



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh High Support Residential Services
Name of provider:	Corlann
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0005082
Fieldwork ID:	MON-0048864

About the designated centre

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

Comeragh High Support Residential Services consists of one detached bungalow and a smaller terraced apartment both located in an urban area. The centre provides full-time residential support for up to five residents with intellectual disabilities. Some residents attend day services or active retirement groups and others take part in activities from their home. Each resident had their own bedroom. Other facilities in the detached bungalow include a kitchen, a sitting room, a dining room, a utility room and bathroom facilities while the apartment has a bathroom with a kitchen/living area also. The current staffing compliment is made up social care leaders, social care workers and care assistants.

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
Tuesday 20 January 2026	09:15hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed by one inspector of social services over the course of one day. This was the third inspection of this designated centre in a seven month period.

Following an inspection in this centre in July 2025, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of this centre. This was due to the continuous failure of the provider to implement actions to come into compliance with key regulations, which was having a direct impact on the quality and safety of care provided for residents.

The provider responded to the notice with a written representation and an additional supplementary letter at the request of the Chief Inspector, outlining the actions that they would take to address the areas of concern. A follow-up risk-based inspection was completed in October 2025 and during that inspection improved levels of regulatory compliance were achieved. However, a number of key actions were in progress or had not yet been completed, particularly those relating to governance and management, staffing and residents' assessments of need.

The findings of this inspection were, that actions taken by the provider since the last inspection, such as changes to management structures, the effective implementation of the provider's systems for oversight and monitoring and the consistent implementation of additional staffing supports for residents, had brought about further improved levels of regulatory compliance and was having a positive impact on the quality and safety of care and support for residents. The provider was aware that further action was required to bring about the required improvements in governance and management and residents' assessments and plans and had an action plan in place.

Comeragh High Support is a residential service providing full-time care and support for up to five residents with an intellectual disability. The centre comprises a bungalow and an apartment in Waterford City. There were four residents living in the centre at the time of the inspection. The inspector visited one of the two premises during the inspection as the findings of previous inspections related primarily to this area.

During the inspection, the inspector 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 three residents living in the house visited, two staff, the newly appointed person in charge, two person participating in the management of the designated centre (PPIM) (a service manager and a regional manager) and the provider's compliance manager. The person in charge contacted members of each residents' family to ask if they wished to speak with the inspector but they each passed a message through the person in charge that they were happy with their

family members' care and support. Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to the actions detailed in the provider's compliance plan and representation.

On arrival, one resident and a staff had just left to go to a weekly class they attend in their local community. They then went to day services so the inspector did not have an opportunity to meet them. The other two residents were in bed when the inspector arrived. They had both had their breakfast and medicines early and had returned to bed for a further rest. Over the course of the inspection, the inspector had opportunities to engage with the two residents who were home and to completed a walk around of the bungalow.

Both residents appeared content and comfortable in their home and with the supports offered by staff throughout the inspection. The inspector explained to one resident why they were visiting and they said they were "happy" and felt "safe" in the centre. They were very complimentary towards the supports available to them from the staff team. They spoke about a retirement group they were attending in their local community and about a recent overnight trip to see their family. They also spoke about how much they were looking forward to staying in a hotel and going to a music event a few days after the inspection.

The second resident did not express their opinion on care and support verbally to the inspector but over the course of the inspection they smiled and spoke with the inspector and staff about a number of topics such as their favourite food and drinks, spending time with their family and their plans to go shopping for a shirt later that day.

During the day, both residents were observed moving around and spending time in different parts of their home. The inspector heard and observed them seeking out staff support when they needed. Staff were observed to very responsive and readily available to support them. They two staff on duty who spoke with the inspector were found to be very knowledgeable in relation to residents' care and support needs. They spoke about residents strengths, needs, preferences and goals. They also spoke about how residents' make choices in their day-to-day lives and about their communication preferences. Overall the inspector found that staff were motivated to ensure that each resident was safe, well cared for and engaging in activities they find meaningful.

Over the course of the inspection, staff spoke about some of the improvements that had occurred since the last inspection. For example, they also spoke about the positive impact of increased staffing numbers during the day which was resulting in a reduction in risks relating to falls and safeguarding. They also spoke about an increased management presence and the positive impact of having a full-time person in charge on site and available to support them five days a week.

Overall, the inspector found that improvements continued to be made in this centre and these were leading to improved outcomes for residents. The provider was aware further action was required to bring about improved compliance in relation to governance and management and residents' assessments and plans.

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 residents' care and support.

Capacity and capability

The findings of this unannounced risk-based inspection were that improvements in regulatory compliance had been made since the last inspection which were having a positive impact on the quality and safety of care and support for residents. The inspector found that the majority of actions from the provider's compliance plan and representation had been completed and they demonstrated a clear trajectory towards achieving compliance in the areas where further improvements were needed. These included completing outstanding actions from their representation and compliance plan relating to governance and management and residents' assessments and plans.

There had been changes to the management structure in the centre since the last inspection. The provider had recognised the need for nursing supports for some residents and appointed a person in charge who is a Clinical Nurse Manager (2). At the time of the inspection they were not counted as part of the staffing quota the majority of the time. They reported to and received supervision and support from a service manager, who reported to a regional manager.

The inspector reviewed the minutes of meetings, the visitors book and the provider's quality improvement plan for this centre. These demonstrated increased oversight and monitoring in this centre. A small number of actions from the provider's representation and compliance plans remained outstanding and these will be discussed further under Regulation 23: Governance and Management.

The centre was fully staffed in line with the statement of purpose. In line with the findings of the last inspection, the provider had submitted an application to the funder for additional resources. While waiting for a decision by the funder they were providing additional staffing supports in the evenings in line with residents' changing and evolving needs and presenting risks.

Regulation 15: Staffing

The centre was fully staffed in line with the statement of purpose. Planned and actual rosters were in place and they were well maintained.

As previously mentioned, the provider was aware that additional staffing support was required, particularly in the evenings. They were implementing this additional

staff at the time of the last inspection, but not consistently or daily. The inspector reviewed rosters since the last inspection (October 2025 to 20 January 2026) and found that with the exception of one evening, the additional staff was in place during that period. The same three relief staff were covering the majority of these shifts. This was found to be having a positive impact for residents as demonstrated through a reduction in falls and the fact that there had been no safeguarding concerns since the last inspection. It was also having a positive impact on continuity of care and support for residents. The inspector heard a resident ask staff who was working the evening of the inspection and when they heard it was a regular relief staff they told them how happy that made them.

The inspector found that some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found improvements in how the provider's systems were being utilised. This had led to improvements in the level of compliance found on inspection and indicated that the provider had taken action and to ensure residents were in receipt of a safe service. They were aware of areas where further improvements were required and planned to take the required actions.

The management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of audits, the minutes of recent staff meetings and through discussions with staff, it was evident that there were clearly identified lines of authority and accountability among the team.

A new person in charge was now in post with sole responsibility for this designated centre. They were based in the centre five days a week and were found to be implementing the provider's systems to ensure effective oversight and monitoring in the centre. Based on a review of audits and action plans they were identifying and addressing issues as they arose. For example, they were in the process of reviewing risk assessments and registers. They were aware that the risk ratings required review to reflect a reduction in risk as control measures were proving effective and leading to a reduction in presenting risks, incidents and near misses.

The provider had taken action to ensure the required staffing numbers were in place to safely manage presenting risks. They had also supported residents to access health and social care professionals in line with their assessed need; however, further improvements were required to their assessments and plan. This will be discussed further under Regulation 5: Individualised Assessment and Personal Plans.

The provider's representation and supplementary letter, the compliance plan from the last inspection, their latest annual review and six-monthly review, their quality improvement plan, the minutes of three staff meetings, supervision records for six staff completed since the last inspection and a meeting between the person in charge and PPIM were reviewed. These demonstrated that the provider was aware of and planned to implement actions to bring about further improvements in relation to oversight and monitoring and residents' assessments and plans. They reflected the one outstanding action from the provider's representation, the one outstanding action from the supplementary letter and the three outstanding actions from their latest compliance plan. These included;

- The update of residents' assessments and plans to clearly identify the required staffing supports.
- The person in charge and PPIM were due to complete Safeguarding Adults Designated Officer Programs Stage 1 and 2.
- Documentation relating to complaints management. The inspector found that follow-ups had occurred when concerns were raised and actions taken. However, neither the concerns or the actions taken were recorded on the complaints log.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were spending time with their family and friends or keeping in regular contact with them. They had opportunities to set and achieve goals. However, as previously mentioned improvements were required to ensure that residents' assessments and plans.

The inspector reviewed the three residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. A lot of work had been completed since the last inspection to reorganise these plans and update their contents. However, the inspector found that residents' assessments and plans were not fully reflective of their current care and support needs and the required staffing supports to meet their needs.

Residents, staff and visitors were protected by the safeguarding and policies, procedures and practices in the centre. There was a system for reporting safeguarding concerns and staff had completed training to ensure they were aware of their roles and responsibilities.

Regulation 5: Individual assessment and personal plan

In line with the findings of the last inspection, improvements were noted in the assessment of need process and to residents' personal plans. It remained clear that the reduction in resident numbers meant a reduction in presenting risks and that residents' needs were being met. However, the assessment process to inform staffing requirements needed further improvements.

At the time of the last inspection, the provider was in the process of developing a new assessment of need process to ensure staffing supports were assessed accordingly. During this inspection, the final draft of the assessment of need template was shown to the inspector and the provider informed them it was now ready to be rolled out across the organisation.

As the new assessment of need document had not been rolled out, the inspector found that the three residents' assessments reviewed did not fully capture or inform staffing requirements to meet their needs. For one resident it stated the current staffing configuration was meeting their needs but did not detail the specifics. The other two residents' assessments briefly alluded to staffing. For example one stated "at least three hours staff support throughout the day" and the other stated "four hours personal support for staff daily".

From the review of three residents' personal plans, residents' specific needs were well accounted for and there was good evidence of input from health and social care professionals. There was also evidence that the recommendations of these professionals such as physiotherapy, occupational therapy and speech and language therapy were being implemented. Residents' assessments and plan were informing care plans which were guiding staff practice. For example, the inspectors reviewed care plans in relation to catheter care, falls, and osteoporosis.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were protected by the safeguarding policies, procedures and practices in the centre.

From a review of the staff training matrix 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge, and two staff and found that they were all knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. There were had been no safeguarding concerns notified to the Chief Inspector since the last inspection. The inspector reviewed documentation to

demonstrate that should there be an allegation or suspicion of abuse, the processes were in place to ensure they were followed up on in line with the provider's and national policy. The picture of the designated officer and designated liaison person within the organisation were on display.

There were posters and easy-to-read documents about safeguarding and protection on display in the centre. Each resident had a certificate of attendance in their personal plan for a safeguarding awareness session with one of the provider's social workers.

Each residents' personal and intimate care plans were reviewed. These were detailed in nature and indicated resident's abilities, preferences and support needs.

The inspector reviewed the systems in place to safeguard residents' finances including their money management assessments and plans, the receipts for purchases and ATM withdrawals, the daily record of balance checks for money they had in the centre, and the online system to capture balance checks. A staff member showed the inspector one residents' last three bank statements which had been reconciled against spending and receipts. The balance of cash in this residents wallet was also checked with the staff and matched what was recorded in both paper and electronic records.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Comeragh High Support Residential Services OSV-0005082

Inspection ID: MON-0048864

Date of inspection: 20/01/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The assessment of need template has been completed for all residents at the centre. The staffing requirements for each individual is now outlined clearly in the document and supports are being provided in line with assessed need. • The PPIM is currently undertaking the Safeguarding Adults Designated Officer Programs. The PIC in the centre has changed since the action was identified however the new PIC has been requested to undertake this training • Going forward, complaints and follow actions will be recorded in complaints log in line with the organisations policy. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The assessment of need template has been completed for all residents at the centre. The staffing requirements for each individual is now outlined clearly in the document and supports are being provided in line with assessed need. • This document will be reviewed on a six-monthly basis or earlier if any change in need 	

is noted for the residents.

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)(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	31/07/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	30/04/2026

	than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2026
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/04/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/04/2026