



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

Issued by the Chief Inspector

Name of designated centre:	Tonniscoffey
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0002452
Fieldwork ID:	MON-0045072

About the designated centre

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

This is a service providing 24 hour care and support to five residents with disabilities. It comprises of one large detached house in a tranquil rural setting but located within close proximity to a large town in Co. Monaghan. A service vehicle is provided to the centre to accommodate residents' access to community facilities and day services. Each resident has their own bedroom, all of which are en-suite. The house is spacious with the provision of a large sitting and TV room, a fully equipped kitchen and dining room, a utility facility, a downstairs bathroom and a staff office upstairs. The house is surrounded by well-maintained grounds and gardens, and ample private parking is available to the front of the property. One nurse and one healthcare assistant are on duty during the day, and a healthcare assistant is on duty at night time. Residents can attend day services Monday to Friday and are supported to access community facilities in the evening and at weekends by the staff in the centre.

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 17 June 2026	09:45hrs to 17:30hrs	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.

On arrival to the centre, one resident was getting ready for the day, one resident was on a short break with their day service, and the other residents were attending day services. The resident who was home for the day spoke with the inspector while they had their breakfast. The staff supported the resident to prepare their breakfast and the engagement between the staff and resident was thoughtful and respectful. The resident spoke about how they had visited their sister the day previous and how this was something which they regularly enjoyed. The resident also spoke about their interests, such as the choir, and how they attend local community groups. The resident had begun taking a retirement day each week, which was reported to have been positive for the resident. The resident and staff discussed plans for the day, with the resident deciding to go for lunch.

Later in the afternoon, the inspector met with the other residents on their return. One resident sat with the inspector colouring and softly sang songs with staff. The resident made regular references to their brother, and with the support of staff, showed the inspector photos. Another resident showed the inspector their room and spoke briefly; however, they appeared to be shy, and so the inspector respected their wishes for privacy. Another resident had returned from an overnight stay with their day service, and it was evident that while they had enjoyed their stay, they were very pleased to see staff. It was clear the resident had a relationship with staff and enjoyed being in their company. Overall, the atmosphere in the house was jovial and friendly. The residents enjoyed a takeaway together as the inspector completed the inspection.

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

Overall, the findings of this inspection were positive. The inspector found that the register provider had the capacity and capability to deliver a safe, effective, person centered service to residents.

A clearly defined management structure was in place, with consistent management oversight and support provided within the designated centre.

The provider had established effective governance and quality assurance systems to support the delivery of care. Regular audits were undertaken to monitor the quality and safety of the service, with findings used to identify opportunities for improvement. Where required, action plans were developed and implemented to address identified issues and promote continuous quality improvement.

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 the roster for June and found that the designated centre was staffed with an appropriate number and skill-mix of staff to meet the assessed needs of residents. During the inspection, the inspector met with a healthcare assistant and the staff nurse on duty. Staff demonstrated professionalism, were knowledgeable regarding their roles and responsibilities, and interacted with residents in a caring, respectful, and compassionate manner.

Staffing levels and duty rosters were reviewed and found to be sufficient to meet residents' assessed needs and ensure continuity of care.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed during the inspection were evident. A clearly defined management structure was in place, ensuring effective oversight of the service. Governance systems supported the delivery of safe, effective care through ongoing monitoring, regular review of service performance and a comprehensive quality assurance program.

Evidence demonstrated quality assurance processes were embedded in practice and were used to ensure the service remained responsive to residents' needs. These included annual service reviews, provider visits every six months, and routine audits. Audit findings informed quality improvement initiatives, with appropriate action plans developed and implemented to address identified areas for improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector found that the statement of purpose contained information that was accurate and reflective of the service provided within the designated centre. The document clearly described the aims, objectives and facilities available to residents and included information regarding the staffing arrangements and governance structures in place.

The registered provider had ensured that the statement of purpose was reviewed regularly and updated when changes occurred within the centre.

The inspector observed that the information outlined within the document was representative of the current layout and function of the centre, including the number and use of bedrooms, communal living areas, bathroom facilities and outdoor spaces.

Overall, the findings demonstrated that the provider had systems in place to maintain an up-to-date statement of purpose.

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 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

All staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

There was an effective complaints procedure in place that was in an accessible format. The procedure was consistent with relevant legislation, regulations and protocols, and took into account best practice guidelines.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance, indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided were safe and effective for the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents' care records and a review of management audits. Overall, the inspector found that the centre provided a comfortable home and person-centred care to the residents.

Regulation 13: General welfare and development

Residents were supported to participate in a meaningful range of activities that reflected their individual preferences, interests and personal goals. Opportunities for social inclusion and community participation were promoted, with residents regularly

attending activities such as choir, family visits, lunch outings, cinema outings and community groups.

On the day of inspection, residents were observed enjoying personalised activities in line with their assessed wishes. One resident was supported to enjoy a retirement day by going out for lunch and later relaxing in the comfort of their home. Another resident returned from a short holiday and enthusiastically shared their experiences with staff and the inspector.

These observations demonstrated that residents were supported to maintain social connections, pursue meaningful experiences and participate in activities that enhanced their quality of life, in accordance with their individual preferences and choices.

Judgment: Compliant

Regulation 17: Premises

The premises were observed to be clean, well maintained, and presented in a homely manner. Staff were carrying out cleaning duties on the inspector's arrival.

Residents' bedrooms were personalised to reflect their individual preferences and interests. Personal photographs and other meaningful items were displayed throughout bedrooms, promoting and creating a warm, familiar living environment. Suitable storage was provided in residents' rooms for clothing and personal belongings.

During the inspection, the provider outlined planned improvement works to further enhance the premises. These included the replacement of windows, an upgrade to the heating system, painting of the external fencing, and the upgrading of the septic tank. In addition, a new garden room had been built and was in the process of being decorated for recreational use.

Overall, the inspector found that the centre was well maintained and that the provider was proactive in identifying and planning for future improvements to ensure the ongoing safety, comfort, and wellbeing of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk

assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage them appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an online system, which allowed for information sharing and oversight. The inspector reviewed a sample of incidents to date. The provider was responsive and reviewed control measures to mitigate risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of need in place, which was reflective of the residents' health, social and personal support needs. Assessments were person centred and informed individualised personal plans. Personal plans were reflective of residents' will and preference, communication and support needs. There was evidence of regular review and response to changing needs. Documentation demonstrated that plans were updated to reflect current support needs.

Multidisciplinary input was evident in assessments and personal plans, including input from allied health professions. Recommendations were incorporated into practice and observed on the day of inspection in practice.

Residents had clearly defined goals, which were meaningful and aligned to their interests, abilities and aspirations. Goals promoted independence, community participation and overall quality of life.

Overall, documentation reviewed demonstrated a high standard of care planning and review ensuring positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve and maintain best possible health. They had timely access to a range of allied healthcare professionals in line with their assessed needs. Records reviewed demonstrated that referrals were made appropriately and recommendations from healthcare professionals were implemented in practice.

Care plans were clear, up-to-date and provided detailed guidance on how best to support residents with their assessed healthcare needs. These plans were person centred and reflected residents' preferences and individual requirements.

Staff supported residents to make informed decisions about their health and wellbeing, and every effort was made to promote and encourage healthy lifestyle choices where possible.

Overall, the centre demonstrated a strong commitment to meeting residents' healthcare needs in a consistent and person-centred manner.

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. Each plan was specific to the residents' individual needs. 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 about 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 the Chief Inspector, and residents had access to a team of multidisciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents' safety in the centre.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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