



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

## Issued by the Chief Inspector

Name of designated centre:	Rathmore Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	12 February 2026
Centre ID:	OSV-0003430
Fieldwork ID:	MON-0040068

## About the designated centre

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

This designated centre is comprised of two separate houses in close proximity to each other in the same rural village. A maximum of 5 adult residents can be accommodated and residents present with a diverse range of needs and abilities between the two houses and within the houses themselves. The provider aims to provide quality person-centred services to each resident in partnership with their family and connected to their community and support networks. The staff team is comprised of support staff, social care staff.

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

Number of residents on the date of inspection:	4
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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
Thursday 12 February 2026	09:30hrs to 17:00hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, overall residents were receiving good care and support in this centre. This was a short term announced inspection in relation to the renewal of the registration of the designated centre. There were some concerns regarding the premises and fire precautions in the designated centre, the registered provider had identified these concerns and had a plan in place with time lines to complete this work.

On the day of the inspection four residents lived in the designated centre with one vacancy. Four of the residents were met on the day. One resident lived on their own in one house of the centre and three others lived together in the other house. Both houses were located in a town and had access to transport. Since July 2025 when the last inspection of the designated centre took place, there had been a reconfiguration of the centre. There were three homes on the previous inspection, with now two homes making up the designated centre. Concerns from the previous inspection related to the governance and management, premises and fire precautions in the designated centre. Some of these concerns related to the home that had become its own designated centre. The remaining concerns are discussed further in the report.

The four residents spoke with the inspector and appeared happy and content. In the first home visited the resident showed the inspector around their home. They said they were happy with their home and the staff support they received. The resident lived in the downstairs area with a staff area upstairs. The residents spoke about their interests and their pictures they had on display. They spoke about looking forward to going to their day service and then going for coffee in a nearby coffee shop. Staff reported that the resident was doing well having their own space and having regular familiar staff. Three other residents were met at the second location. One resident was sitting at the table interacting with staff and another was upstairs going through their morning routine. They spoke with the inspector and showed them their new bed that they had gotten. A third resident in this home was spoken with when they returned from day service. They said they were very happy with their home and the staff they worked with. This resident was heard singing and was interacting with staff in a humorous and jovial manner. Their bedroom was now downstairs as it was more appropriate to the resident's needs. Residents were seen relaxing in their sitting room and also in the conservatory at the front of the home. Staff interacted in a positive friendly manner with the residents during the inspection.

The two homes were well set up for the residents. There was the equipment available to residents to assist them with them such as a hospital style bed for one resident. The residents had pictures that were important to them throughout their homes. Residents had different areas where they could relax and residents were

seen to use these areas during the day of the inspection to watch television for example.

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.

## Capacity and capability

Overall, the registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. A planned and actual staff rota was maintained in the centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. The governance structure for the designated centre was now stronger and the person in charge had the support of people participating in management. On the day of the inspection there was adequate staffing levels available to the residents.

The designated centre was previously three different homes with 15 residents. The designated centre was split up and now this designated centre had five residents. This change increased the oversight and governance in the designated centre. The person in charge was over two designated centres and there was a plan to recruit a person in charge to solely work in this designated centre. The large work load of the current person in charge was discussed during the inspection.

Documentation of the designated centre was current and under review such as the application documentation, insurance, statement of purpose and the policies and procedures. They met the requirements of the regulations and were reviewed in a timely manner in line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided.

The staff team were knowledgeable of the people they were supporting. The person in charge was monitoring training in the designated centre and the staff team were receiving adequate supervision and training.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was appointed in a full time basis. The person in charge was also appointed to another designated centre. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The staff skill mix for the residents was appropriate. There were currently three staff vacancies but these gaps were filled with regular agency staff. There was a planned and actual staff roster available in the designated centre. Staff rosters were reviewed for a three month period in the designated centre for December 2025 to February 2026. Staffing levels were maintained as outlined in the designated centre's statement of purpose. The residents were provided with continuity of care with a consistent staff team members being present on the staff rota.

Four staff personnel files were reviewed and these were well managed containing the information required by schedule 2 of the regulations. This included two references for each employee and evidence of Garda vetting being completed.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a tracker for the training needs which monitored the training needs of staff and to ensure these were addressed. It was evident that the person in charge was maintaining a good oversight of the training needs of the staff. Training being provided to staff included

fire safety, manual handling, children's first, safeguarding and person centred planning. Training that required updating was schedule for these staff members.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision for staff members in the designated centre for the current year.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

During the last inspection there had been concerns around the availability of the senior management team. This was improved and senior management team members were now available and a member of the senior management team was present in the designated centre during the inspection. The lack of oversight in relation to the fire safety and premises that was evident during the last inspection had been remedied. The registered provider had undertaken fire risk assessments and had a schedule for these works to be completed.

The annual review of the quality and safety of care and support in the designated centre was completed in December 2025. This annual review contained information on what the residents were undertaking in the centre such as new activities. The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in March 2025 and Oct 2025 as required. The reports were made available to the inspector and contained actions that the person in charge was working towards achieving, for example improving the recording of activities for residents.

Staff and management team meetings were taking place regularly for the designated centre. These meetings included discussions on the quality and safety of the service being provided and each of the residents were discussed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had in place policies in relation to Schedule 2 of the regulations including policies in relation to staff training and development and risk management and emergency planning. These policies and procedures were made available to staff members. All of the policies and procedures had been reviewed within the last three years.

Judgment: Compliant

## Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed.

The designated centre was well set up for the residents and residents appeared to be comfortable in the designated centre. There were some concerns regarding one area of the centre where there had been a leak which was evident in the ceiling of an area in the designated centre.

Locally fire precautions were well managed with equipment being checked and serviced. Concerns regarding fire doors and fire stopping in the centre had been

identified by the registered provider and a plan of works had been put in place to remedy these concerns.

### Regulation 17: Premises

The premises in the main were well maintained. The design and layout of the centre were meeting the needs of the residents with sufficient communal and private space. A conservatory area in the designated centre was visited during the last inspection and the area was very warm at the time. Blinds had been fitted in this area and the area could now be kept cool during the summer months. Items of furnishing that had been seen to be rusting were removed from the area and were now longer in place. The resident bedrooms were personalised and one resident had moved to a downstairs bedroom as it supported their mobility needs. The stairs in both houses had handrails at each side of the stairs to aid mobility and safety. This resident was happy with the move and their bedroom.

One area of the designated centre had a leak in the ceiling, this area was currently not being used by any resident. There was moss on a flat roof which ran alongside a fire exit staircase.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate residents guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the centre and was also present in the centre on the day of the inspection. This document was reviewed by the inspector prior to the inspection. This guide outlined included the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire precautions were well managed in the designated centre. Concerns regarding fire doors and fire stopping in the ceilings had been identified by the registered provider. Fire doors were in place but the registered provider had identified in a

report that the integrity of the fire doors maybe compromised in the event of a fire. The registered provider had a schedule for these works to be completed.

Fire drills were being completed regularly in the designated centre and were being documented. Daily and weekly fire checks were being undertaken in relation to fire exits, extinguishers, fire alarm and emergency lighting. The fire alarm system, emergency lighting and fire extinguishers were serviced on quarterly and annual basis as required. The residents had personal emergency evacuation plans in place and these had been reviewed regularly and within in the last 12 months at least.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

Activities that residents were undertaking were planned and documented in their personal plans. Residents had planned activities such as going to concerts, having family gatherings and attending exercise classes. Residents had pictures in their personal plans of the activities they had completed throughout the year such as day trips,going for spa days and joining a men's shed.

Residents' health care needs were being assessed and met in the designated centre. Health care concerns such as epilepsy were assessed and plans were in place to manage these concerns. Evidence was contained in the residents' personal plans that they had access to allied health care professionals.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents in the designated centre were involved in their care and support. The residents contributed to their personal plans. Residents meetings were occurring on a fortnightly basis in the designated centre where topics such as residents rights, complaints, social outings planning were discussed.

Residents had access to private spaces to undertake activities in private that they so wished. Residents had choice in relation to what activities they undertook and were consulted on what activities they wanted to try and undertake in their person centred planning meetings.

Residents documentation was stored in a secure manner in storage that could be locked. Residents had there own bedrooms which were decorated in a manner which reflected their interests.

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
<b>Capacity and capability</b>	
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 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rathmore Residential Services OSV-0003430

Inspection ID: MON-0040068

Date of inspection: 12/02/2026

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The provider welcomes the positive findings outlined in the inspection report in relation to the premises of the designated centre and is pleased that improvements previously identified were found addressed to a satisfactory level. The provider acknowledges the areas identified for improvement during the inspection.</p> <ul style="list-style-type: none"> <li>• A leak was identified in the ceiling of one area of the designated centre. This area is currently not in use by residents. A maintenance request has been logged with the organisation's maintenance department to address this issue. Ceiling slabs will be replaced by 08/04/2026</li> <li>• Moss was identified on a flat roof located adjacent to a fire exit staircase. Arrangements were made for this roof area to be cleaned and maintained. This work has been scheduled and will be completed by 18.3.2026.</li> </ul> <p>The provider remains committed to maintaining the premises to a high standard and to ensuring that the environment continues to meet the needs, safety and comfort of residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            In one House in the designated Centre -</p> <ol style="list-style-type: none"> <li>1. Fire Doors were assessed on 19/12/2024.</li> <li>2. On 25/03/2025 - Quote for the fire door required works completed.</li> <li>3. On 01/09/2025 - Assessment of ceilings completed.</li> </ol>	

In the second house in the designated centre:

1. Fire Doors were assessed on 26/03/2025.
2. On 28/03/2025 - Quote for the fire doors required works completed.
3. On 01/09/2025 - Assessment of ceilings completed.

Pending approval of the business case submitted to HSE, remaining works in relation to fire doors and ceilings in both houses in the designated centre will be completed by 30/09/2026.

Ongoing fire safety measures are in place and managed to ensure continued and active action related to fire safety:

- The centre specific fire safety risk is recorded at service level and managed by the PIC through ongoing fire safety checks, regular fire drills, staff awareness of evacuation procedures and the review of residents' Personal Emergency Evacuation Plans.
- Organisational fire safety risks and compliance with regulations have been recorded on the organisation's corporate risk register and are currently rated as a Red Risk due to the scale and funding requirements associated with the remediation works.
- A supporting live tracker of all required remediation works is in place and regularly reviewed by the Operations Department.
- The organisation has engaged an external Health and Safety consultancy to support PICs and SMT with identifying and managing health and safety risks, including fire safety compliance across designated centres.
- Updates are provided to the Board of Management through monthly CEO reports and the matter is discussed at regular operational meetings with the HSE.
- The organisation continues to actively engage with the HSE regarding the capital funding required to progress the full programme of works.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2026