Health Information and Quality 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:	Tús Úr
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	25 July 2025
Centre ID:	OSV-0003682
Fieldwork ID:	MON-0047765

About the designated centre

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

Tus Ur is a large detached two-storey house located on a main road and a short drive away from a nearby town. The centre can provide residential to a maximum of four residents of both genders, over the age of 18, who have intellectual disabilities, physical disabilities, sensory disabilities and autism. Support to residents is provided by the person in charge, a team leader and support staff. Individual bedrooms and internal apartment style accommodation are available for residents and other facilities in the centre include en-suite bathrooms, a utility room, staff rooms and an enclosed garden. At the time of this inspection, the provider had submitted registration applications to reflect an increase in capacity for the centre and premises changes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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
Friday 25 July 2025	09:30hrs to 13:00hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection completed by one inspector on one day. The purpose of this inspection was a focused risk based inspection to monitor the centres compliance with the regulations. The centre had also undergone an extensive refurbishment which reconfigured the internal layout of the building. The provider had submitted applications to vary condition 1 and condition 3 of the centre. This would include increasing the capacity of the designated centre from four residents to five. No residents have been residing in the centre since August 2024, this was to facilitate the renovation works. Four residents would be moving into the centre the week following this inspection.

The designated centre is a detached two-story house, which is located a short drive away from a nearby town. On the day of the inspection the centre did not have any residents living in the centre. Residents from another designated centre run by the same provider were relocating the following week after the inspection. The inspection was facilitated by the person in charge. The premises had been refurbished with changes to the internal layout of the building. It was seen to have the facilitates to provide accommodation to five residents. The centre had the addition of two internal apartments which each provided a bedroom, en-suite and separate living-kitchenette area. Additionally three further en-suite bedrooms were in place. A communal kitchen-dining area and living-sensory room were also available. Storage space was available for residents to store their belongings and laundry facilities were also in place. There was an enclosed garden to the rear of the property which had a swing in place. A paved area was also in place which would support one resident moving to the centre with their outdoor activities.

The premises was seen to be well-furnished, clean and homely. Pictures were on display of the residents that would be moving into the centre. The person in charge informed the inspector that the day prior to the inspection the residents visited the house along with family, friends and management for an open day. The inspector was informed residents had chosen the paint colours for their new bedrooms.

As no residents or staff were present on the day of the inspection, the inspector used observations of the premises, meeting with the person in charge, and a review of documentation to form judgments on the quality and safety of care and support that would be provided to residents in the centre.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. Some improvement was required under Regulation 23 Governance and management.

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

There was a clear management structure present and this centre was found to be have management systems in place that would ensure that overall the service provided was safe and appropriate to residents' needs. The inspector found that some improvements were required in relation to the oversight of audits being completed for the centre.

This inspection was carried out to inform the decision relating to the applications to vary the registration of this centre and to monitor the centre's compliance with the regulations.

This centre was unoccupied at the time of the inspection and had last been occupied in August 2024. The centre's statement of purpose had been updated to reflect the current changes to the centre. The centre had also undergone a change in name.

Staffing arrangements were clearly identified in the centre's statement of purpose and a planned roster was in place for the coming weeks ahead. A person in charge was in place to oversee the running of the centre. The person in charge had oversight of two other designated centres. This person had the required experience, qualifications and knowledge of the regulations to complete their role.

The person in charge informed the inspector that while renovation works were being completed they had regular support and contact with the property team within the organisation.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of three designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured there was an appropriate skill mix and level of staffing in the centre to ensure residents' needs were met.

The inspector reviewed the centre's planned rosters from June 2025 to the end of August 2025. The centre would have very consistent staffing in place. The person in charge for the centre discussed with the inspector that any planned or unplanned leave for the would be covered with a familiar staff in order to provide consistent care to the residents living in the centre. The residents moving into the centre's current staff team would also be relocating with the residents in order to provide consistency and continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for the staff team that would be working in the designated centre. The person in charge had ensured all staff had up-to-date training across both mandatory and relevant training in line with residents' assessed needs. On review of the training matrix, it was found that staff had completed training in areas such as fire safety, safeguarding, manual handling and managing challenging behaviour. Two staff member were scheduled for upcoming refresher in safe administration of medicines.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for the year. All staff had completed supervision, including the person in charge.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

There are management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had a clear organisational structure to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge who had the remit of three designated centres. The centre had a team leader in place to assist the person in charge with delegated duties.

Some review was required to ensure the centre was provided with oversight arrangements during the renovation works. It was found that the centre did not undergo ongoing monitoring and review during the period from August 2024 to June 2025.

The provider had not completed ongoing six monthly unannounced visits of the centre. This had last completed in December 2023. This was reviewed by the inspector, an action plan was in place and all actions were documented as completed.

An annual review for 2024 had not been completed for the centre. The inspector reviewed the annual review for 2023 which had been completed in January 2024.

Audits in relation to the centre were not available for review on the day of the inspection. There was no evidence on the day of the inspection that audits or checks were being completed, such as water testing for legionnaires or environmental audits were being carried out on an ongoing basis. Following the inspection the person in charge informed the inspector the centre's water testing had been completed on 9 July 2025 and the last environmental audit had taken place in August 2024. A planned schedule of audits was in place for 2025 for the centre and the inspector was informed these would be commencing in July 2025 when residents resumed living in the centre. These audits included medicine audits, mattress audits, hand hygiene audits and support file audits.

Judgment: Not compliant

Regulation 3: Statement of purpose

This document outlines the model of care and support to be delivered to residents within the service. The inspector reviewed the statement of purpose and it was found to reflect the facilities and service provided.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the Regulations and these were available in the centre. Four of these policies had not been reviewed in line with best practice and required review. These included:

- Safeguarding vulnerable adults, this was due for review in June 2025.
- Admission, discharge and transfer policy, this was due for review in May 2025.
- Service user property, this was due for review in April 2025.
- Recruitment and selection policy, this was due for review in December 2024

Judgment: Substantially compliant

Quality and safety

The inspector saw that appropriate arrangements were in place to ensure that any residents admitted to this centre would be provided with a safe and good quality service in line with the statement of purpose. The provider was supporting residents moving to the centre the week after the inspection. The person in charge had ensured ongoing consultation with residents and families was in place throughout the process and each resident had a detailed transition plan in place. Residents had visited the centre along with residents' families.

The centre had been newly renovated. On the day of the inspection it was furnished, storage facilities were available along with laundry facilities. Each resident would have their own bedroom and en-suite. Two residents would have an individualised apartment which would support the assessed needs of these residents. The provider had ensured consultation with residents and families. For example, one resident and their family had requested a bath for the house and this

was in place for the resident to use in their new home.

Regulation 17: Premises

The premises was comfortable and suitably decorated. It was found to be clean throughout. Each resident would have their own bedroom and access to communal areas in the house such as living-sensory room, kitchen and dining room. The centre had laundry facilities in place and adequate storage facilities. Residents' bedrooms had been painted in colours chosen by the resident moving into the centre.

Two residents would have an internal apartment with a living area, kitchenette, bedroom and own en-suite bathroom within the centre. These again were clean and well-furnished.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

As mentioned in the report, no residents had been residing in the designated centre from August 2024 to July 2025. This was so extensive renovation works could be completed to improve the internal layout of the building to meet the assessed needs of residents and upgrade the property.

Four residents would be moving to the centre the week following the inspection. The four residents planned to move to this centre were currently living in another designated centre with the same provider. The person in charge had ensured a planned transition for residents to their new home would take place. The inspector viewed all four of the residents' transition plans. These plans were found to be detailed outlining possible triggers for residents, along with benefits their new home would offer them such as individual living apartments, a bath, outdoor paved area and accessible en-suites facilities. The transition plans contained clear time lines of consultation regarding the move with residents and with their families. It also

included information on residents seeing and visiting their new home.

Residents who would be moving into this centre had various communication needs. This was also identified in the transition plans. Social stories and a video was created of the centre to support residents with their upcoming planned moved.

The day prior to the inspection the centre had an open day. Residents and families, along with management visited the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk. There was a risk register in place which was regularly reviewed by the person in charge. As the centre had recently changed name, the risk register reflected the previous centre name. The person in charge had identified this to the relevant personal within the provider and it was highlighted that this would be amended in the coming days.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. A certificate of practical completion of fire works was in place and dated 25 July 2025. Suitable fire equipment was in place and was last serviced in June 2025. Fire alarms inspection had also been completed in July 2025. There was also clear procedure in place for the evacuation of the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had identified a locked storage for medicine which was in place during the inspection. As no residents were residing in the centre on the day of inspection these were not in use. Appropriate documentation was also in place, such as medicine recording sheets. The centre would be completing regular monthly medicine audits for the centre once residents moved into the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Tús Úr OSV-0003682

Inspection ID: MON-0047765

Date of inspection: 25/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider recognises the non-compliance found during inspection and has acted to meet Regulation 23. All annual reviews and unannounced inspections will be completed on schedule. Before any planned centre refurbishment, all audits will be finished and current prior to temporary closure. A governance and management system is in place to ensure the centre is operated in line with the requirements of Regulation 23. This includes: - A governance schedule consisting of weekly checks by the Person in Charge and monthly management reviews. - Six-monthly unannounced provider visits with documented reports and follow-up actions. - An operational audit schedule, including environmental safety checks, water testing, hand hygiene audits, mattress audits, medication audits, and support file audits. The provider will establish a governance procedure regarding any future centre closures. HIQA will be informed that unannounced inspections cannot be conducted during construction, and updates will be provided on the progress of works along with confirmation that oversight is managed by the provider's property director. After completion, further updates will confirm that water checks have been carried out. Resident-related audits will be formally scheduled to resume once the Centre reopens.	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: To ensure full compliance with Schedule 5, the Person in Charge will ensure that all overdue policies are reviewed and updated in line with best practice and regulatory guidance. This includes the Safeguarding Vulnerable Adults policy, the Admission, Discharge and Transfer policy, the Service User Property policy, and the Recruitment and Selection policy.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/01/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Not Compliant	Orange	30/10/2025

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/10/2025