Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Suir Respite Services
Name of provider:	Corlann
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0005547
Fieldwork ID:	MON-0049866

About the designated centre

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

Suir Respite Services is a designated centre operated by Corlann. The designated centre provides a respite service to adults and children with a disability in two separate units. Overall, the designated centre has the capacity to accommodate up to 11 persons with a disability at any one time - five in the childrens respite unit and five in the adults respite unit. The two individual units are located within a short distance from another in County Tipperary. The first unit provides a childrens respite service to 36 children with a disability. The house is a detached bungalow which comprises of a living room, kitchen/dining area, an office, five individual bedrooms, sensory room and a shared bathrooms. The garden has a large, safe play area containing suitable equipment including swings and activity centres. The second house provides an adults respite service to 74 adults with a disability. The house is a bungalow which comprises of a living room, office, kitchen/dining area, six individual bedrooms and shared bathrooms. There is a large well maintained garden to the rear of the premises. The designated centre is staffed by a CNM2 and a CNM1, staff nurses, a social care worker and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Wednesday 18 March 2026	09:00hrs to 17:00hrs	Sarah Mockler	Lead
Thursday 19 March 2026	09:00hrs to 17:00hrs	Sarah Mockler	Lead
Wednesday 18 March 2026	09:00hrs to 17:00hrs	Conor Brady	Support
Thursday 19 March 2026	09:00hrs to 17:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was a short term noticed inspection completed to review the designated centre's level of compliance with regulatory requirements. Overall, it was found that the children and adults were receiving good care and support while availing of their respite stays. Overall, there was good levels of compliance with the Regulations reviewed. A number of improvements were required in relation to fire safety and some minor improvements were required in risk management, access to suitably qualified health and social care professionals, premises condition and overall governance and management of the service. Improvements in these areas would ensure that good care and support was sustained at a good level and ensure respite stays continued to be a positive experience for the adults and children.

The designated centre is currently registered to provide respite services to both adults and children across two separate properties. The inspection primarily concentrated on the care and support provided in the children's respite service. However, both properties were visited as part of the inspection.

The inspectors spent the first afternoon and evening of the inspection in the children's respite service. The centre is registered to provide respite services for up to five children at one time. In total, approximately 36 children were availing of respite care in the centre. Inspectors were informed that no children in care utilised this service. The respite centre was open on a part-time basis with the centre open eight nights across a fortnight. On the first day of inspection three children were due to attend the centre.

On arrival at the centre the inspectors met with the local management team which consisted of the person in charge, the person participating in management (PPIM) and the Senior Social Care leader. The children were due to arrive back to the respite centre and the Senior Social Care Leader was tasked with getting the house ready.

The inspectors completed a walk around of all aspects of the premises. This part of the service comprises a large detached bungalow building on the outskirts of a town in Co. Tipperary. On arrival, the inspectors saw that the property was secured behind an electric gate with a driveway up to the main house. There was a large children's playground to the side of the home with lots of different types of equipment in place for the children to play on. This included swings, accessible swings, trampoline and climbing frame.

Inside the centre there was five bedrooms, three bathrooms, a large sitting room, a dining come kitchen area, a utility room and an office. Overall, the premises was clean and well presented. There was lots of storage for the children's activities and toys and the living room had toys and activities in place for the children to engage in. Outside there was a building that contained a large well equipped sensory room,

with lighting, ball bit, soft mats, and music. However, some areas of the home required refurbishment specifically bathrooms.

The children arrived back at the centre at approximately 3.50pm in the afternoon. Two staff members had accompanied the children back to the centre meaning there was three staff in place to support the three children during the stay. The children were observed to be supported to come into the centre or to go outside and play. Meals and snacks were provided to the children at this time. The children were seen to move freely around their home, garden and sensory room.

The children attending the respite centre, primarily used non-speaking means to communicate. The children were seen to approach staff and the inspectors to lead them by the hand to communicate in terms of requesting items or to engage with them. For example, the children approached staff to and brought them to the cupboard to indicate they wanted a snack or lead staff or the inspectors by the hand to indicate they wanted to play on the trampoline. At one stage in the evening one child lead staff by the hand to the front door. Staff indicated that this meant that the child wanted to go on the bus for a drive. Visual supports were sought at this point to help communicate this with the child and they were brought on a drive with one of the peers.

As it was a nice evening the children choose to spend the majority of time in the garden. As the sensory room was located near the garden the children were seen to go from the garden and into the sensory room. Staff remained in close proximity of the children at all times and were seen to interact and play with the children. During the observation the inspectors noted that one child frequently picked up items from the ground such as stones, gravel and grass and small sticks and they tried to out these items into their mouth. The staff who was supporting this child was very good at redirecting this behaviour but had to remain in very closed proximity to the child at all times and ensure that eyes on supervision was in place at all times. When speaking with the staff team around this behaviour they confirmed that there was no written guidance around managing this behaviour.

The children were assigned bedrooms for their stay and the inspectors saw that the children had places to store their belonging while staying in the centre. Some children were seen to go to the their room and get items. The rooms presented as a comfortable place and it was clear that the children were familiar with the routines in the centre.

As part of the inspection one inspector spoke with 13 family representatives who all gave very positive feedback about the services their children received. For example some direct quotes from parents included :-

- "The service is like a home away from home my daughter loves it"

- "Excellent service with very good communication from the manager and staff"

- "My son loves going to respite and they are so good to him and look after him really well...I couldn't be happier"

- "Staff are very keen to learn and put real investment into getting to know my son, they took a collaborative stepped approach at our comfort levels and we worked up to an overnight stay for our son which worked out really well for both him and our family...we are really happy with this service"

In addition, all families spoken with told the inspectors that they want and need more respite for their children.

On the second day of the inspection, the inspectors visited the second home associated with the designated centre. This comprised of a bungalow building in a rural location. Approximately 74 adults availed of respite in this part of the centre with no more than six residents at one time. On the day of inspection four residents were availing of respite. The inspectors did not get a chance to meet with the residents as they had left for their day service. The inspectors met with the person in charge and two staff members during their time in the centre. Documentation in relation to care and support was also reviewed at this time.

The inspectors completed a full walk around of all aspects of the premises. There were six resident bedrooms all well presented and nicely decorated. The home had recently been extended to provide an extra bedroom and bathroom and this was done to a very high standard. The residents also had access to a sitting room, ktichen, dining area, bathrooms and a large very well maintained back garden. All parts of this premises were well maintained.

The inspectors spoke with eight staff members across the two days of the inspection. The staff members spoken with were all familiar with the children and adults availing of the respite stay and could describe their assessed needs and how to support them. They were aware of risks, safeguarding procedures, fire safety risks and medication management procedures. During the observations on the first day of inspection the inspectors saw that staff were kind and patient in their interactions with the children. The staff were all very committed in ensuring the children and adults enjoyed and were well cared for during their respite stay.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, there were a number of effective systems in place to ensure the at sufficient oversight was in place around the care and support provided to the adults and young people. However, the managerial remit across such a large service was very significant with over 120 adults and children availing of the service provided. The

provider had identified that this required review but as of yet a decision was to be made in relation to this.

There were clear lines of accountability and authority within the centre with all staff aware of their roles and responsibilities. The person in charge was in a full-time role and was supported a clinical nurse manager and senior social care leader. There were a suite of audits both at provider and local level to ensure that care within the centre was of a good standard and in line with the assessed needs of the children.

Overall, although the staff team were committed to providing a good service, some improvement was required to ensure the skill-mix of staff were in line with the requirements of providing a child-centered approach to care and support. In addition, continued improvement was required in ensuring staff training in required areas was kept up-to-date.

Regulation 15: Staffing

Overall the centre was well staffed, children were very well cared for and had appropriate staffing levels in place, in terms of staff numbers. However the skill mix of staffing required review in terms of having experienced staff on the roster with professional experience working with children. There were no concerns pertaining to skill mix in the adult service.

Staff spoken with were kind, respectful and reasonably knowledgeable regarding all children and the needs and rights of children with disabilities. Children and families gave very positive feedback on the staffing quality and staffing levels for the most part.

However, inspectors reviewed 20 staff personnel files and found the majority of staff working in the centre had no specific background, experience, qualifications or training specific to working with children/childcare/children with disabilities, with their professional experience/references predominantly in/from adult services. The provider stated they were doing a staffing review and intended on redefining the centre as a children's only and adults only centre moving forward. The provider stated they would assess and address staffing skill mix at that point.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors reviewed the systems in place to ensure staff were in receipt of training and refresher training on a regular basis. In total the person in charge had to manage the training requirements of 21 staff in the adult respite home and 15 staff in the children's respite home. It was found that there were gaps in the

training requirements of staff. This was a repeated failing in this area with the previous inspection identifying deficits in this area.

On review of the training matrix, the inspectors found that staff required training in areas such as;

- Fire safety refresher training
- Face-to-face safeguarding training
- Face-to Face training in *Children First: National Guidance for the Protection and Welfare of Children (2017).*
- Manual Handling refresher training
- Competency assessments in safe administration of medicines
- First Aid
- Epilepsy
- Infection prevention and control training modules

In addition, although a number of staff had received training in areas that are specific to the adults and children's specific assessed needs there were gaps in this training. This included training gaps in diabetes training, autism awareness, and Lamh training.

Overall, continued improvement was required in this area to ensure staff and up- to-date training in all areas of care and support to enable them to complete their role in an effective manner.

The inspectors reviewed the supervision notes for four staff member. All staff had received supervision in line with the requirements of the provider's policy. This meant that staff received one- to -one formal supervision once per year. All staff spoken too stated they felt well supported by the management team and could approach them if they had any concerns.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, it was found that there were systems in place to monitor the quality and safety of care and there was a clearly defined management structure in place with clear lines of authority and accountability. However, the managerial remit in place across two separate services for children in adults required review and consideration.

For example, over 120 individuals availed of respite services. Each person required an assessment of need, annual review, risk management plans, restrictive management plans, fire safety plans and other key areas of care and support to be managed in a proactive manner. The provider had recognised the need for a change in the management structure of the designated centre by separating out children's and adults services to allow more time to be dedicated to each service accordingly.

It had been identified in the annual review dated 2025 that registering each service separately, enhancing the skill mix of staff and having a dedicated person in charge to the children's service alone would allow this service expand and provide full-time respite care. On the day of inspection this proposal was being reviewed by senior management and no decision had been made.

The inspectors reviewed the systems in place to monitor the quality of care and drive quality improvement. A number of audits were in place both at provider and local level. This included the annual review, six monthly provider audits, medication audits, person in charge visits. The inspectors reviewed a number of these audits and found that the actions identified were in line with the findings of the inspection. For example, in the six monthly provider audit dated October 2025, it identified the need for improvement in staff training. However, on the day of inspection this action remained outstanding.

Additionally, person in charge monthly report was completed and reviewed by senior management. This audit tool reviewed key areas of care and support such as training needs, incidents and accidents, action plans in relation to provider-led audits and actions in relation to key regulations. Again, these audits were providing good oversight in relation to the care and support needs of the individuals availing of the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications, which the provider must submit to the Chief Inspector under the regulation, was reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact children and adults. All notifications had been submitted as required. For example, the provider had submitted notifications in relation to the use of restrictive practices with the centre within the relevant time frames.

Judgment: Compliant

Quality and safety

The inspectors found that the centre presented as a comfortable space and care was provided in line with each child and adults assessed needs. A number of key areas were reviewed to determine if the care and support provided to children and adults was safe and effective. These included meeting and spending time with each

of the children and staff, a review of risk documentation, fire safety documentation, Children's First documentation and documentation around care and support needs. It was found that child-centered and person-centered care was evident in many areas of service provision. However, improvements were required in fire safety measures, risk management and access to health and social care professionals to guide practices.

On the day of inspection the inspectors observed and were told by a suitably qualified fire safety person that the fire alarm required replacement. In addition fire evacuation routes required review to ensure they could be accessed quickly and safely. These measures were required to ensure suitable fire safety measures were in place at all times.

Although adults that availed of the respite service could access the multi-disciplinary team supports within the service, this was not available for children in the service. This meant that certain guidance available for staff was not guided by multi-disciplinary input or review.

Regulation 13: General welfare and development

Overall it was found that the children and adults that availed of the respite stay were enabled to enagage in activities and routines that were important to them.

All children that attended the respite service were facilitated to attend school both before and after their visit with transport being available to ensure this was occurring on a consistent basis. Adults were also facilitated to access their day service as required.

The children's service was equipped with play equipment both inside and outside to ensure the children could be engaged in activities that were in line with their interests and needs. The children were observed to get toys, play in the sensory room, listen to music, play outside and watch their devices on the respite stay. The children were also brought out of the respite centre when they requested a drive. The adults that were availing of respite had also planned activities that evening which included attending the cinema and going shopping.

The inspectors reviewed notes around activities that were offered to the children and adults and saw that they enjoyed activities such as going to cinema, drives, walks, watching preferred sporting events, walks, listening to music, and shopping. Family representatives spoken with were happy with the level of activities offered in the centre.

Judgment: Compliant

Regulation 17: Premises

As previously stated the inspectors completed a full walk around of all aspects of both properties. It was found that the children's respite service building required a number of minor improvements to ensure it was maintained to a suitable standard.

On the walk around it was noted that one bathroom required refurbishment as the tiles were cracked and there was a lot of general wear and tear present. The provider had confirmed that this had been identified through their own processes but on the day of inspection the works remained outstanding.

Outside, although the garden was well presented with lots of play equipment the area was not suitable to meet all the children's assessed needs. Due to the presence of grass, gravel and other items in this large area, this area posed a risk to children that engaged in behaviours of ingesting non-edible items. The provider discussed plans that the area would be covered in soft play material to make the area more safe. Again this work was due to be finalised on the day of inspection.

None withstanding the above minor issues both homes were presented in a clean and warm manner. With the majority of spaces having nice decor and plenty of storage. Accessible equipment, was available in the adult respite centre such as overhead hoists. Wide doors were in place in certain areas of the home to ensure they were easily accessible for wheelchair users. Overall both houses associated with the centre were meeting the assessed needs of the adults and children that availed of the respite service.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the inspectors noted a number of good practices in relation to risk management. However some minor improvement was required in ensuring that all risks were identified, risk assessed and suitable control measures in place.

The inspectors reviewed the risk register and log that was in place for the children that availed of the respite service. The inspectors saw that there were 70 individual risk assessments in place for the children that availed of the service. On review of four children's individual risk assessments the inspectors saw risks assessments in place such as use of restrictive practices, epilepsy, sleeping safely, challenging behaviour and risk assessment related to specific assessed needs. All risks had recently been updated and control measures in place were being utilised correctly. However, as previously mentioned the inspectors observed a child ingesting non-edible items across the evening of the inspection. Although it appeared that this risk

was being managed by the staff member supporting the child there was no associated risk assessment in place or guidance for staff.

The inspectors reviewed the incidents that had occurred in the respite setting for children. Incidents relating to four children were reviewed. It was found that there was a suitable system in place for recording, reviewing and identifying learning from incidents. Incidents were reviewed as part of the provider oversight systems in person in charge audits, annual reviews and six-monthly provider audits. This ensured any patterns in incidents were identified in a systematic manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall the inspectors were not assured that fire safety measures within the centre was at a suitable standard.

On the walk around of the children's centre the inspectors saw that there were fire extinguishers, emergency lighting and fire containment measures in place. There were designated fire exits which were kept clear. To the back of the children's centre there was an emergency exit, with an emergency push bar in place. This was also locked with a key lock mechanism. There was a beak key panel in place. When the inspector asked for the exit to be opened the person in charge and inspector found it very difficult to open. The door was stuck and took considerable force to open to allow an individual to exit. It was evident that this door had not been regularly checked and the time it took to open the door would hinder evacuation times.

In addition, on review of the fire panel it was found to be missing some lights/light bulbs to indicate different warning signs. On the first evening of inspection, a suitably qualified fire person had to attend the centre as the automatic closures on the doors had malfunctioned. When the person reviewed the panel they stated that it was no longer fit for purpose due to the age of the unit and the missing lights/light bulbs. Assurances were provided that it would work in the event of fire, however, the overall recommendation from the fire person that the panel was replaced as soon as possible.

On review of the personal evacuation plans (PEEPS) for children they were not individualised to each child's specific needs and contained the same information. For example on review of three children's, the same information was contained in each document and no specific information in relation the children's specific assessed needs was in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspectors clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

All prescribed as necessary (PRN) medicines had corresponding protocols in place to guide staff on dosage of the medication.

In addition, the inspectors observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management. There were systems in place to return out of date or unused medications which had to be signed off by the pharmacy on the return of the medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, although there were some measures in place to support the children with managing behaviour that challenge these supports lacked multi-disciplinary input or assessment from a suitably qualified health and social care professional.

On discussion with the person in charge and review of documentation it was found that behaviour support guidelines or risk assessments were based on parental and school information. There were differing systems in place in terms of information with some children having a behaviour support guidelines (developed by the staff team), or a risk assessment or information on managing behaviours in their integrated support plan. This meant that there was no formal mechanism or system in place to ensure behaviour support guidelines were embedded in evidence based practice and were suitably guiding staff practice.

On review of incidents the inspector read that some children engaged in certain behaviours of concern in the centre. This included incidents of self-harm. There was a lack of clear guidance available for staff in relation to managing the behaviours

and although the staff team were working to the best of their ability the lack of MDT input was not in line with best practice in this area.

There were a number of restrictive practices in place in the centre. The inspectors found that a least restrictive approach to care and support was in place. All restrictive practices had been assessed and reviewed and there were corresponding risk assessments in place as required.

Judgment: Substantially compliant

Regulation 8: Protection

There were clear systems in place for reporting child protection and welfare concerns in line with Children First: National Guidance for the Protection and Welfare of Children (2017). The centre had a safeguarding statement in place and on display in the office of the centre. There was the designated liaison person (DLP) appointed. The staff who inspector spoke with had a clear understanding of the role and responsibilities of the DLP.

There were no open child protection concerns at the time of inspection and there had been no reports of a child protection concern to the to the Child and Family Agency (Tusla) in the last 12 months.

In addition, there were suitable safeguarding procedures in place for the adults who availed of the service. It was found that all safeguarding concerns had been identified, reported and managed in a suitable manner to reduce the risk of safeguarding incidents re-occurring. The inspector saw safeguarding plans in place in the resident's folders. Safeguarding was being managed in line with best practice and national policy.

The inspectors reviewed three children's personal care plans. There were found to be detailed to ensure that children's privacy and dignity were maintained and ensuring they were kept safe during these routines. All children's files has a section on 'how to keep me safe'. This included information on how the children interacted with their peers.

As this was a respite service measures were in place to ensure that the children and adults were grouped together to minimise safeguarding concerns. Individualised respite was provided in instances whereby children or adults required a more bespoke service.

Overall good practices were demonstrated in the centre around safeguarding and child protection.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suir Respite Services OSV-0005547

Inspection ID: MON-0049866

Date of inspection: 19/03/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Provider will undertake a full review of the current criteria for employing staff within the children's respite service • Business case submitted to the HSE to request funding to redefine and expand on children's respite, pending funding this will include various skill mix suitable for working in children's services.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection the following training has been completed: • Medication assessments were completed by staff members where required In addition • The requirement for epilepsy and safeguarding training has been escalated to the Head of the Training Department and the Director of Services, with scheduling to follow upon confirmation of trainer availability. Adult Safeguarding and Children First face to face training is confirmed for 11th May. • The provider has completed a training needs analysis for the centre for 2026. This has been shared with the training department and additional trainings have been requested to facilitate outstanding training, and to include refresher training, where identified. • All new staff members to be supported to complete all initial mandatory training, in line with staff induction policy. • Monthly reviews of the training matrix are being carried out by the Person in Charge	

• Going forward, employees who are out of date with mandatory training and who do not attend training as scheduled will be addressed through the HR management process for failure to comply with compulsory training requirements.

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • As part of the business case submitted to the HSE for consideration regarding the reconfiguration of respite services, it is proposed that the children's respite service be registered as a standalone designated centre, with a dedicated Person in Charge, separate from adult respite services. This proposal is currently awaiting the outcome of the business case. • A review of the current skill mix is underway to strengthen the team by increasing the number of staff with professional experience in supporting children with disabilities."	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • A risk assessment is in place to manage the risk associated with the ingestion of non edible items, including grass and soil. • Quotes have been obtained to upgrade the playground area in order to eliminate grass, soil, and small stones.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • New fire system installed system installed since last inspection • Works completed on the fire to ensure ease of exit. • Plan in place to ensure the fire door is opened regularly used during fire drills • PEEPS will be reviewed in line with children's risk assessments	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Prior to the inspection, a risk assessment was completed and submitted to the Regional Services Manager and the Director of Services, outlining the challenges arising from the absence of multidisciplinary team (MDT) input. These concerns were subsequently escalated to the HSE. A business case has also been submitted to secure funding for a Senior Psychologist post, and a response from the HSE is currently awaited. • A private provider was identified to attend the children's respite service to complete assessments of need, develop Individual Behaviour Support Plans (IBSPs), and provide	

clinical assessment and oversight; however, funding approval for this service was not granted by the HSE.
• In addition, the CNM2 submitted individual referrals to the Children's Disability Network Team (CDNT) for specific children requiring support; however, responses to these referrals were minimal.
• Furthermore, a separate business case has been submitted to expand the children's respite service, which includes a request for psychological supports. This application is currently pending funding approval.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/12/2026

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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 system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/04/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/04/2026
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the	Substantially Compliant	Yellow	31/12/2026

	resident's challenging behaviour.			