



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

Issued by the Chief Inspector

Name of designated centre:	The Arches
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	24 June 2026
Centre ID:	OSV-0002449
Fieldwork ID:	MON-0045071

About the designated centre

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

This centre comprised one house and a one bedroom apartment (to the back of the main house) providing care and support to five individuals with disabilities. The house is staffed by a person in charge who is a qualified nurse and a team of healthcare assistants. Two staff work during the day and there is one waking staff at night. Each resident has their own individual bedroom and communal facilities include two sitting rooms, a kitchen cum dining room, a utility facility and gardens to the front and rear of the property. There is also on-street parking to the front of the house. There is also a small staff office on the first floor. The house is situated in walking distance to a large town and transport is also provided for trips further afield and other social outings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 24 June 2026	10:00hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were five adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing. All regulations reviewed were found to be compliant.

Residents were supported to engage and be part of their local communities, there was strong evidence of residents participating in community groups, socialising and being present in their local area. The centre is located within walking distance to a town, residents were described as being well known in the area and have a strong community presence also.

On arrival to the centre, the inspector was greeted by a resident and two staff members. The resident was preparing to leave the centre and go on a short break with staff. The short break was a goal for the resident and included visiting a popular tourist attraction and shopping for a new county jersey. The inspector observed staff positively support the resident prepare for their holiday by ensuring they had sufficient money and personal items. While waiting to leave the resident also showed the inspector their room including their medals and collection of football jerseys. The resident was observed repeating a number of sentences seeking reassurance from staff, staff response was seen to be consistent and respectful.

Another resident was in the centre carrying out maintenance work such as gardening, initially the resident did not wish to engage with the inspector, however later they spoke about recent health issues, their work commitments and how they spend their time in general. The resident had their own apartment to the rear of the centre. The resident was seen coming and going throughout the day as they wished and had two electric bikes for transport to the local town, work and visiting friends and family. The resident was supported to achieve an autonomous lifestyle, while ensuring their safety and support. During the inspection, the resident was heard discussing health matters with members of staff, staff ensured the resident was provided with the appropriate information in order to make an informed decision themselves. The resident appeared to be very content with their living arrangements in the centre.

Later in the afternoon, the inspector met with three other residents on their return from day services. One resident had planned to go for a haircut and meal out, while another resident wished to go shopping. Residents spoke to the inspector about their interests such as knitting, football and recent attendance at matches.

One resident described to the inspector some negative interactions with a peer in the centre, this is discussed further in the report under regulation 8: Protection. On

the day of the inspection, the inspector observed the residents to lead busy lives and overall were happy living in the centre.

There was evidence of effective oversight of the centre. There was a full-time person in charge. The person in charge was also responsible for another designated. The staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary, the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good

understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed rosters for May and June 2026. There was an appropriate number and skill mix of staff present in this centre. On the day of inspection there were two staff on duty during the day and a third staff was supporting a resident on holidays. One staff worked each night. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

At times there was agency usage in the centre, however this was kept to a minimum. The centre had local arrangements to ensure appropriate supervision and verification of agency staff in the centre.

The presence of an appropriate number and skill mix of staff ensured residents' needs were consistently met in a timely and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

Up-to-date training and supervision of staff ensured that staff members were competent and delivered safe, effective and person centred care.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability.

The person in charge was also supported in their role by a senior management team consisting of a director of nursing (DON), an assistant director of nursing (ADON) and a clinical nurse manager III (CNM III). Good levels of professional oversight were demonstrated. For example, audits, reviews, management meetings, team meetings, consultative engagement with residents and families were reviewed.

The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed.

Information was available to residents about how to complain and residents were aware of and supported to raise any complaints.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans and risk documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the risk management arrangements and found the provider ensured that risks were appropriately managed. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to.

The residents were observed to appear comfortable and content in their home.

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The homely, well maintained environment positively supported residents' comfort, privacy and overall well-being.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as physiotherapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

This ensured that residents experienced optimal physical health with timely access to health care services that support their individual needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. One plan was under review at the time of inspection following a multi-disciplinary meeting and review. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Safeguarding concerns had been reported to the national safeguarding team and the Office of Chief Inspector and residents had access to a team of multi-disciplinary supports as required.

Systems were also in place to manage and mitigate risk and support residents safety in the centre. There had been a pattern of peer to peer altercations identified in the centre, increased oversight and strategies were implemented to mitigate further negative engagement. In addition, the provider with the support of the multi-disciplinary team was reviewing long term solutions.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant