Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinasole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0049853

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.It provides twenty-four-hour nursing care to 48 residents, both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.The centre is a single-storey building comprising 40 single en suite bedrooms and four twin bedrooms, located in a rural area with local amenities close by. There is a specialist dementia unit, Murvagh Suite, accommodating 14 residents in single en suite bedrooms, and Warren and Rosnowlagh suites are for the remaining residents.The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Thursday 30 April 2026	09:00hrs to 16:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre received a good standard of care, and were supported to live a good quality of life. Feedback from residents was that they were well cared for by staff who were kind and caring. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful manner. There was a calm and welcoming atmosphere in the centre over the course of the inspection. This unannounced inspection was completed over one day.

On arrival at the centre, the inspector was met by the person in charge. Following an introductory meeting, the inspector completed a walk around the designated centre, giving an opportunity to review the premises, and to meet with residents and staff. A number of residents were being assisted and supported by staff with their personal care needs, while other residents were relaxing in the communal areas.

Aras Mhic Shuibhne is located near the village of Laghey in County Donegal. The designated centre is a purpose-built, two-storey facility and is registered to provide accommodation for 48 residents. There were 45 residents in the centre and three vacancies on the day of the inspection. The centre comprises of three suites, Warren Suite, Rosnowlagh Suite and Murvagh Suite. Murvagh Suite was designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia.

Residents' bedroom accommodation comprised of single and twin bedrooms, all of which had ensuite facilities. Bedrooms were of a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. There were adequate facilities available for residents to store their personal belongings, and residents had access to facilities for the safekeeping of their valuables. Residents were encouraged to personalise their bedrooms, and many rooms were decorated with items of significance, such as ornaments and photographs.

There were a number of communal areas available to residents throughout the centre for rest and recreation, including day rooms and dining rooms. There was also a chapel available, which provided residents with a quiet, tranquil space. There was sufficient space available for residents to meet with friends and relatives in private, should they wish to. All areas of the centre were designed and furnished to create a comfortable and accessible living environment for residents.

An enclosed garden provided residents with access to fresh air, nature and opportunities to participate in gardening activities. This area included a variety of suitable garden furnishings and seasonal plants. Throughout the day, residents were

seen spending time in the garden with visitors, staff, and on occasions, having quiet time by themselves.

The centre was found to be bright and comfortable throughout. The premises were laid out to meet the needs of residents, and to encourage and support independence. Corridors were sufficiently wide, and there were appropriate handrails available to assist residents to mobilise safely. There were storage facilities available for equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and residents told the inspector that they were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre provided an on-site laundry service for residents' personal clothing, which was appropriate for the size of the centre. All areas were very clean, tidy, and well maintained. The building was warm and well ventilated throughout.

The inspector spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. Residents were observed spending their day in various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Residents sat together in the day rooms chatting to one another and staff, and participating in activities. Other residents chose to remain in the privacy of their own bedrooms. Communal areas were appropriately supervised, and those residents who chose to remain in their own rooms, or who were unable to join the communal area, were supported by staff. The inspector observed that personal care needs were met to a good standard. It was evident from talking with staff that they knew the residents and their individual needs. While staff were seen to be busy assisting residents throughout the day, inspectors observed that staff were kind and respectful, and that care was delivered in a relaxed manner.

There was a very calm atmosphere in the centre on the day of the inspection, and residents were observed to be content as they went about their daily lives. Residents were happy to chat with the inspector about life in Aras Mhic Shuibhne. The inspector spoke in detail with a total of 12 residents. Residents spoke positively about their experience of living in the centre. Residents told inspectors that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. One resident told the inspector that 'this place is excellent', and another said 'my bedroom is top class'. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said 'I get everything I need, and the call-bell is always answered'. Another resident explained the reason they moved to the centre, and that they were happy with the decision. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The centre employed two activities co-ordinators who facilitated group and one-to-one activities. Residents stated that they had plenty to do every day, and that they had a choice in how they chose to spend their day. The inspector observed a lively music session in the afternoon, which was very well attended by residents. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were supported during mealtimes, and residents who required help were provided with assistance in a respectful and dignified manner. Residents told the inspector that they were satisfied with the amount and the quality of food provided.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The registered provider of this designated centre is Drumhill Inn Limited. The company had two directors, one of whom represents the provider and is involved in the day-to-day management of the service. The inspector found that the provider demonstrated an ongoing commitment to continuous quality improvement to achieve positive outcomes for residents living in Aras Mhic Shuibhne. The findings of the inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life. The inspector found good compliance across all regulations reviewed.

The inspector found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was

a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge was supported by a clinical nurse manager, and a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. The person in charge was a visible presence in the centre, and was well known to residents and staff. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. There were appropriate levels of supervision of care delivery in place on the day of the inspection. The inspector observed kind and considerate interactions between staff and residents throughout the inspection.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There were a number of management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed, for example, falls management, end of life care, fire safety and infection control. Action plans were developed and completed, where areas for improvement were identified. The person in charge carried out an annual review of the quality and safety of care in 2025, which included a quality improvement plan for 2026.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Office of the Chief Inspector of Social Services within the required time frame.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A review of the complaints log found that complaints were

recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training appropriate to their role. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided, accommodation type, and the fees, if any, to be charged for such services.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Office of the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for residents living in this centre. Residents were satisfied with the care provided in Aras Mhic Shuibhne, and spoke positively about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

Nursing staff were knowledgeable regarding the care needs of residents. Each resident had an assessment of their health and social care needs carried out prior to admission to ensure the service had the ability and facilities to support them. Following admission, residents' needs were further assessed using validated clinical assessment tools. The outcomes were used to develop care plans, which addressed their individual abilities and assessed needs. Information gathered from the residents, other health care professionals and, where appropriate, their relatives was also used to ensure care plans were individualised and person-centred. Care plans

were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The inspector reviewed a sample of five residents' files and found that care plans were sufficiently detailed to guide care. There was evidence of resident and family involvement, where appropriate. Daily nursing records demonstrated good monitoring of residents' care needs.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed needs.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who requested the use of bedrails. Records reviewed showed that appropriate risk assessments had been carried out.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Staff demonstrated an understanding of residents' rights. Staff supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities, in line with residents' choice and ability, were provided. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents also had access to an independent advocacy service.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

The environment and equipment used by residents were visibly clean, and the premises were well maintained on the day of the inspection. Cleaning schedules were in place, and equipment was cleaned after each use.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to

the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care and comfort during their end of life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end-of-life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre were suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital, and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity were respected. Residents told the inspector that they were well looked after, and that they had a choice about how they spent their day.
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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant