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:	Moville Residential Group Home
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	27 May 2026
Centre ID:	OSV-0003339
Fieldwork ID:	MON-0045473

About the designated centre

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

Moville Residential Group Home provides full time residential care for four male or female adults with intellectual disabilities. The service is intended to cater mainly for residents with low to moderate needs with the aim of maximising their potential for independent living. Moville Residential Group Home is a house centrally located in a rural town, and is close to the town amenities. It is a two-storey house with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes nursing and care staff. Staff are based in the centre when residents are present and staff are on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 27 May 2026	09:00hrs to 14:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at this centre were happy in their home and felt safe. This was a good quality service where all regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

This was an unannounced inspection. On arrival, the inspector met with two staff members. They said that they were employed by an agency, however, from observations during the inspection, the inspector was assured that they were familiar with the assessed needs of the residents and the residents were familiar with them.

For example, a resident was observed rising and joining his peers in the kitchen for breakfast. They smiled widely while greeting a staff member and it was clear that they were pleased to see them. Staff spoke respectfully with residents and with each other. They had a rights focus and the inspector noted that residents were provided with choice and their decisions were respected. For example, a resident as asked if they would rather shower in that morning or to wait until later in the evening.

Most resident were observed as independent. They made their own breakfast and prepared tea. Another resident was noted preparing their lunch. They told the inspector that they had work that day. They showed the inspector their uniform and later on their return, they spoke about how they enjoyed their work at the local shop. Residents told the inspector that they held meetings each Sunday where they decided "what to do, where to go and what we need in the shop".

The inspector saw that residents valued their independence and the provider and the staff team facilitated a positive risk-taking approach to support this. All residents were noted moving around their home independently as they wished. Later in the afternoon, a resident told the inspector that they had a locked box in their bedroom as they liked to manage their own medicines. They were observed completing this task with competence with discreet oversight provided from staff.

The inspector completed a tour of the house and garden with a resident. This was a mature property, with a large garden and ideally located close to a busy town. The house had some signs of wear and tear; however, these did not pose risks to the resident. It was clear to the inspector that the spacious nature of the house and garden was enjoyed by the residents. Although residents were aging, they were observed managing the stairs with ease. Where required, the provider has ensured that bright tape was applied to low ceilings and bannisters to walls. The garden was expansive and the resident proudly showed the inspector the polytunnel and raised beds where fruit and vegetables were grown. The inspector noted that paints was

flaking from the outside of the property, however, this was because it had been power hosed prior to painting. In addition, the garden grass was long, and a plan was in place for this to be cut.

During the inspection, the resident met with three of four residents. The inspector found that what mattered most to them was considered at the time of this inspection. Where risks arose relating to the design of the property, they were management. Residents' independence was supported and promoted by the staff team and overall, people lived happy lives in their home, with contact from their families and where they were actively involved in their community.

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

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a good staff team meant that good quality care and support was provided.

Enough staff were employed and the roster arrangements were based on the needs of the residents. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their homes.

The inspector reviewed the rosters from 5 April 2026 to the date of inspection. This review found that the roster was well maintained and with provided an accurate reflection of the staff on duty that day. While there were a number of staff on leave at the time of this inspection, the provider had arrangements in place to ensure that consistency of care and support was provided.

The provider and the person in charge were proactive in ensuring that staffing arrangements met with residents' needs. For example, in response to identified risks, the night-time support arrangement was changed from one waking night support to two. Staff told the inspector that this was working well at the time of inspection. In addition, if required one resident was provided with one-to-one support when in the community.

Judgment: Compliant

Regulation 23: Governance and management

The inspector met with a staff nurse and a healthcare assistant on arrival at the centre. They told the inspector that the person in charge was on leave that day. They facilitated the opening part of the inspection and later a member of the management team attended the centre.

The inspector found that the governance arrangements at this centre were clear, comprehensive and established, and staff were aware of who to report to. This was evident was they knew what to do when the inspector arrived. The centre was well resourced with adequate staffing, equipment and transport to meet with the residents' assessed needs.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six monthly provider-led audit found that it was completed in March 2026. The annual review of care and support was completed in August 2025. Actions identified were documented on a quality improvement plan. This listed 142 actions, with 85% completed and 15% not yet due. This was subject to regular review by the person in charge and submitted to the leadership team on a monthly basis.

The person in charge had a schedule of staff meetings displayed on the office notice board. The minutes of the meeting held on 26 February were documented on the provider's template and included quality improvement actions for the person in charge and the staff team to progress.

A keyworker system was used to support residents with their assessed needs and to ensure that documentation was correctly maintained. When asked, some residents told the inspector the name of their keyworker and spoke about their person centred plans. The inspector reviewed daily notes for two of four residents from 1 April 2026 to the date of inspection. This review found that they were well maintained with no gaps in entries made. This was an action from the previous inspection.

Overall, the inspector found good governance arrangements with defined documentation systems. Some of these required updating and notes to this effect were entered to identify areas for improvement. However, this was a low risk matter

which was in progress. The inspector found that in the main, the systems were working well and residents at this centre were safe at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose for the service which was also available in accessible format for residents' use.

It was updated on 9 March 2026 and provided an accurate reflection of the services and facilities at this service. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found that a low level of incidents occurring. If required, matters arising were reported to the Chief Inspector of Social Services in line with the requirements of this regulation

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for residents at the centre and found that it was updated on 25 Nov 2025. It was available in easy to read format for residents' use and a copy was kept in the kitchen.

There were no open complaints from residents at the time of inspection. Residents were supported to understand the process as it was discussed at residents' meetings. This was evident as when asked what to do if they had a concern, residents told the inspector that they would speak with the staff.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection and where addition planning was required, this was in progress.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familiar with residents' communication needs and this had a positive impact on their day to day life at the centre and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant inspection, were a good quality and safe service was provided for residents.

Regulation 10: Communication

This service recognised that the ability to communicate effectively is fundamental to each resident's wellbeing, social relationships and quality of life.

The inspector observed residents communicating freely or with support if required. Staff interacted kindly with each person and it was clear that they were familiar with each persons' individual communication style.

Where required communication assessments were completed and recommendations were made. This meant that residents had access to a range of easy to read guidance in the form of posters, plans, rosters and schedules. Where suitable, residents were encouraged to review their information and to sign documents with their name which meant that they were empowered to be part of the process.

Some residents had smart phone and tablet for their personal used. Residents were supported to use these independently and where required, monitoring and support was provided.

Overall, the inspector found that were listened to and supported to express their thoughts, feelings, needs and wants in relation to their personal care and their service.

Judgment: Compliant

Regulation 13: General welfare and development

Residents at this designated centre had active lives in their home and in their local and extended communities.

Some residents attended a structured day service, while others enjoyed home and community-based activities and events. The inspector noted a shed at the back which was described as the "men's shed". Staff told the inspector that this was where residents made flower boxes and wreathes for Christmas. It had hot drink making facilities and provided a pleasant space for relaxation.

Some residents liked to garden and as outlined, they were growing a wide range of crops at the time of inspection. Some of these were used to make jams and chutneys which were used for summer sales.

Other enjoyed singing and they showed the staff a picture of a performance with a local band. Another liked driving and had an off-road driving lesson recently when they clearly enjoyed.

Judgment: Compliant

Regulation 17: Premises

A review of the three properties comprising this designated centre found that they met with the requirements of this regulation.

As outlined, there were some risks relating to the changing needs of residents, however, the inspector found that the provider was aware of these and risk control measure were working well at the time of inspection. In addition, from conversations held with members of the leadership team, the inspector was assured that there was ongoing review of the premises and plans to support residents with their assessed living needs were in progress.

Where maintenance was required, a plan was in place. For example, the house was due to be painted and the lawns cut.

Overall, the premises provided a comfortable home for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that residents had access to a range of nutritious foods in line with their preferences and assessed needs. They were supported to grow some the food they ate, or alternatively to buy it at the shop. They were observed by the inspector as busy in the kitchen, preparing lunched and cooking hot food.

Staff told the inspector that menus were planned daily and as preferred by residents. Once a week, residents liked to have a takeaway and this was a routine which they enjoyed.

A walk around of the kitchen found that it was well equipped and the fridge and pantry had adequate supplies of fresh and staple food items

Judgment: Compliant

Regulation 28: Fire precautions

A review of fire safety arrangements found improvements since the last inspection. The provider had adequate fire prevention precautions which staff and residents were aware of.

The provider had a fire safety policy and staff had completed fire safety training. An external fire safety company reviewed arrangements at the centre in January 2026 and evidence of this was provided. There was a centre-specific fire safety plan and each resident had an individual personal emergency evacuation plan.

Two residents told the inspector that if the fire alarm sounded that they would go straight out. One showed the inspector where the fire assembly point was. In addition, they spoke about weekly fire checks and showed the inspector a record of fire drills which was kept in the fire register.

A review of this found that both day and nighttime simulated fire drills were taking place with the most recent drill on 23 May 2025. The inspector read the records of the previous four fire drills and found that the documentation was completed correctly. This meant that the actions that the provider committed to following the previous inspection were completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist and if required, they were supported to access their services. The provider had a documentation system, on which medicines

prescribed were recorded and signed by the residents GP. These records were store safely.

If medicines were administered, this was documented by staff. All staff had access to medicines management training. The inspector saw a locked medicines cupboard in the staff room and staff told them that they had a system for medicines that were out of date or not required.

Where residents took their own medication as described earlier in this report, a self-administration capacity assessment tool was completed. The inspector reviewed one of this and found that it was reviewed annually or as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector held discussions with residents, completed a tour of the centre and reviewed documentation. They found that the centre met with the assessed needs of residents and good arrangements were in place to support the needs identified.

As outlined, a keyworker support system was used and residents were aware of this. All residents had personal plans which provided clear information on residents' circles of support and of their monthly plans. A resident sat with the inspector, showed them their plan and spoke to them about the activities they enjoyed in the past and had planned for the future. They said that they enjoyed a trip to Lourdes in the past and liked to visit their family grave at the weekends.

Overall, residents were provided with person-centred assessments and personal plans which respected the unique likes and dislikes of each person. Where information required update, this was documented and a plan was in place to progress this.

Judgment: Compliant

Regulation 6: Health care

Residents had the support of a general practitioner (GP), pharmacist and allied health professional in line with their assessed needs. A review of the arrangements completed by the inspector, found that each person participated actively in making healthcare choices and these choices were respected.

One resident told the inspector about their GP and knew them by name. Others had the support of a physiotherapist and occupational therapy due to identified falls risks. Chiropody appointments were scheduled regularly. If required, access to

consultant-led care was provided. For example, a resident was referred to a dietician and were waiting for an appointment.

During the afternoon, a resident spoke with the inspector about death and dying. A review of their documentation found that the person in charge had facilitated an end-of-life discussion with the resident and ensured that their wishes were agreed and documented. As the resident did not have family contact, this was important to them. This advanced planning ensure that residents were provided with support that met with all life stages.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and found that they met with the requirements of this regulation.

One resident required a positive behaviour support plan and an action relating to this was issued following the last inspection.

The inspector reviewed their plan which was reviewed by a behaviour support specialist in March 2026 and provided guidance for staff on how to manage concerns if needed. However, the inspector found that the updated information on behaviour support was not tracked through to the resident's assessment of need (March 2025) and a copy of the plan was not attached. This was a documentation issue and overall, the plan and its guidance were working well as behavioural issues were rare.

The policy on positive behaviour support was available to guide staff and in addition, all staff had access to training which was up to date. There were no restrictive practices in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

From a review of documentation and from conversations held, the inspector found that residents were assisted and supported to develop safeguarding skills.

When asked, they told the inspector that they knew what to do if they had a worry or a concern. They were aware of their human rights and said that if they need to, that they would speak with staff. In addition, a review of residents' meetings found that discussions about safeguarding were included on the agenda.

The provider had a safeguarding policy to guide staff which was subject to regular review. Staff had access to safeguarding training and the provider required that this was competed and refresher regularly. Each resident had in intimate care plan which outlined their assessed needs and preferred methods of support.

There were no safeguarding risks at this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was assured by the findings under this regulation. It was clear from observations made, that residents were aware of how to express their likes, dislikes and concerns. In addition, it was clear that the person in charge and staff team had a rights focused approach to service delivery and residents' wishes were respected.

As outlined, the inspector observed rights-based interactions between residents and staff. Where issues arose, the provider took action to ensure that they did not escalate. For example, a weekly problem-solving session was held at the house for a period of time. During this residents had opportunities to participate in scenarios with an external facilitator through drama. They practiced management of interpersonal conflict in a positive and rights-based manner. Staff told the inspector that this was effective and this was evident by the low level of issues arising at the residents' home.

One resident spoke to the inspector about their wish to live alone. They were provided with the support of a social worker to explore this and this was ongoing at the time of inspection.

Overall, the inspector found that the provider and the staff team supported the autonomy of each person and positive risk-taking was considered part of fulfilled life. Staff were observed as present but providing discreet support when provided. This meant that the service felt like the residents' home and where they had the freedom to made decisions and complete tasks independently or with support if required.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 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