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:	Ard Na Mara
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0001710
Fieldwork ID:	MON-0050082

About the designated centre

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

Ard Na Mara is a designated centre operated by Sunbeam House Services CLG located in an rural town in County Wicklow. It provides a residential service for four adults with disabilities. The centre is a large detached two storey house. The house is divided into a main house and a single occupancy apartment that area attached into each other. The main house consists of kitchen/dining room, utility room, sitting room, conservatory, four bedrooms, a staff sleepover room, a toilet and a shared bathroom. The apartment consist of a bedroom, kitchen and dining area and sitting room and a toilet and shower room. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge who shares their role with one other location, a deputy mangers, social care workers and an on-site facilitator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 29 April 2026	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection carried out to assess ongoing compliance with the regulations and standards.

The findings of the inspection were positive and showed the provider was responsive to the needs of residents and that residents were supported to enjoy an active and meaningful life. The inspector determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect.

To assess the quality of life for the residents the inspector relied on a combination of observations, discussions with residents, a review of relevant documentation, and conversations with key staff members.

The centre was registered to accommodate four adult residents. At the time of this inspection there were three residents living in the home and one resident vacancy. The inspector had the opportunity to meet and talk to three of the residents.

The inspector conducted a walk-through of the premises accompanied by the person in charge. Overall, the inspector observed that the designated centre was clean and well-maintained. There was adequate private and communal space for them as well as suitable storage facilities.

Residents' bedrooms were thoughtfully personalised to reflect their individual interests and preferences. During the inspection, one resident proudly showed the inspector their bedroom.

Residents were observed to lead busy and active lives, expressing satisfaction with their home and the staff who supported them. On the day of the inspection, some residents were getting ready to go to the cinema, while others relaxed in the centre which was in line with their will and preferences. Residents were also being supported to plan for a barbecue later that evening and some residents were observed unpacking groceries bought for the occasion.

Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector saw that staff were kind and person-centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes.

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences.

One resident had recently passed away and plans were in place to have a memorial service in the house so that residents and staff could share thoughts and memories of their housemate.

Residents were observed to have choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. A review of the provider's annual review of the quality and safety of care however, evidenced that they were happy with the care and support that the residents received.

The next two sections of this report will 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 care in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained, All staff had completed mandatory training, with those requiring refreshers booked on training in the near future.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The inspector examined the planned and actual staff rosters for March and April 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff have completed or were scheduled to complete mandatory training.

Furthermore, staff had completed additional training in behaviour support, safe administration of medication and Feeding, Eating, Drinking and Swallowing (FEDS).

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight. The person in charge worked full time and was based in the centre.

Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed needs and active multidisciplinary team participation in care planning. For instance, residents had access to and availed of the provider's behaviour support specialists, and healthcare teams.

A series of audits were in place including monthly local audits in the areas of health and safety, medication, finance and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector. It was found to contain the information as required by Schedule 1 of the regulations.

It outlined sufficiently information on the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and information related to the residents' wellbeing.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred.

The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored and the provider had measures in place to ensure that a safe and quality service was delivered to each resident.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Residents were receiving appropriate care and support that was individualised and focused on their needs. The person in charge had ensured that each residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from in the centre. The kitchen was also well-equipped with cooking appliances and equipment.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete relevant training to support residents to manage behaviours of concern.

After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and

communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

There were adequate fire detection and alarm systems in each of the houses. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

Some residents required support to engage in conversations with the inspector. The inspector saw that staff members clearly understood residents' communications and were able to support conversations.

Throughout the duration of the inspection, the inspector observed residents receiving information and being communicated with in the best way that met their assessed needs.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. The residents' overall well-being and welfare was provided to a good standard.

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents welfare and self development.

Residents were supported to engage in activities of their choosing and were offered opportunities to further develop their independence and skills.

For example, activities included attending social clubs, swimming, going to concerts, dancing, equine therapy and visiting friends in the community. Some residents attended day services and one resident worked in a local factory.

Residents were also supported to maintain relationships with those important to them and to continue to develop relationships with people in the local community.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The design and layout of the premises ensured that both residents could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant environment for residents.

Residents had their own bedrooms, each considerately decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well organised and well stocked with fresh and frozen nutritious food.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary requirements.

Some residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). These residents had up-to-date FEDS care plans on file.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Three residents files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. The inspector found that residents had up-to-date personal outcome plans on file which were continuously developed and reviewed in consultation with the resident, relevant key worker, and where appropriate, allied health care professionals and family members. The inspector saw that residents were supported to choose goals that encouraged their independence and personal development.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, the positive behaviour support plan reviewed by the inspector was detailed, comprehensive and developed by an appropriately qualified person. In addition, the plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The inspector found that the person in charge was promoting a restraint-free environment within the centre.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had established systems to safeguard residents from abuse. For instance, a clear policy was in place, providing staff with explicit guidance on the appropriate actions to take in the event of a safeguarding concern.

Furthermore, all staff had completed safeguarding training equipping them with the skills necessary for the prevention, detection, and response to safeguarding issues. Safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant