

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

Issued by the Chief Inspector

Name of designated centre:	Ard Rí
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 September 2025
Centre ID:	OSV-0005446
Fieldwork ID:	MON-0040204

About the designated centre

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

The statement of purpose describes the service as a residential service that accommodates five residents both male and female. The statement sets out that the provider aims to provide support to residents with intellectual disability and or autism and behaviours that challenge. The premises is located close to a local town in Co.Tipperary. The staffing team consists of a person in charge, a team leader, senior support workers and support workers. The centre is open 24 hours a day and seven days a week. The premises is a detached two-storey property with a large garden to the front. The ground floor of the premises is wheelchair accessible and consists of a kitchen, living room, bathrooms and four bedrooms. An individualised space for one resident has also been developed within the ground floor. The upstairs of the building consists of a kitchenette, office spaces, a fifth bedroom with an en-suite, storage rooms and a bathroom. Local amenities include, shops, restaurant's, parks, historic land marks and sports clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 23 September 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. The findings of the inspection indicated there were some areas requiring improvement in the use of restrictive practices, management of risk and medications. Overall levels of compliance were positive resulting in good outcomes for the residents that lived in the centre.

The centre had capacity to accommodate five individuals for full-time residential care. At the time of inspection five residents were living in the home, therefore there were no vacancies. The inspector had the opportunity to meet with the five residents, who were supported by staff to interact and communicate with the inspector. One resident was celebrating their birthday on the day of inspection, they celebrated with everyone joining them in the kitchen to sing and have cake.

In addition to meeting with residents, the inspector spoke with the staff team and management, and reviewed documentation in relation to the care and support needs of the residents in the centre. The inspector observed morning routines as residents were supported to get up, get dressed and have breakfast. One resident was observed to return to their room to relax and watch a preferred programme on their smart device after their breakfast.

On arrival to the centre the inspector was welcomed by the person in charge. There were a number of staff present in the kitchen, sitting room and supporting residents to get up in their individual bedrooms. The area manager also attended the inspection later in the day. The inspector was welcomed into one residents bedroom, they had recently moved bedrooms and the provider had completed work to include a large en-suite off their bedroom. The resident was supported to put on their jumper as the staff chatted about their plans for the day, the resident interacted through body language and facial expressions. For example, they smiled as their support staff mentioned collecting their birthday cake.

The inspector completed a walk around of the centre as part of the inspection. The provider had submitted an application to vary their registration conditions due to internal restructuring. During the walk around the inspector verified the newly submitted floor plans accurately reflected the new layout. The premises was seen to be fit for purpose and supported the residents assessed needs.

The inspector met with three other residents throughout the morning as they were mobilising around their home and went about their day. They were seen to move with ease around the centre and navigate their way past each other in the kitchen and hallway. The inspector met with the final resident when leaving the centre, they had returned from a walk and were keen to engage with the person in charge and inspector through body language, gestures and some sounds. The staff

supporting this resident were seen to understand their communications attempts with ease and facilitated a short conversation with the inspector.

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

The overall findings from this inspection were positive. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents. Some minor improvements were required in the the use of restrictive practices, medication and risk management.

There was a clear management structure in place and a regular management presence in the designated centre, with a full-time person in charge supported by a team leader.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care. These audits were seen to identify areas for improvement and actions plans were developed in response.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for one other designated centre operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a full-time team leader who working support and admin hours in this centre only. The person in charge and the team leader were found to have good knowledge of the residents living in the centre. Observations on the day of inspection showed residents were familiar with the person in charge and one residents was seen to place their head on the shoulder of the person in charge when seeking contact and comfort.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents.

While there was recent changes to the staff team and ongoing recruitment for vacancies, the roster had been well managed with cover from one agency provider. The person in charge was seen to ensure consistency of care for residents by booking the same agency staff to cover shifts. These agency staff members had received a detailed induction to the centre and had training records on file.

The provider was in the process of recruitment, they had successfully recruited three staff members who were currently engaging in a screening process with human resources department and completing mandatory training. New staff members will also complete at least two shadow shifts prior to providing direct care to residents.

The person in charge was holding regular team meetings in the centre, six meetings had been held so far in 2025 the more recent one in August. From review of the minutes of meetings it was evident that discussions were held around topics such as incidents, safeguarding, staff training, roles and responsibilities and a detailed update given on the health and well being of each resident.

Staff files were not reviewed as part of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspectors reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up-to-date training in areas including safeguarding, medication management, fire safety and manual handling. Staff members were also provided with specific needs training such as autism awareness and positive behaviour support.

One resident living in the centre had an understanding of Lamh (Irish sign language) and were engaging with a local resource centre to build their skills in this area. The person in charge informed the inspector the provider was sourcing Lamh training for the staff team.

Agency staff training was monitored to ensure they were suitably trained to provide care to the residents in the centre prior to completing shifts.

All staff were in receipt of regular supervision as per the providers policy. The person in charge had a schedule in place to ensure all staff received supervision. This schedule was maintained and up-to-date.

The person in charge was also seen to complete probation meetings in line with the providers policy.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre. This has been reviewed by inspectors and meet the criteria set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to the appointed person in charge . The person in charge was supported by the area manager. The person in charge was responsibility for one other designated centre operated by the same provider. They had the support of a full time team leader in this centre. This ensured that the operational management of the service was completed in an effective manner.

The provider had a system of local audits to be completed in the centre. These audits included weekly medication checks, money management checks and review of residents support files. The person in charge was supported by the team leader to complete these audits.

The provider had also completed regular six monthly audits of the quality and safety of care. The inspector reviewed the most recent six monthly provider-led audit that was completed in May 2025. This audit identified eight actions that were all seen to be completed on the day of inspection. The provider had also completed an annual review in February 2025 for the year 2024. This review was detailed and gave a sense of residents' lived experience of the centre and included feedback from residents and their representatives.

The person in charge and the area manager were meeting regularly to review the centre and the residents living there. The person in charge had key performance indications (KPI's) to meet and these were reviewed and documented at monthly meetings. The person in charge was also supported to set goals, these goals had identified actions and notes on progression.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As part of the admissions process the resident was provided with a contract of care. On review of the contract of care it was found to specify the terms in which the resident lives in the centre, including any charges that they are required to pay as part of their service provision. It was evident that this contract had been discussed with the resident and their representative, it was signed and dated.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is a required governance document that outlines the service to be provided in the designated centre. The statement of purpose present on the day of inspection was up-to-date and reviewed in line with regulations. It was inclusive of all necessary details as outlined in Schedule 1.

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

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the providers' incident and accident records and found that all those that required notification to the Chief Inspector had been submitted in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents, was of a good standard. While there were areas for improvement identified in the use of restrictive practices, medication and risk management, the

inspector observed that residents appeared comfortable and safe in the centre. They had opportunities to take part in activities and be part of their local community and were actively making decisions about how they wished to spend their time.

From the inspectors observations, discussions with the staff team and management, and reviewing documentation it was clear residents were supported through individualised assessments and person planning. In addition, residents had accesses to ongoing supports from multi-disciplinary professionals as needed.

Regulation 13: General welfare and development

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

Staff actively recorded the daily choice of activities, participation in activities and noted if the activity was successful in each residents' activation log. The logs were kept updated with daily entries and included photos of residents engaging in activities, these logs are signed by staff and reviewed regularly by the team leader.

Outings included reflexology, cinema, meals out, walks in woodlands and parks, horse riding, swimming, attendance at soccer tournaments and trips to local attractions such as wildlife parks.

Each resident had set goals under a variety of headings, such as family and friends, leisure, learning, skill development and well being to name a few. Each goal had actions identified to ensure the goal was achieved. Progression of goals was being documented regularly and overall goals were reviewed annually.

Judgment: Compliant

Regulation 17: Premises

The premises was very well maintained and was in a good state of repair both externally and internally.

As mentioned previously the provider had recently completed internal works to the property. The provider had enhanced the communal spaces for residents. They also improved the layout of the adjoining apartment to ensure the resident had direct access to the front of the house and now all residents had en-suite facilities. Where building works had been carried out, new floor covering, painting and tiling had all been completed to ensure a homely finish. Residents had their bedrooms painted where required and new accessories including a communication white board where they displayed visual supports. Each room was individually decorated in line with the

residents' assessed needs and wishes. Items of value and important photos were seen to be on display.

The centre comprised a large two story house with a large front garden set to lawn and a yard to the rear of the house, The outside area was in two sections as one area was dedicated to the resident who occupied the apartment.

Residents were seen to freely move around all areas of the house, some residents chose to sit on a sensory ball in the hall and watch videos on their electronic device, others were seen to sit at the kitchen table and have tea and others occupied one or both sittings rooms available

Judgment: Compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. Although some risk assessments required review to ensure they accurately reflected the controls in place.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspector reviewed the individual risk assessments for all residents in the centre. Although risk assessments were in place for identified risks and they were reviewed regularly, some risk assessments were not reflective of what actually occurring in the centre. For example, one risk assessment outlined the measures in place around one resident's access to the main part of the designated centre, this included the use of restrictive practices to prevent them accessing this part of the centre. However in practice the resident was given access to the main house at certain times. This was not reflected in the risk assessment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. On review of the implementation of these systems in the centre some areas were identified as requiring improvement.

The inspector observed suitable storage for each residents regular and 'as required medication' (PRN). The centre had a room identified for medication, there was a secure locker for each resident, the keys for each locker were stored in a locked press and there was a spacious counter to safely dispense medication.

On review of the residents' prescription's (Kardex) it was noted that for the most part residents had up-to-date information, although it was unclear from one residents Kardex if they had received their prescribed probiotic, post antibiotic treatment. This prescribed treatment was not signed as administered or discontinued by the GP.

On review of the stock checking system for regular and PRN medication the inspector observed PRN medication that had recently passed its expiry date. Another PRN medication packaging had been cut therefore removing the expiry date for the medication. PRN protocols also required review. For example, one resident had a detailed bowel management plan in place with specific interval periods between administration of medication, this information differed from what was documented on the residents PRN protocol. From review of the administration record on the day of inspection the resident was administered this PRN medication sooner than outlined in their bowel management plan.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

From review of residents files they each had a comprehensive assessments in place, these assessments were informed by clinical professionals and covered all areas of the residents life including health, personal and social care needs.

Assessment of needs were seen to be reviewed annually and identified areas where the resident required support, these identified needs were supported through detailed care plans outlining how the provider was meeting their needs. Support plans were person-centred and detailed. It was clear from review of plans where residents' strengths and needs were and their was documentation of residents' wishes and what they liked to do or not do.

The residents in this centre led busy and active lives and were being offered opportunities to develop and maintain relationships and to hold valued social roles.

Each resident was supported to have a detailed communication passport that detailed their likes, dislikes, how I work best and how you can help me communicate. For example, one communication passport identifies the resident best understands communication when only one person speaks at a time and when you talk directly to them.

Judgment: Compliant

Regulation 6: Health care

Each resident's healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The centre had access to a behaviour specialist who developed support plans to manage behaviour and provide staff training. There were a number of restrictive practice measures in place within the centre and some of these required review.

Residents who required it had behaviour support plans in place, these plans were detailed and were effective in providing support to the staff team. Behaviour support plans were specific to each resident's individual behaviours and supports. The plans identified behaviours of concern, triggers, likes, dislikes and they identified when restrictive practice measures and 'as required medication' (PRN) should be considered. The plans also provide staff with guidance for post incident, debriefing and completion of incident forms and other necessary reporting procedures.

As mentioned previously there were a number of restrictive practice measures in place in the centre, they were documented, reviewed regularly and reported to the Chief Inspector of Social Services. Although in some cases, it was unclear if the restriction was required or the least restrictive approach to care and support. For

example, the television in the communal sitting room was enclosed due to historical behaviours of one resident, these behaviours were not currently being displayed and it was unclear if this restriction was still required. In addition, it was also unclear if the locking of both the front and back door was required to support the transition of one resident to and from transport.

Judgment: Substantially compliant

Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard residents. For example, there was a policy in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of inspection there were no open safeguarding plans. Actions from previous safeguarding plans which were now closed had been captured in the relevant risk assessments and continued to be implemented to mitigate the risk.

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were also offered choices in a manner that was accessible for them. Residents' privacy was maintained in their home, they were seen to seek out staff support when they needed it.

The provider ensured residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultations with staff.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Rí OSV-0005446

Inspection ID: MON-0040204

Date of inspection: 23/09/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments will be reviewed and updated to accurately reflect current practices within the designated centre. Risk assessments will provide a true and up-to-date representation of operational practices, ensuring that all identified risks are appropriately managed and mitigated in line with regulatory requirements and best practice standards.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A comprehensive medication audit will be conducted to assess current practices and identify any areas requiring improvement. All issues identified during the audit will be addressed promptly, and corrective actions will be implemented to ensure compliance with medication management standards. Robust systems and monitoring processes will be established to prevent recurrence of identified issues and to promote ongoing safe medication practices.	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All restrictive practices, including those identified in the inspection report and by the Restrictive Practice Committee and management, will be comprehensively reviewed. The objective of this review is to ensure that all practices in place are necessary, proportionate, and in line with the principle of the least restrictive alternative. Where it is assessed as safe to do so, less restrictive practices will be introduced and implemented.</p> <p>As part of this process, the use of the TV cabinet will be reviewed and removed on a trial basis to evaluate the feasibility and safety of eliminating this restriction.</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 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/12/2025
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from	Substantially Compliant	Yellow	31/12/2025

	other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	28/02/2026