these meetings and was seen to keep a track of identified actions for the centre and areas for improvement along with professional development for the person in change. The person in charge was also completing a similar style meeting with the team leader of the centre where they set out tasks and duties to be completed within a required time frame.

Judgment: Compliant

Regulation 3: Statement of purpose

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

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

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

On review of the provider's incident and accident records, the inspector observed a safeguarding incident that occurred in December that was not reported to the Chief Inspector of Social Services in line with the requirements of the regulation.

Judgment: Not compliant

Quality and safety

From what the inspector observed, from spending time with the residents, staff and management and from review of documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were

afforded opportunities to engage with their community and complete activities of their choosing.

The premises was suitable to the assessed needs of the residents living in the centre at the time of inspection. The premises was found to be warm clean and in a good state of repair. There was a range of effective systems in place to keep residents safe including risk assessments, safeguarding plans and support from clinical professionals where required.

Regulation 13: General welfare and development

The provider and person in charge had ensured that a variety of activities were available for residents, both in their homes and in the local community.

Staff recorded planned activities for the month ahead and recorded activities taking place each week. While there were some gaps in this documentation the inspector saw evidence of participation through photographs, key working sessions, resident meetings and daily notes.

Outings and events attended included shopping, coffee or meals out, visiting the church, meeting up with family, trips to the national stud and the wild lights in the Zoo, swimming and reflexology, along with celebrating life events such as birthdays. Residents also took part in in-house activities including baking, watching movies, looking at photo books and listening to music.

A review of documentation and discussions with the staff team indicated residents were engaging in planned day trips, holidays, visiting local areas of interest and connecting with family and friends. The person in charge and the staff team were supporting opportunities to connect residents with their family and friends, and to maintain their relationships. For example, residents had regular home visits, phone calls, video calls and were supported to attend family events.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned the centre is located in a rural setting on its own site. The centre consists of four bedrooms, two office spaces, kitchen, utility, sitting room and relaxation area in the hallway.

Overall, the property was well-maintained, homely and warm. The layout was in line with the residents' assessed needs. Each resident had their own bedroom two of which had en-suite facilities. Residents had sufficient storage for their belongings and if they wanted they had a TV in their bedroom. Each room was appropriately

decorated to meet the needs and interests of the residents. In addition, one bedroom had recently been redecorated to reflect the wishes of the resident. They picked their favourite colour paint for the walls.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre. The inspector reviewed the centre's risk register and individual risk registers for three residents.

All known risks had been identified and control measures were put in place to reduce their impact. There were risk assessments in place for potential risk, actual risk and for the use of restrictions. For example, residents had risk assessments in place for vulnerability, self injurious behaviour, falls, restrictive practice and positive behaviour support.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared regularly with the staff team at team meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector reviewed these medication management systems in the centre and found they were effective.

The provider has appropriate storage system in place for medication including a lockable fridge for any medication requiring such storage. The keys for all

medication storage was kept in a secure location when not in use. Staff spoken to in relation to medication processes were aware of best practice including having a quiet place without disturbance to dispense medication, the importance of the ten rights of medication and were familiar with residents' preferences on how they like to take their medication.

On reviewing prescriptions (kardex), it was noted that all residents had up-to-date records in place. All administration of medication had been appropriately signed and each 'as required medication had protocols with clear guidance for staff on when to administer, the maximum daily dosage allowed, and the minimum gap between dosages.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed.

The inspector reviewed healthcare plans and found that they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required. For example, one resident wanted to purchase a new chair for their bedroom, the local team supported them to send a referral to the occupational therapist to seek guidance and support on what chair would best suit their needs.

Any residents who had identified health concerns had detailed support plan in place to guide staff on what areas the resident could do themselves and what areas they needed support with.

Each resident had an annual review of their health, with planning for the year ahead for routine appointments and reviews. The person in charge ensured that all residents had up-to-date hospital passports in place in case a resident required a hospital stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

All residents had behaviour support plans in place, from review of these plans the inspector found they were detailed in both proactive and reactive strategies to support the residents accordingly.

From review of restrictive practices within the centre it was evident the local management team were striving to reduce restrictions where possible. For residents who had a restrictive practice in place they had an associated risk assessment that outlined prevention, de-escalation and positive behaviour support as strategies to implement prior to the use of a restriction. Each resident was supported to have an easy-to-read document that outlined the restrictions in place and their function. Residents were also supported to understand restrictive practices through keyworker meetings.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. While the provider did not notify the Chief Inspector of Social Services in relation to one safeguarding incident this has been reflected earlier in the report. On review of safeguarding documentation within the centre any allegations made, were appropriately documented, investigated and managed in line with national policy. All staff had completed training in safeguarding vulnerable adults and as mentioned earlier were aware of their role and responsibility in keeping residents safe. Safeguarding plans in place had detailed actions to be taken to ensure all residents were keep safe including enhanced supervision, this was seen to be in practice on the day of inspection.

Residents had intimate and personal care plans in place, which were subject to regular review and guided staff in supporting residents with personal care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for An Diadan OSV-0005667

Inspection ID: MON-0041720

Date of inspection: 20/04/2026

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: It was acknowledged that an NF06 statutory notification had not been submitted to the Chief Inspector within the required timeframe in line with Regulation 31 of the Health Information and Quality Authority. This was subsequently addressed, and the NF06 was completed and submitted retrospectively following identification of the omission. A review has been undertaken regarding the classification of HIQA notifiable incidents to ensure clear understanding of reporting responsibilities, escalation pathways, and statutory notification requirements under Regulation 31. The incident management system in place ensures that management receive immediate notification when incidents are submitted. Moving forward, the Person in Charge, or Team Lead in their absence, will ensure prompt review of all incidents to identify those requiring statutory notification and ensure that NF06 notifications are submitted within the required 3 working days of identification in line with Regulation 31.	
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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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	26/06/2026