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

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|---|---|
| Name of designated centre: | Cunamh House |
| Name of provider: | Kerry Senior Care Ltd t/a T1 Healthcare |
| Address of centre: | Kerry |
| Type of inspection: | Announced |
| Date of inspection: | 12 June 2026 |
| Centre ID: | OSV-0008649 |
| Fieldwork ID: | MON-0042343 |

## About the designated centre

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

Cunamh house aims to provide a high standard of residential respite care in accordance with evidence based practice for adults with autism spectrum disorder, intellectual disability and physical and sensory needs. Cunamh House provides respite support to a maximum of four service users at any one time and can accommodate all genders. The centre is open 42 weekends each year. Ground floor accommodation consists of a large living/kitchen/dining area, two residents' lounges, four bedrooms, a utility area, a staff room/office/sleepover room, a store room and a water closet. One resident lounge can be used for visitors. The house has a large rear and back garden that is wheelchair accessible. Residents are supported by a team of support workers and healthcare assistants.

**The following information outlines some additional data on this centre.**

| | |
|---|---|
| Number of residents on the date of inspection: | 2 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

**1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

**2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Friday 12 June 2026 | 10:45hrs to 16:45hrs | Kerrie OHalloran | Lead |

## What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and inform the upcoming registration renewal decision. Overall, the findings indicated that the residents that availed of the respite service were cared for in line with their assessed needs and were encouraged to enjoy activities of their choosing while staying in the designated centre. Good levels of compliance across the regulations reviewed was found on the day of inspection indicating that a good quality service was available to the residents. Some review was required under Regulation 23: Governance and management to ensure that the annual review provided consultation with respite service users and their representatives.

The inspection was facilitated by the management team that was present on the day of inspection. This included the person participating in management, team leader and another staff member with the provider. The inspector met with one of the respite service users and the two staff that were on duty. In addition, document review and observations were utilised to determine residents' lived experience in the designated centre.

The centre is registered to provide a respite service to a maximum of four individuals at one time. Respite stays can occur for forty-two weekends of the year, from Friday to Monday. Currently approximately 24 individuals avail of this service. At the time of the inspection, in order to ensure that residents are compatible and their needs can be sufficiently met, the residents avail of the service at a maximum of two residents per respite stay. Staffing numbers are planned and in place dependant on the service users availing of respite and their individual needs.

On arrival at the centre, the inspector was welcomed in by the person participating in management. There were no residents or other staff present at this time. The respite house had been closed the night before and was opening on the day of inspection. Two residents were due in later in the day to avail of a respite stay.

As part of the inspection process the inspector completed a walk around of the premises. The centre was a bungalow style house. There was a large garden area to the back of the house, the inspector was informed that the provider had ordered a swing for this area as some residents would enjoy this. The centre was presented as very clean, warm and very well maintained. It was tastefully decorated to ensure it was a homely environment. For example, pictures, soft furnishes and ornaments were on display in different parts of the home. Residents had also displayed their art on the walls throughout the centre. Each of the four bedrooms allocated to residents had adequate storage space including wardrobes, bedside lockers and a safe, to allow residents store their possessions on the respite stay. There was plenty of

communal spaces available, including a kitchen/dining area, a sitting room and a small living room.

In the afternoon the first resident arrived for their respite stay. They had stayed in the centre previously and it was reported by staff that they enjoyed their respite stays. The inspector heard the resident being welcomed in by staff. The inspector observed the staff check-in the resident's medicines. At this time the resident was very content watching a programme of choice in the living room. The inspector greeted the service user and seemed comfortable when the inspector was present, they informed the inspector they liked coming to Cunamh House. The resident and staff discussed the plans for the weekend ahead. Later in the evening another resident was due to attend respite, the inspector did not get the opportunity to met them during this inspection.

When residents arrived at the respite service for their stay a residents' meeting occurred. During the meeting the residents were given choices around meal planning and activities to engage in when on the respite stay. Pictures were also used to explain to residents what options were available to them. The inspector reviewed a sample of these meetings, the following activities were offered to the residents, day trips to nearby towns, shopping, bowling, cinema visits, baking, pamper nights, arts and crafts, soap and candle making and walks. Meal choices included options of home cooked meals, take-away meals and meals out in restaurants and cafes. The inspector had the opportunity to review compliments received by the centre. These recorded that families were very satisfied with the service being provided and their family member was very happy to come into the centre each time they arrived. The person participating in management also highlighted to the inspector that the providers website had received positive testimonials regarding the service provided in this respite service.

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 the inspector on the day of the inspection. The inspector received one form. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre. This included the staff, activities, food and the premises.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspection found there was a defined management structure in place with suitable systems implemented to monitor the effectiveness of the services

being delivered. This ensured that the service provided to residents during their respite stay was person-centered, of good quality, and ensured that the residents were kept safe at all times. The inspection findings indicated good levels of compliance across all regulations reviewed.

The residents were supported by a consistent, core staff team. A number of the staff team had commenced in the service when it opened and remained on the staff team on the day of inspection. All staff were in receipt of up-to-date training which enabled them to effectively complete their role and support the residents in line with their specific assessed needs. The staff present on the day of inspection were very knowledgeable around residents' specific needs, likes and dislikes.

## 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. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre.

Judgment: Compliant

## Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There was no staff vacancies on the day of inspection. There was two staff present to welcome the residents to their respite stay and provide support as required. Later in the day one waking night and one sleep-over staff member would be in place to support the residents.

The provider had arranged staffing to ensure the needs of the residents were met at all times. Therefore the number and skill-mix of staffing was arranged in line with residents' specific needs. For example, some residents required more support and this was provided accordingly.

The inspector reviewed rosters from March to June 2026 and found that all rosters were well maintained. Continuity of care was evident with the same names represented on the roster across the relevant period reviewed. There was no use of agency staff.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training in the centre. The inspector reviewed the training records for all staff and saw that all staff were up-to-date in training in key areas including safeguarding, safe administration of medications and managing behaviour that is challenging.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, all staff had received training in disability awareness and autism. Staff were in receipt of regular support and supervision through staff meetings and individual staff supervisions which took place four times per year. The inspector reviewed the supervision matrix in place and this indicated supervisions were taking place and were also planned for the rest of 2026.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

## Regulation 23: Governance and management

There were clearly defined management systems in the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two designated centres and was supported in their role by a team leader. The team leader had assigned managerial duties to support the person in charge with the oversight of the centre. The inspector did not have the opportunity to meet the person in charge during the inspection due to planned leave.

The provider had a series of audits in place at both local and provider level. For example, at local level, regular support plans audits, vehicles checks, mattress audits, first aid checks and restrictive practice audits were completed. Action plans were implemented where areas of improvement were identified on these audits. Overall, these audits were seen to have high levels of compliance. The provider also

had a weekly management report in place for the centre, this would be completed by the team leader and person in charge weekly and forwarded to the person participating in management for discussion and review. This ensured any arising issues were addressed promptly.

The provider had also completed regular six-monthly audits of the quality and safety of care. The inspector reviewed the two most recent audits which were completed in September 2025 and March 2026. The audit dated March 2026 had identified some minor actions which were completed by the time of the inspection. During both of these audits, no staff members or residents were met with.

In addition, the provider had completed the annual review of the service for 2025. However, it had not obtained resident and family representative views in order to ensure that the level of service provision was adequately captured. The inspector did review questionnaires dated from Jan to May 2026. These contained positive feedback regarding a summary of the residents stay and any activities residents would like to complete on next stay.

Judgment: Substantially 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.

Judgment: Compliant

## Regulation 31: Notification of incidents

Documentation relating to notifications which the provider must submit to the Chief Inspector of Social Services under the regulation were reviewed as part of the inspection process. This included a review of daily notes and accident and incident forms. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required. For example, the provider had submitted all notifications in relation to safeguarding incidents that had occurred in the centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational policy in place. The inspector observed that complaints was a standing agenda item for staff team meetings and residents meetings. The inspector observed that there was an easy-to-read complaints procedure in place and the complaints office was displayed in the designated centre.

The inspector reviewed the complaints log. No complaints had been received in the designated centre. The inspector observed the designated centre had received a number compliments. The compliments comments that the centre was like a home away from home for residents.

Judgment: Compliant

## Quality and safety

Overall, it was found that the residents availed of a respite stay in a warm, clean, well-presented home. Care was provided in a person-centered manner where residents' preferences, likes and dislikes were being taken into account. Residents were encouraged to relax and engage in activities of their choosing, to ensure that their respite stay was a holiday type of experience.

A number of safety measures were in place to ensure that residents' safety was paramount to service delivery. This included effective measures in terms of fire safety. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective during their respite stay. This included meeting residents and staff, a review of the assessment of need, risk documentation, and fire safety documentation. Overall good levels of compliance was demonstrated across regulations reviewed.

The provider had focused on ensuring the practices around medicine management and ongoing assessment of need, were in line with the requirement of regulation, and were effective and safe. This was a significant piece of work considering the number of residents that availed of the respite stay. On review of documentation the inspector was assured that assessment of need was kept up-to-date for each resident. In addition, medicine management was in line with evidence-based practice and relevant policies and procedures.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate. The inspector had the opportunity to meet with one resident who communicated verbally with the inspector. The inspector observed staff communicating with the resident in a respectful manner.

From the four personal plans the inspector reviewed, the residents had their communications needs and preferences clearly recorded. These were seen to be documented in an individualised and person centred manner specific to each resident. For example, the plans included information if a resident used picture exchange or gestures to communicate.

Television, radio, internet access, technology and pictorial aids were provided for residents in the designated centre. A picture board was in place for residents to know what staff was on duty to support them.

Judgment: Compliant

## Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation during their respite stay. Residents engaged in activities in the centre and community.

On the day of the inspection the inspector observed staff supporting a resident to put on a programme of interest for a resident, the resident really enjoyed this. From a review of four residents personal plans the inspector observed residents were offered a number of activities such as going for walks, watching movies, listening to music, shopping, arts and crafts, soap making, bowling and cinema. The centre had an information board in place called 'The local low-down' to inform residents of different events happening locally.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the residents' needs. The centre was found to be well maintained, visibility clean, furnished and decorated throughout. The provider had continued to maintain the premises.

Residents had access to laundry facilities and adequate storage facilities were also in place for residents to store their belongings during their respite stay. Each resident had access their own bedroom during their stay.

Judgment: Compliant

## Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's respite stay.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall, the provider had good systems in place around the management of risks within the centre. The provider had detailed risk assessments in place which promoted safety of residents and were subject to regular review.

As part of the inspection process the inspector reviewed four residents' individual risk assessments. Risks such as behaviours of concern and medical conditions such as epilepsy were all appropriately assessed with relevant control measures in place.

The inspector also reviewed the systems in place to manage incidents, accidents and near misses. The number of incidents were low in the centre. When an incident did occur it was reviewed for learning and discussed with the staff team as required.

Judgment: Compliant

## Regulation 28: Fire precautions

On the walk around of the premises, the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required. For example, fire extinguishers had been serviced in November 2025.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily checks were taking place on fire escape routes, weekly

checks on the fire alarm system and emergency lighting. On review of the records in place from March to June 2026, all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely fashion when required to do so. Personal evacuation plans were in place and had clear guidance for staff.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products. The inspector had the opportunity to observe how medicine products were checked in on the day of a respite stay and found that the system in place was effective in ensuring medicine received was in line with the resident's prescription.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Medicine prescribed as necessary (PRN), also clearly stated the maximum dose to be administered in a 24 hour period. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

There was a system in place to ensure medication errors were managed effectively. All medicine errors and incidents were recorded, reported and analysed. If any learning was identified this was brought back to the staff team as required.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' assessment of need and personal plans that were in place. It was found that provider had implemented a system to ensure that the assessment of need was completed prior to admission and was reviewed regularly by the staff team. This ensured that up-to-date information was available to inform care plans.

Care plans reviewed were sufficiently detailed to guide staff practice and ensure residents were provided with care in line with their assessed needs. The inspector reviewed records in relation to health care needs, communication needs, likes and

dislikes, night time routine, and personal care needs. In addition, on arrival to the centre for respite, residents were supported with identifying goals or aspirations they would like to complete.

Judgment: Compliant

## Regulation 9: Residents' rights

As part of the inspection process the inspector reviewed how residents' rights were respected during their respite stay. It was found that residents were offered choice and control over aspects of their respite stay such as activity choices and meal choices.

The language used in care plans was person-centred and respectful of residents' preferences. For example, residents personal plans had detailed information regarding residents likes and dislikes, along with details regarding their preferred activities or routines. Residents meetings were taking place at the beginning of each respite stay to ensure all residents were provided with information and were an active part in making plans on how they would like to spend their time during their respite stay.

Observations on the day of inspection indicated that staff were respectful and professional when interacting with residents. They offered choices around activities and provided care an a respectful manner.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Cunamh House OSV-0008649

## Inspection ID: MON-0042343

## Date of inspection: 12/06/2026

**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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Annual quality-of-service surveys have been completed by the residents' families and are kept on file. The annual review report will be updated to incorporate the families' feedback. | |

## 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 23(1)(e) | The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives. | Substantially Compliant | Yellow | 14/08/2026 |