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:	Teach Lamagh
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	25 May 2026
Centre ID:	OSV-0001840
Fieldwork ID:	MON-0043847

About the designated centre

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

Teach Lamagh is a designated centre operated by St. Christopher's services in Co. Longford. The centre can provide full-time residential care to up to three adults with an intellectual disability, both male and female. The centre is located in a village in Co Longford and is within walking distance to amenities such as shops, café, and bars. Residents receive support from a team of social care workers and support workers on a twenty-four-hour basis. There are night staff each night to support residents with their needs. Teach Lamagh is a large bungalow located in a quiet housing estate. There are four individual bedrooms, one of which is used by staff. The main bathroom has an accessible shower facility and there are two other bathrooms, one with shower facilities and one without. There is a large kitchen and dining area, sitting room, and living rooms. There is a large outdoor area at the rear of the residence.

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
Monday 25 May 2026	16:15hrs to 18:25hrs	Angela McCormack	Lead
Tuesday 26 May 2026	09:45hrs to 14:25hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Teach Lamagh designated centre were provided with a person-centred service where their choices and rights were respected.

This inspection was unannounced and was completed to monitor compliance with the regulations. The inspection was completed over two half days, one evening and the following morning. On arrival, the inspector gave the staff members an easy-to-read information leaflet called 'Nice to Meet you'. This document included the name of the inspector and aimed to support residents about the purpose of the visit.

Teach Lamagh comprised a large, detached single-storey house located in a small housing estate within walking distance to a village. The centre could accommodate three adult residents. The inspector got the opportunity to meet and spend time with all three residents throughout the inspection. In addition, the inspector spoke with two staff members and observed interactions between staff members and residents. The inspector found that residents were supported to enjoy a good quality of life and that the provider had systems in place to monitor the care and support provided.

On arrival on the first evening, the inspector met with one staff member and resident initially. A short time later two residents returned from their day service with their support staff. Residents greeted the inspector in their preferred communication methods. Residents spoken with described their interests and day-to-day lives. Some residents agreed to show the inspector around their home and their living areas.

The house was decorated nicely and personalised, with items of residents' interests and hobbies observed throughout. For example, the inspector observed music players, musical instruments, and various arts and crafts supplies. Some work on the house was in progress at the time of inspection. This included garden maintenance and renovations to the bathroom. There were also plans to get the floor covering in parts of the communal spaces repaired.

Through the conversations had with residents and staff members, the inspector could see that residents were supported to do activities that were meaningful to them. All residents attended an external day service throughout the week. Activities and interests included; going to music events, going to attractions and museums, going out for dinner, going for overnight breaks and visiting family and friends. Two residents had plans to go on holiday together to Disneyland Paris later in the year. One resident spoke excitedly about this. Another resident was observed making plans with a staff member to attend an upcoming country music festival. The

resident talked with the inspector about their interest in music and who their favorite artists were.

One resident agreed to show the inspector their person-centred plan that contained photographs of various events they attended and people of importance in their life. They spoke with the inspector about their various family members, and it was clear that these relationships were very important to them.

Throughout the inspection residents were seen to move freely around their home with support from staff where required. Staffing levels supported residents to do individual activities and enabled them to have the autonomy to make decisions about how they spent their day. For example, one resident was observed sitting with staff in the kitchen area and observing the food preparation and cooking that was occurring throughout the evening. Another resident chose to go out for a walk to the shops during the evening, The staffing levels supported this.

Staff were observed to be familiar to residents and the atmosphere in the house was warm, friendly and relaxed. Staff were seen to respond to residents' communications with dignity and respect. In addition, residents had access to visual material, schedules, and easy-to-read information that were readily accessible to them. Staff members spoke about residents in a caring manner and were familiar with their care and support needs. Observations were that residents were comfortable in their home, had their preferred areas to relax in, and were supported by kind staff members. Residents said that they liked living in the centre and felt safe there.

Overall, the service was found to provide safe, person-centred care to residents. Residents appeared comfortable in their home, were observed to engage warmly with staff, and spoke about activities that were important to them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, there were good arrangements for the management and oversight of the centre. Actions to improve the quality and safety of care were effectively identified by the provider through their audits.

The staffing levels and skill-mix appeared to meet the needs of residents at this time. Training was provided to staff to support them to have the skills and knowledge required to support residents with their needs.

The inspector was informed that a new person in charge had commenced in the service. Appropriate governance and management arrangements were in place to support this transition.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Regulation 15: Staffing

The staffing arrangements in the centre, including the skill mix and numbers of staff, were found to meet residents' needs.

The planned and actual rosters for the weeks between 30 March 2026 and 31 May 2026 were reviewed by the inspector. The rosters were well maintained and reflected the staffing arrangements found on the days of inspection. Amendments were required to reflect the absence of the person in charge and this was updated on the day.

There were three staff on duty throughout the day and two staff on duty each night, with one waking night staff. Staffing levels had been reviewed and increased in response to a risk that was identified in February 2026. The arrangements at the time of inspection were found to meet the needs of residents at this time.

The inspector reviewed a sample of three staff members' personnel files where it could be seen that Garda vetting and references were in place.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements in place for the governance of the centre with systems for monitoring and overseeing the safety and quality care in place.

The auditing systems were found to be effective in monitoring the quality and safety of care and support. These included audits completed at local level and provider audits. The most recent unannounced provider visit completed in December 2025 had identified 53 actions for improvement. The inspector found that the majority of these actions had been completed, demonstrating the provider's commitment to continuous quality improvement. Furthermore, it was clear from actions completed that the provider was responsive to issues that arose and took actions in a prompt manner.

At the time of inspection, the new person in charge was on planned leave. The service was supported by the persons participating in management (PPIMs), both of

whom were available throughout the inspection and were very familiar with the service. This demonstrated effective governance arrangements in the absence of a person in charge.

The centre was resourced with a consistent staff team in line with the provider's statement of purpose and function. Staff meetings occurred regularly which provided a forum for staff members to raise any points of concern. The inspector reviewed four staff meetings held between January 2026 and May 2026. From this review it could be seen that discussions took place on a range of topics that related to the safe care and support of residents, including safeguarding, policies, incidents and staff training. Furthermore, these meetings demonstrated that staff members were consulted about the centre and could raise concerns if required. Staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were reported to the Chief Inspector of Social Services in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the centre provided person-centred care and support to residents. Improvements were required in relation to the premises; however the provider had already identified these and plans were in place to progress these. These required completion in a timely manner.

Comprehensive assessments were completed on the health, personal and social care needs of residents. From this, support plans were developed to provide guidance on how to best support residents' needs. Residents' needs were kept under ongoing review and residents were supported with any changing or emerging needs. This ensured that the service was safe and to a good quality.

Residents were protected through the ongoing review of incidents and through the adherence to the safeguarding procedures where a protection concern was identified. Residents' individuality and rights were respected.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

Residents were found to be supported with their communication preferences and had access to a range of media in line with their preferences.

The inspector reviewed two residents' care plans that included assessments of their communication needs. Support plans were in place to guide staff in supporting residents to communicate in their preferred methods. Residents communicated through various means, including objects of reference, Lamh signs and verbal communication. The inspector observed staff members communicating with residents in line with their individual preferred communication styles.

A range of easy-to-read documents were also available to residents. The inspector observed, and reviewed, the notices located in the kitchen areas for providing information to residents. These included visual calendars, staff rosters and information on various policies and events. This meant that residents had accessible and clear information available to them that supported their autonomy and independence in communicating their choices.

Residents also had access to various media devices, such as SMART televisions, technological devices, mobile phones, music players and had access to the Internet. Risks to residents' online safety were assessed and measures were under discussion with one resident at the time of inspection in relation online safety.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development were supported in the centre.

Residents had access to an external day service that they attended each day, in line with their choices. Where further training was identified by residents to enhance their autonomy and independence, this was followed up and supported between the centre and day service. For example, the inspector noted in one resident's personal plan that they were supported to pursue employment opportunities and to complete an art course.

Residents spoke to the inspector about their interests and hobbies that they enjoyed. These included; going on day trips, visiting family, going bowling, going to

the cinema, going to Mass, swimming, going to concerts and shows and going on holidays.

Within the house residents had access to a range of leisure and recreational opportunities such as; gardening, playing musical instruments, using outdoor leisure equipment, baking, arts and crafts, watching preferred television programmes and using technological devices for accessing the Internet and social media.

In addition, links with family members and the wider community were promoted and encouraged in the centre.

Judgment: Compliant

Regulation 17: Premises

In general, the house was spacious, clean, bright and well maintained. There were some areas for improvement. These were known by the management team and were in progress. They required completion in a timely manner. They included the following;

- Tiling in the main communal bathroom required completion
- Replacement or repair of flooring in the kitchen as areas of the floor covering was lifting

Notwithstanding that, the house promoted accessibility and residents' needs were met in the centre. There were ample communal areas for residents to relax individually, and to receive visitors. Rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as needed and had space to store personal belongings securely. There were suitable bathrooms and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking equipment to enable residents to cook meals and do baking.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were good arrangements to support residents with food and nutrition.

The inspector reviewed two residents' care plans which showed that assessments were completed on residents' health care and nutrition. In addition, regular monitoring occurred of residents' health care needs and weight to ensure that they were in the best possible health. Where residents required supports with choosing healthy options, these supports were in place with easy-to-read material made

available and discussed with them. Residents who had a feeding, eating, drinking and swallowing (FEDS) plan were observed to be supported in line with the recommendations in the plans.

The kitchen was stocked with healthy and nutritious food, beverages and snacks. Residents were consulted about food choices and involved in grocery shopping. The inspector observed one resident speaking with a staff member about some items of food they wished to get in the shops later in the evening.

Judgment: Compliant

Regulation 28: Fire precautions

There were good arrangements in place for fire safety and for the monitoring of fire precautions. This included an assessment of risks that could impact on this.

One staff member showed, and explained to, the inspector the fire safety arrangements in the centre, including the evacuation plan and exit points. Arrangements to promote fire safety included; a fire alarm system, firefighting equipment, emergency lights, fire doors and the completion of regular fire drills.

Residents had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. Three residents' PEEPs were reviewed by the inspector. These were found to provide clear guidance to staff on supporting residents to evacuate both at day and night.

The inspector reviewed four fire drills completed in 2026 which showed that residents could be evacuated to a safe location under different scenarios. One resident who spoke with the inspector explained how they would leave the house and go to the assembly point in the event of the alarm going off.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the provider's policies and procedures for safe medicine administration.

The PPIM talked through and showed the inspector the medication management arrangements. This included arrangements for the ordering, receipt, safe storage, administration of prescribed medication, and the disposal of unused or spoiled medicines. this also included arrangements fro sharps storage and disposal.

Regular audits were completed of medication arrangements, of which a sample of two audits for 2026 were reviewed by the inspector. One resident's medication administration record was reviewed by the inspector. This was found to provide clear information about the resident, instructions for their medicine administration and details of the medical professionals who prescribed the medicines. In addition, an individual assessment of the resident's capacity to self-administer their medicines was completed and was reviewed by the inspector and found to be up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and regularly reviewed with each resident having individual personal plans in place.

The inspector reviewed a sample of two residents' care plans, where it was found that a comprehensive assessment of residents' health, personal and social care needs was completed. A range of care and support plans, including assessments of risks of harm impacting residents, were in place. These were kept under review and updated if there was a change in need.

Residents were supported to achieve meaningful, personal goals for the future. The inspector reviewed three residents' person-centred plans where it could be seen that goals were kept under review so that they were achieved in a reasonable time frame. In addition, the plans reviewed were accessible to residents and included photographs. Residents' review meetings were held, three of which were reviewed by the inspector. These showed participation by residents and their representatives. One resident showed the inspector their easy-to-read personal plan, where they pointed out and spoke about a photograph that included them and their family members at one of their meetings.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted in the centre. Health needs and diagnosed health conditions were regularly monitored for changes. Access to allied health professionals was facilitated for residents as required.

From the inspector's review of two residents' care plans, it could be seen that residents were supported to attend appointments and consultations as required. In addition, residents were supported to access and avail of national screening programmes and vaccines. Residents with more complex health conditions were

found to be well supported, with trained staff available to monitor and provide support where required. The inspector reviewed a number of easy-to-read documents that were developed to support residents' in understanding health and wellbeing. This demonstrated how residents were supported to understand how to keep well.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good arrangements for providing positive behaviour supports. These included the implementation of policies and procedures for behaviour support and for restrictive practices. In addition, staff received training in behaviour management.

Support plans were developed as required with input from a behaviour specialist. The inspector reviewed one resident's support plan that was developed to help with behaviours of concern. Through this review, it was evident that every effort was made to establish the cause of behaviours. Where risks of harm were identified, there was evidence of ongoing MDT meetings being held to review the risks and to ensure that the risk of harm was reduced.

Where restrictive practices were implemented, these were found to be reviewed regularly with MDT to ensure that they were proportionate to the risk. For example, in response to a significant incident that occurred earlier in the year, the inspector found that the provider responded promptly and implemented measures to reduce the risk of harm. These included additional staffing and weekly MDT meetings. The inspector reviewed a sample of four MDT meetings held throughout April and May 2026. These meetings demonstrated that a comprehensive assessment of restrictions occurred to ensure they were the least restrictive option. These also showed that there was a collaborative response in supporting residents with behavioural risks that could impact on them negatively and cause harm.

Judgment: Compliant

Regulation 8: Protection

The centre promoted residents' protection through staff training, the implementation of the policies and procedures in place for safeguarding and through regular discussions about safeguarding at meetings.

In addition, residents were supported to understand safeguarding and about how to keep themselves safe through accessible easy-to-read information. Two residents

spoken with by the inspector said that they felt safe. The staffing levels and the design of the environment supported residents' protection and helped to minimise risks of potential negative interactions.

Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required. These were kept under ongoing review and noted to be discussed at team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the centre promoted a rights'-based service. This could be seen through documents reviewed, observations throughout the inspection and through the discussions had with residents.

Residents were consulted about the running of the centre through regular meetings. The inspector noted that an action from the provider's audit included ensuring that consultation with residents was done in a meaningful way and in a manner that best supported their individual communication preferences. This demonstrated a commitment to ensuring that residents were central to discussions and consultations had.

Residents were provided with information on rights and advocacy services in an easy-to-read format. In addition, residents had access to a range of easy-to-read material to support with making informed choices. For example, the inspector observed an album that contained pictures of food and drinks and used to support residents in making meal choices.

Residents spoke to the inspector about the range of activities that they chose to do and interests that they had. Residents were supported to set and achieve meaningful personal goals for their future. For example, one resident spoke about the plans that were in progress for them to visit Paris this year, of which they were excited about.

Overall, it was clear from communications, documentation reviewed and observations during the inspection, that residents' individuality and choices about how they lived their lives were respected.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Lamagh OSV-0001840

Inspection ID: MON-0043847

Date of inspection: 26/05/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will, • Complete the tiling of the main communal bathroom by the 01/07/2026 and all materials have been delivered to the centre. • Replace flooring in the hallway, kitchen, and sitting room, with a completion date of the 30/08/2026.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2026