

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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0003641
Fieldwork ID:	MON-0046734

About the designated centre

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

Teach Saoirse is a purpose built house located in a large walled and gated site. The centre provides a dedicated respite service midweek and at weekends for children, both male and female, from the ages of 0 to 18 years, who have been diagnosed as being on the autistic spectrum or have a physical, sensory or intellectual disability. The centre comprises five en-suite bedrooms which can accommodate up to five children. Other facilities in the centre include a kitchen, a utility room, a dining room, a living room, a kitchen, a multisensory room and staff facilities. Staffing in the centre is made up of family support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 24 July 2025	09:20hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed this was a well-run centre where children were well supported and cared for during their respite stay. This unannounced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance. Overall, this inspection had positive findings. However, in line with the findings of the provider's own audits and reviews, some areas where further improvements were required related to the oversight of some documentation, the premises and the notification of incidents to the Chief Inspector of Social Services.

The designated centre consists of a large purpose built detached house on its own grounds in a town in County Tipperary. According to the provider's statement of purpose, care and support can be provided for up to five children with autism, intellectual disabilities, physical and sensory needs. There were four children using respite services on the morning of the inspection who were discharge at lunchtime and then another four children were admitted in the afternoon. In addition, during the inspection one child and their family came to visit the centre for the first time.

During the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the eight children using respite, six staff, a student nurse and the person in charge. The person participating in the management of the designated centre (PPIM) attended a feedback meeting at the end of the inspection via video conference. Documentation was also reviewed throughout the inspection about how care and support is provided for young people, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

On arrival, the inspector met two children playing in the garden with staff, one child playing with a student in the sitting room and one child was in the process of getting up and ready for their day. The house was warm, clean and homely and there were large well maintained outdoor spaces and play equipment for children using respite services. There were four vehicles available to support children to attend school and activities in their local community.

In the afternoon, the inspector met children as they arrived for their respite break. They each appeared happy and comfortable in the presence of staff. For example, one child was observed smiling, laughing and dancing on arrival. The inspector spent time observing children settling in and spending time with staff and then getting ready for their evening activities which included going swimming and going to a local jump zone.

Over the course of the inspection, children were observed spending time playing in the house and in the garden. They were observed choosing which activities they wished to take part in. For example, they were playing with toys in the sitting room,

spending time in the garden with staff and engaging in water play on an inflatable slide and pool in the garden. Over the course of the day, children were observed helping themselves to snacks or being supported by staff to have meals and snacks.

Throughout the inspection, staff were observed to be aware of children's communication preferences. Children had a variety of communication support needs and used speech, sign language, vocalisations, facial expressions, and body language to communicate. Their communication support needs and preferences were detailed in their personal plans.

In line with their communication needs and preferences, none of the children told the inspector what it was like to use respite services so the inspector used observations a review of documentation and discussions with staff to capture their experience. The inspector observed children's morning, lunchtime and afternoon routines. Based in what the inspector observed children dictated the pace of the day. They were observed to get up and ready for their day at different times, to spend time in their bedrooms, to move around the house to their preferred spaces and to play with the indoor and outdoor toys.

Warm, kind, and caring interactions were observed between children and staff over the course of the inspection. Staff were observed taking time to sit and play with children and to support them to choose which activities they wished to take part in. Staff who spoke with the inspector used person-first language and focused on children's strengths and talents. They spoke about encouraging children to dictate the pace of the day and to choose what activities they wished to take part in. There were a number of easy-to-read documents available for children, should they require them. For example, the complaints procedures and pictures of complaints officers were on display, staff photos were on display, and there was a social stories available on areas such as fire safety.

Children's and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These were captured in the provider's annual and six-monthly reviews. For example, in the last two six-monthly reviews four parent's views were captured. They expressed high levels of satisfaction with the service their child was in receipt of. They indicated they were aware of who to raise any concerns they may have to and were complimentary towards the staff team and person in charge. Some parents indicated they would be grateful for additional nights of respite for their children.

In summary, children appeared happy and content during the inspection. They were being supported to engage in a variety of home based activities while in respite and they were taking part in activities in their local community.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of children's care and support.

Capacity and capability

The inspector found that this was a well-run service where children's rights were respected and upheld. The management systems in the centre were effective at ensuring that children were in receipt of a good quality and safe service. The provider was aware of areas where improvements were required, particularly relating to the oversight of some documentation, the premises and staffing numbers.

The provider had employed staff who had the necessary skills and experience to support respite users. They had also supported the staff team to be aware of their roles and responsibilities in relation to the care and support they provide. The provider was aware that additional staffing numbers were required to support full occupancy in respite and were in the process of recruiting these additional staff at the time of the inspection.

The provider had effective governance and management arrangements in place to assure itself that a safe service was being provided to residents. There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge receives support and supervision from a PPIM. They were supported with the day-to-day management of the centre by a team leader and clinical nurse manager. There was an on-call manager available to staff out of hours.

Staff were accessing training and refresher training in line with the organisation's policy, and children's assessed needs. Information was shared with the staff team at handovers and staff meetings to ensure that all staff were kept informed of respite users current care and support needs, their wishes and goals, and any control measures in place to keep them safe.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were present in the centre on week days and formed part of the provider's on-call arrangements.

Young people were very familiar with them and appeared very comfortable and content in their presence. Staff were complimentary towards the support they provided to them.

The person in charge was self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions to bring

about these improvements. They had a clear focus on quality improvement initiatives.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The centre was fully staffed in line with the statement of purpose at the time of the inspection; however, the provider was in the process of increasing the number of staff in the centre following a review with the funder. This would ensure full bed occupancy in respite moving forward.

Staffing numbers on duty and the start time of shifts were found to be based on children's assessed needs and their plans for the day. For example, shifts started earlier on school days. Staffing numbers on duty depended on whether young people required 2:1 or 1:1 supports. For example, on the day of the inspection there were five staff, a student nurse and the person in charge on duty.

There were two staff on long term unplanned leave and from the sample of two months of rosters reviewed, regular relief or agency staff were covering the required shifts. For example, 32 shifts were covered over one month by four regular agency staff.

A review of a sample of three staff files was completed and they contained the information required under Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and three staff files with their certificates of training. These demonstrated that staff had completed training listed as mandatory in the provider's policy. In addition to the trainings identified as mandatory by the provider, staff had completed a number of additional trainings such as, applying a human rights based approach to health and social care, and training in asthma, epilepsy and infection prevention and control (IPC) related trainings.

The person in charge was completing a number of assessments with staff to ensure they were competent following training. For example, they were completing epilepsy awareness assessments, practical administration of medicines assessments, an

assessment on the use emergency medicines, and a gastronomy competency handbook.

The inspector reviewed a sample of probation and supervision records for three staff. The agenda was focused on children's care and support needs and staff's roles and responsibilities. Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the children's care and support, or the day-to-day running of the centre. They spoke about the provider's out-of-hours on-call system and the availability of the person in charge, team leader and clinical nurse manager should they require support.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

The provider had systems for oversight and monitoring including a number of audits. From a review of audits completed in the centre in 2025 and the six-monthly unannounced visit by the provider, there was evidence of follow-up to show that the required actions had been complete. However, the inspector found that the systems for oversight and monitoring were not proving fully effective at the time of the inspection. For example, the annual review lacked detail and did not demonstrate oversight of incidents and notifiable incidents in the centre. In addition, the section relating to young people and their representative input on the quality and safety of care and support in the centre was generic in nature and lacked detail.

The inspector reviewed a sample of three staff meeting minutes for 2025 and two daily handover documents. The daily handover records demonstrated the number of staff and their hours they were on duty, their roles and responsibilities such as shift lead and children's goals and plans for the day. The agenda at staff meetings was detailed and varied.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed by the inspector during the inspection. It contained the required information and was being reviewed and updated regularly.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a walk around the premises and reviewed a sample of 2025 incidents reports and found that the person in charge had not ensured that the Chief Inspector of Social Services was notified of some of the required incidents in the centre in line with the requirement of the regulations. For example, the inspector found one allegation of abuse which had not been notified to the Chief Inspector. In addition, two notifications had not been notified to the Chief Inspector in line with the required three day timeframe. This included one relating to safeguarding and a notification relating to a loss of power. For the notification relating to safeguarding, risk assessments and safeguarding plans had been developed and the required control measures implemented to keep children safe.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that children appeared comfortable and content in this centre. They had opportunities to part in activities in the centre and in their local community. There was plenty of equipment for them to play with in the house and the garden. They were making decisions about how they wished to spend their time. Overall, the inspector found they were busy and had things to look forward to.

The house was warm, clean and comfortable. There were a small number of areas where maintenance/repairs were required and there was a lack of storage for large items. This will be discussed under Regulation 17: Premises.

The inspector reviewed the risk management policy and procedures in the centre. There was a risk register and risk assessments in place. The inspector found that some risk assessments required review to ensure they were fully reflective of incidents occurring, presenting risks and the control measures in place. This will be discussed further under Regulation 26: Risk Management Procedures.

Through a review of documentation and discussions with staff, it was evident that children, staff and visitors were protected by the fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and emergency procedures and children were supported to become aware of fire safety procedures through regular drills and the use of social stories. Fire equipment was regularly serviced and maintained. Fire safety checks were completed regularly and this was recorded.

Children were protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed safeguarding and children's first training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse

Regulation 13: General welfare and development

The inspector found that children could choose to take part in activities in the house or in their local community. There were musical instruments, board games, books, music systems and televisions available for children. Within the house, there was a water bed, a Jacuzzi bath with sounds and lights and a variety of seating options such as bean bags and different chairs and sofas.

At the front of the house there was a parking area. To either side of the house there was grass and areas with shrubs and flowers. There was also a paved seating area at one side. To the back of the house there was a very large garden with play equipment such as a zip line, a trampoline, swings including an accessible one, and a number of seating areas.

During term time, children were supported to attend school. There were four vehicles available to support children to attend school or activities in the community. As previously mentioned, during the inspection children were observed playing in the house and garden. In addition, a number of children went swimming in the community and one child was planning to go to jump zone later in the day.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the house and garden with the shift lead. The premises was purpose built and designed and laid out to meet the number and needs of residents. There were good indoor and outdoor recreational facilities. There were a number of communal spaces to ensure children could receive visitors in private. There were five resident bedrooms each of which had an ensuite bathroom. A number of bedrooms had ceiling hoists which continued into the ensuite bathroom.

For the most part, the provider had ensured that the premises was well maintained. There were a small number of areas where maintenance/repairs were required. For example, a press door was broken in dining room and the integrated door was off the dishwasher. In addition, there was a lack of storage for some items in the centre. For example, there was a manual hoist in the sitting room, there were a number of filing cabinets in the room with the sensory pod, the dining room area contained a large number of car seats and a paper shredding box and the dining

room table contained files and folders. The inspector was informed that the provider was in the process of securing an office for administration for this service and family support in the town. When this occurred, more space would be available for the storage of files and other items in this centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. The risk register, three general and six residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. They were regularly reviewed, for example, following a number of falls and injuries, a risk assessment with detailed control measures was put in place. However, the inspector found that the risk register and some young people's individual risk assessments required review to ensure they were fully reflective of incidents, presenting risks and the control measures in place. For example, one child had refusal/partial refusal of medicines since their corresponding risk assessment had been reviewed. The inspector acknowledges a number of additional controls had been implemented following incidents, such as a change in the form of medication for one child following a number of refusals/partial refusals, and the use of a best vest for a child following them opening their seat belt on transport.

There were systems to respond to emergencies and to ensure the four vehicles were roadworthy and suitably equipped. For example, one of the vehicles was in the garage having work done during the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During the walk around of the premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment, fire doors, swing closers and an alarm systems were in place. The inspector reviewed records for 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

The evacuation plan was on display and each child had a personal emergency evacuation plans (PEEPS) in place. A sample of four fire drill records for 2025 were reviewed. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each child's support needs. Plans were in place to detail the range of scenarios used during

simulated drills on fire drill records moving forward. A record was maintained of each time children took part in fire drills and learning from drills was leading to a review of their PEEPS.

Staff had access to and had completed fire safety training. Work was ongoing to ensure that each staff member was regularly taking part in a fire drill.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and Children's First training. The inspector also reviewed a sample of three staff files and their certificates of this training.

The inspector spoke with five staff and a student nurse. They were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There had been a number of safeguarding concerns since the last inspection and the documentation relating to these was reviewed by the inspector. For the most part, the provider's and national policy were followed and safeguarding plans were developed and reviewed as required. However, the inspector found that one of these had not been reported to the Chief Inspector within the required three day timeframe and one had not been notified. This was captured under Regulation 31: Notification of Incidents. Although they had not been notified, risk assessments and safeguarding plans had been developed and the required controls implemented to ensure children's safety.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and each child had an intimate care plan in place. The child safeguarding statement for the centre was developed and on display. It included eight risks and the controls in place, including those relating to monitoring children's access to online content on electronic devices with Internet access in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Saoirse OSV-0003641

Inspection ID: MON-0046734

Date of inspection: 24/07/2025

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: Our annual report for 2024-2025 has been reviewed and more detail has been inserted to meet the requirements for regulation 23. In particular the areas of oversight of incidents and notifiable incidents in the centre and the section relating to young people and their representative. More detail has been inserted on the quality and safety of care and support in the centre.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: CNM1 post and Team Lead have increased the governance and management structures in the centre to ensure that notifications are reported to the Chief Inspector according to the regulations. The unreported notification has now been reported.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Maintenance contractor has been identified and works are to be completed over the month of September.	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments will indicate the date of review following any incident and accident reports.</p>	

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	30/09/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	31/12/2025

	to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	28/08/2025
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	28/08/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a	Substantially Compliant	Yellow	28/08/2025

	system for responding to emergencies.			
Regulation 31(1)(c)	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 fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	28/08/2025
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	28/08/2025