



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathronan
Name of provider:	Corlann
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	21 January 2026
Centre ID:	OSV-0007816
Fieldwork ID:	MON-0040447

About the designated centre

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

Suir services Rathronan is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to two adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a bungalow which comprises of a sitting room, kitchen/dining area, utility room, an office, two bathrooms and two individual bedrooms. There was an enclosed garden to the rear of the centre. The centre is staffed by a person in charge, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 21 January 2026	09:10hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was a one day inspection carried out to inform a registration renewal decision for the designated centre and to review overall compliance levels with the regulations. Overall, there were positive findings and good levels of compliance found with the regulations reviewed.

There were two residents living in the centre on the day of inspection and no vacancies. The inspector had the opportunity to meet with one resident on the morning of the inspection. The second resident had already left to attend day services when the inspector had arrived to the centre and the inspector did not meet with them.

On arrival to the centre, the inspector met with one resident as they were getting ready for their day. The resident used non verbal methods to communicate such as expressions and vocalisations. The resident was sitting in their kitchen eating their breakfast and appeared content. Staff told the inspector that the residents daily schedule differed as it depended on what time they woke in the morning and a lie in was facilitated if this was the residents preference. The resident was then seen walking around their home. They appeared happy and comfortable in their space.

The inspector completed a walk around the centre facilitated by the person in charge. The centre is a bungalow which comprises of a sitting room, kitchen/dining area, utility room, an office, two bathrooms and two individual bedrooms. There was an enclosed garden to the rear of the centre where the inspector noted a trampoline. One resident had personalised their bedroom with some pictures and belongings. The second residents bedroom was noted to be sparse with no personal belongings and the person in charge communicated that this was due to the residents preferences. In general, the home was bright and warm, although the inspector noted some outstanding paintwork both indoors and outside of the property. Two rusting radiators were noted in the centre and an area of dampness was also observed on the ceiling of one residents en-suite.

Some restrictive practices were noted in use in the centre and this was due to identified risks and behaviours. The service had established a Human Rights committee and any use of restrictive practices were reviewed and approved with the committee.

Both residents had individual activation schedules in place and both residents had a service vehicles available to them and attended day services daily. One resident had an individualised activation service and the staff supporting them in the morning, brought them to their day service at the residents preferred time. Residents regularly enjoyed activities such as shopping, walks, swimming, reflexology, drives and meals out at weekends.

Satisfaction questionnaires were sent to the centre prior to the inspection day as part of the registration renewal process. Both residents had completed these with support from staff. Both questionnaires detailed that residents were happy living in the centre.

The residents were supported by a team of familiar staff and the centre had a key-working system in place. High staffing levels were in place in the centre during the day and night. The team was supported by a person in charge who was regularly present in the centre. Staff spoken with were very familiar with the residents needs and preferences and knew who to speak with to raise a concern or issue. It was evident that they were regularly consulted regarding their choices in areas such as their activities, menu options and goals.

The inspector noted a calm atmosphere in the centre throughout the day. One resident returned home at the end of the inspection day and he was seen relaxing in the kitchen as dinner was being prepared by staff.

Overall, residents appeared to enjoy living together in the centre and good levels of compliance were found during the inspection. Residents were safe and they were supported to live meaningful lives. Some improvements were required in the area of staff refresher training, as discussed under Regulation 16 and minor improvements were required in the premises as discussed under Regulation 17.

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

This was an announced inspection to inform a registration renewal decision. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in the centre. The inspector was assured that residents were in receipt of continuity of care and support in line with their own preferences and assessed needs.

There were appropriate staffing levels in place to meet the residents needs and a consistent staff team in place. There were appropriate oversight systems in place and management were self-identifying areas requiring improvements. Improvements were required in the area of staff training and minor improvements were required to maintain the property in a suitable state of repair.

Regulation 15: Staffing

The residents were supported by a team of familiar staff and the centre had a key-working system in place. The centre was staffed by a person in charge, one social care worker and care assistants. There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents during the day and night. High staffing levels were in place in the centre. Staff spoken with were familiar with the residents needs and preferences and knew who to speak with to raise a concern or issue. Staff delegations and tasks were clearly set out.

The provider had recruitment policies and procedures. The inspector completed a review of three months of the centres staff rota and found that this was well maintained and reflective of the centres whole time equivalent (WTE) and the staff on duty. There were no staff vacancies on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records for all staff working in the centre. Training records reviewed demonstrated that staff had completed training in a number of key areas such as manual handling, medication management, safeguarding, infection control, fire safety, children's first and first aid. While improvements were noted in this area since the centres previous inspection, some refresher staff training was still required. Three staff members were due refresher training in medication management, one staff was due refresher training in safeguarding, eight staff were due further training in epilepsy management and two new staff were due training in manual handling. This was an outstanding actions since the centres previous inspection and the provider had committed to complying with regulation 16 by December 2025. This date had passed and training remained incomplete.

Management were completing formal one-to-one supervision with all staff. Supervision was scheduled and completed once per year.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the centres statement of purpose. There was a person in charge in place and they were regularly present in the designated centre and the inspector found that they were knowledgeable regarding the needs of the residents and the general running of the designated centre.

There were clear oversight systems in place, such as regular audits and reviews, and these were appropriately identifying areas in need of improvements in the service. Residents and their families were regularly consulted regarding their views on the service provided as part of these reviews. Management were completing six monthly unannounced inspections in the centre and a report from the most previous audit in October 2025 was available. The inspector found that this was appropriately self-identifying areas in need of improvements and had clear action plans and timelines for completion identified. The annual review for 2025 had not yet been completed at the time of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety. While it was found that all residents were in receipt of a high quality service, improvements were required in the area of staff training and the property maintenance.

Overall, the inspector found that residents were safe. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place.

Regulation 12: Personal possessions

Residents were supported to manage and protect their finances and personal possessions in the centre. Both residents had their own bank accounts and full access to these. Management were regularly reviewing expenditure and cross checking spending with receipts and balances. An online system was in place for recording expenses and residents personal assets and the person in charge showed the inspector this system in detail on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements. The centres risk register and residents' individual risk assessments were reviewed and these were found to be reflective of the presenting risks and incidents occurring in the centre. A number of restrictive practices were in use in the centre and the residents corresponding risk management documentation evidenced clear rationale for their use.

Centre specific environmental risks had been considered and mitigating measures had been implemented when required. The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the provider and person in charge had ensured that all actual and potential risks had been considered when delivering care and support to the residents living in the centre. Incidents such as falls, seizure activity and incidents of challenging behaviours were appropriately responded to and learning from these incidents were evident.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walk around the centre found that there were appropriate detection systems, emergency lighting, containment and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. All fire doors in the centre were activated during the inspection and these

were all found to be in working order. Daily, weekly and monthly fire safety checks were being completed by staff.

The evacuation procedures were prominently displayed in the designated centre. Staff and residents were completing regular fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire with minimal staffing levels. All residents had personal emergency evacuation plans (PEEP's). These detailed individual support levels required in the event of an emergency evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised plans of care in place which were regularly reviewed and guided staff to support residents with their activities of daily living in a meaningful and individualised way. There was a key-working system in place and both residents had three key-workers each assigned to them. A number of easy-read documents and social stories were in place to support residents with their different activities of daily living.

Both residents had individual activation schedules in place and both residents had a service vehicles available to them and attended day services daily. One resident had an individualised activation service and the staff supporting them in the morning, brought them to their day service at the residents preferred time. Residents regularly enjoyed activities such as shopping, walks, swimming, reflexology, drives and meals out at weekends.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents presented with some behaviours that challenge. Residents had access to behavioural specialists to support them to manage behaviours. Residents both had behavioural support plans in place and these were subject to regular review, descriptive and guided staff on de-escalation and intervention techniques. Individualised protocols were in place for activities that may pose risks such as night time, travelling, personal care and the use technology.

Some restrictive practices were noted in use in the centre and this was due to identified risks and behaviours. The service had established a Human Rights committee and any use of restrictive practices were reviewed and approved with the committee. The committee issued an easy-read report to residents following their

review of restrictive practices. Evidence of a reduction in the use of one restrictive practices used in the centre was noted over the previous three months.

Judgment: Compliant

Regulation 8: Protection

Both residents were safeguarded in the centre. Residents were living together compatibly and safeguarding incidents were very minimal. The service had a designated officer for managing any safeguarding concerns, and details of the designated officer were prominently displayed in the centres hallway. Any safeguarding concerns were treated in a serious and timely manner and in line with national policy.

Staff spoken with were familiar with safeguarding reporting pathways should a concern arise. All staff had training in the safeguarding and protection of vulnerable adults. One staff member required refresher safeguarding training and this is detailed further under Regulation 16.

Residents had intimate care plans in place to support them safely with personal care. These included details of staffing requirements, environmental requirements, and specific protocols for maintaining residents dignity and privacy.

Judgment: Compliant

Regulation 9: Residents' rights

In general, the inspector found that the residents rights were respected in the centre. Residents were regularly consulted regarding their views on the service provided through their circle of support meetings. Residents views had also been sought as part of the registration renewal process through satisfaction questionnaires issued to the provider. Residents had completed these with support from staff and overall, these reflected high levels of satisfaction with the service provided.

Residents had daily house meetings, in line with their communication needs. These were used as an opportunity to consult with the residents regarding their meal time preferences and activation. Staff had completed an individual rights assessment for both residents which included a review of compliance with the residents rights in areas such as community access, money management systems, privacy measures, personal possessions and personal environment.

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 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suir Services Rathronan OSV-0007816

Inspection ID: MON-0040447

Date of inspection: 21/01/2026

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since the inspection the following training has been completed.</p> <ul style="list-style-type: none">• Medication management refresher training has been completed by all three staff that required it.• Safeguarding refresher training was completed by the one staff that required it.• One staff has completed Manual handling training and one staff is booked for refresher training. <p>In addition</p> <ul style="list-style-type: none">• The necessity for Epilepsy training has been escalated to the Head of Training Dept and the Director of Services and will be scheduled once the trainer confirms an available date.• 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.• Employees who are out of date on their training and who do not attend training as planned will be managed through the HR process going forward for failure to attend mandatory and compulsory training.• Monthly reviews of the training matrix are being carried out by the Person in Charge.	

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 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.	Substantially Compliant	Yellow	30/05/2026