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:	Loughtown House
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	28 May 2026
Centre ID:	OSV-0003363
Fieldwork ID:	MON-0042650

About the designated centre

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

Loughtown house is a seven day residential home to three ladies who have a mild to severe range of intellectual disability. The centre aims to meet the care needs of adults with an intellectual disability who may also present with a physical or sensory disability and people with a dual diagnosis including mental health issues. This service also provides support to residents with a range of medical issues. The centre comprises of a one storey bungalow located approximately one mile from the local town centre. Transport is facilitated by the centre's vehicle and a range of activities are offered to residents. Individuals are consulted with both formally and informally about the running of their home on a day to day basis. The centre is staffed by a person in charge, a staff nurse and a team of care assistants.

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
Thursday 28 May 2026	15:00hrs to 19:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Loughton House is registered by the Chief inspector to provide full time residential care to three residents. The registered provider is the Health Service Executive (HSE) The inspector found a very good level of compliance with the associated regulations and Loughton House provided a very good person centred safe service to residents where residents all clearly communicated that were happy living in the centre.

This unannounced inspection was carried out on behalf of the Chief Inspector of social services to assess compliance of Loughton House with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults with disabilities) regulations 2013. The inspector met with two staff and the three residents individually who were clearly able to voice their views.

From observing and speaking with staff and residents and observing interactions between the residents and staff and review of relevant documentation, the inspector found that residents enjoyed a great quality of life. One resident told the inspector "I have a lovely home, I don't know where I would get better than this, "I am as happy as the flowers of May" and "the people I live with are my friends", another resident stated "they loved living in the centre and went out every day". They attended social farming where they grew potatoes and vegetables and loved to bring them home to cook for dinner, they also attended a day centre, various social clubs and a place where they learned to bake and also brought home this for tea. They told the inspector "they were very happy living in the centre". All residents proudly showed the inspector their bedrooms which were personalised with lots of personal photos and arts and crafts made by the residents. Residents spoke of their family members and told the Inspector who the photos related to. The other resident told the inspector "staff are lovely, it's very nice to live here, and I am looked after very well, I have lovely clothes which I choose. I am delighted, I can be here for the rest of my days". The inspector found that residents had a flexible social activity programme organised by the staff. This gave personalised choice and flexibility to residents. On the day of inspection when the inspector arrived residents were at the framers market in the local town and in the evening they went to a local festival. activities included attending day services, going to the the hair dresser, going to football matches. and attending local activities and festivals.

Staff spoken with described how their focus was to ensure that residents had a good enjoyable quality of life and were clear they it was their choices that mattered. The inspector observed that residents were happy and content in the company of staff and staff were attentive to residents interacting in a pleasant caring way as they provided care to them and assisted them at residents' request. This enhanced the homely atmosphere and put residents at ease which was conducive to enjoying life and allaying stress or anxiety. The atmosphere was also enhanced by the amount of space which was available to the three residents as the design of the house lent

itself to residents having space to spend time in private as they wished or to go and listen to music in their bedroom or the sitting room or kitchen diner. Additionally the quality of the service delivered to residents was enhanced by the provider ensuring that adequate resources were available to ensure the care and support of residents was prioritised and protected. Resources included three staff during the day and two staff on night duty, accessible transport, which all assisted with ensuring residents had active lives and a warm comfortable home.

Three minor issues that were identified and these had been identified by the person in charge and the registered provider in advance of the inspection. These included one resident wanted their room painted and the maintenance team were ware of this and it was due to be completed in the coming weeks. There were a few uneven paving slaps in the back garden that required review to ensure they did not expose residents to a fall or slip and there were some tiles missing to the back of the toilet in the main bathroom.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for the resident.

Capacity and capability

The registered provider had effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

A clear organisational structure to manage the centre was in place. This was set out in the statement of purpose.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service. Which was completed by the person in charge. The inspector viewed a selection of these audits these audits, which showed high levels of compliance. Any areas for improvement were identified and were being addressed.

During the inspection, the inspector observed that these resources included the provision of adequate consistent staff to meet the needs of residents, suitable, safe and comfortable accommodation and accessible transport, The staff team displayed a genuine interest in supporting residents to engage in activities they were interested in which meant that residents had an opportunity to enjoy activities that they were interested in for example shopping, walking cooking social farming. Staff support was provided by a combination of day service staff and designated centre staff.

Information was easily accessible and a system was in place which supported staff to ensure clear and comprehensive records to ensure care and support was delivered to residents in a person centred way.

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience to fulfil the role of person in charge.

They were on leave at the time of the inspection and an experienced clinical nurse manager who had a very good knowledge of the residents and the running of the centre was in charge of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were adequate in meeting the assessed needs of residents living in the centre. The staff arrangements meant that residents could engage in individual activities with staff and there was adequate staff for residents to stay in the centre if they wished while other residents engaged in activities in the community.

The inspector reviewed the staff rota from the 1 April to 30 June 2026 and found that an actual and planed the staff rota was in place.

A consistent staff team w worked in the centre and the two staff who met with the inspector displayed a good knowledge of the resident's background and their current needs. Staff spoke of how residents has developed skills since they moved into the centre and assisted with some household chores and had become more confident at assessing the community.

Where extra staff were required when some staff were on leave, regular agency staff worked in the centre. There were two waking staff on night duty. the centre has a vacancy for a nurse on night duty currently covered by long term agency

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to the residents.

The inspector viewed staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also received a range of other training relevant to their roles, such as infection control, hand hygiene, manual handling and safe management of epilepsy.

These training courses ensured that staff had the skills and knowledge to care for the resident's needs appropriately and safely. staff received supervision from the person in charge on a regular basis.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure that a good quality and safe service was provided residents.

This was being achieved by a clearly defined management structure, auditing systems and adequate competent staff. Annual reviews of the service were being carried out as required by the regulations. The inspector reviewed the last annual review which was completed in March 2025. Six monthly unannounced visits were completed by personnel independent of the centre.

Incidents are audited monthly and are tracked and if trends are identified, learning is discriminated to staff.

The centre was suitably resourced to ensure the effective delivery of care and support to the residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishings, a transport vehicle, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. Staff training had also been arranged to ensure that staff had the knowledge and skills to support the resident's needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The resident had been resident in the centre for a considerable period of time. This was an individualised service. A contract for the provision of services was in place.

The inspector reviewed the contract of care (individual service level agreement) for the resident and found it was up to date. This detailed the service to be provided to the resident and fees payable by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available. This was reviewed by the inspector. This accurately reflected the service provided and a copy was available to residents in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers assisting in the centre at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

From reviewing the incidents and cross referencing these with submission of notifications by the person in charge to the Chief Inspector of social services the inspector found that all incidents that required submission had been submitted.

Judgment: Compliant

Quality and safety

The findings for this inspection found that there was a high level of compliance with the care and support regulations relating to the quality and safety of care delivered to the residents in Loughton House.

Residents were very able and staff were focused on maximising the independence, community involvement and care and welfare of resident's .Residents were

supported to enjoy activities of their choice which enhanced the protection of their dignity and autonomy. The centre comprised one house which suited the needs of the residents and provided a home for life to all three residents, and residents spoken of how this was reassuring for them. The house provided a comfortable home to residents and was furnished and personalised to the resident's liking. The house was well equipped with a utility room with laundry facilities. A kitchen was also available to residents. And staff supported residents to cook meals of their choice. Throughout the inspection, the inspector found that the resident's needs and preferences were being supported by staff in a person-centred way. Staff were allocated to support the resident at all times and there were two waking night staff so if some residents chose to go out for a drink or a meal or a concert staff were available to facilitate this. As there was three staff and three residents this gave the flexibility for residents to partake in their individual preferred activities. All residents had good communication ability and could clearly voice their views. Staff were observed to chat with residents about how they spent their day and what they were planning on doing tomorrow. Residents were supported by staff to attend medical appointments, dental and chiropody appointments. Residents religious rights were respects and residents regularly attended mass and went to knock. The resident's nutritional needs were being well met. They told the inspector that they had choice around meals and that they enjoyed the food in the centre and also regularly had tea or dinner in local restaurants.

Regulation 10: Communication

All residents could communicate freely and make their needs and wishes known.

There was a consistent staff team in place and staff encouraged residents to speak independently with the inspector. The inspector spoke with all residents and all had access to a phone. One resident bought a daily newspaper and a magazine once a week and read same.

Judgment: Compliant

Regulation 11: Visits

There was ample space in the centre for visitors to meet residents in private.

Some residents had regular visitors and also visited relatives. supported by staff.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the resident.

The centre comprised one bungalow on the outskirts of a busy rural town.

During a walk around the centre, the inspector saw that all parts of the house were well maintained, clean and comfortable and nicely decorated. There was a garden to the rear of the centre and parking space was available to the front with a ramp and rail to the front door. As the centre was for three residents there were three bedrooms which were personalised and all residents were delighted to show the inspector their bedrooms, one of which had an en-suite. There was also a main bathroom, an office, a kitchen cum dining room a comfortable sitting room and a utility room. The house provided a comfortable home to residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre.

The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing HIQA inspection reports, and residents' involvement in the running of the centre. An easy-to-read version was available for residents.

Judgment: Compliant

Regulation 28: Fire precautions

The centre has systems in place for the detection, containment, and prevention of fire occurring. Systems were in place to ensure residents were protected if a fire broke out. These included all staff were trained in fire safety. A fire alarm system was in place.

Monthly fire evacuation drills, were completed with simulated day and night evacuation. The last drill was a night time simulated drill completed on the 15 April 2026. Regular checks on fire closures on door was completed Staff and residents were aware of the location of assembly point. Fire extinguishers, exit signage, emergency lighting and regular fire safety checks were in place. There was one

place where exit signing would enhance the fire safety. This related to additional signage and while this was not a legislative requirement the senior nurse contacted the fire safety personnel and this was planned to be installed the next day. Personal evacuation plans were in place for all residents and these were reviewed regularly by the person in charge

A plan of the house was available at the front door should s fire break out and to have this available for the fire brigade.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of the residents had been completed and care and support plans were developed in response to any assessed needs, for example safe management of epilepsy. These were reviewed regularly to reflect any changes and circle of support meetings were held annually.

These meetings were arranged by staff of the centre and relevant health and social care staff and families attended.The inspector reviewed two of the residents' care and support documentation. Files were very well maintained and easy to access information.

Goals for residents were identified and there was evidence of progression of these goals and regular review of these also. There was very good evidence of the discussion of staff and the residents with regard to choosing goals.For example documentation included this is a goal i would like to achieve, this is how i decided my goals and this is what i must do to achieve my goal. In one file reviewed a resident had seen a programme on television regarding animals and then requested to go to the zoo. One resident loved cars and a goal they achieved last year was to go to Mondello Park. Other activities residents were engaged in, included going for day trips in the centre vehicle, attending the men's shed, where one resident had made a stool and they were delighted with this. Other goals included attending the hot air balloon championships which had also been achieved.

Judgment: Compliant

Regulation 6: Health care

All residents were registered with a general practitioner (GP) and had access to screening programmes. The senior nurse stated that the registered provider was responsive to the changing health and personal needs of residents and residents

would be supported to stay in Loughton for as long as they chose. Residents were was supported to attend medical appointments and meetings with other health and social care professionals. Evidence was seen in the care files reviewed of residents attending the physiotherapist and the chiropodist. This meant that they received appropriate care and support which was in line with their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was one positive behaviour support plan in place. This related to one occasion and the behaviour had not reoccurred. The staff informed the inspector that the safeguarding staff were going to run a programme on boundaries for the residents in the centre. A restrictive practices log was in place and this was reviewed regularly. the detailed that the door was locked at night and a seizure alert mat was in place for one resident. An audit of restrictive practices is completed quarterly.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that this was a good service with management systems in place to ensure residents' rights were protected.

Person centred care plans were in place and residents told the inspector that they could choose the way they lived their lives and that they enjoyed life.Residents' dignity and privacy was respected with each resident having their own bedroom. One resident had an ensuite and the other two residents shared a bathroom which was located close to their bedrooms. Staff were observed to be spending time with residents in a relaxed and calm manner. The resident spent some time with staff at the kitchen table chatting with residents about their choices .

The residents were offered choice in their food and daily activities. One resident was supported by staff to attend a relative's funeral and also attends a nursing home fortnightly to see a relative supported by staff.There was good storage space for residents clothes and other possessions in the bedrooms. The inspector noted that residents clothes were very well cared for and were folded and neatly hung up in very spacious wardrobes . This enhanced the dignity and respect shown to residents.

The inspector reviewed the minutes of some of the residents' meetings and saw that safeguarding and self-protection, making a compliant activities and menus were discussed. Activities included social farming, visits to families, going to a day service

to meet friends, going to local festivals and going out for food or a drink. Staff explained that residents sometimes went to the pub and as there was two staff on night duty some residents who wished to go to the pub could go and other could choose to stay at home. Another resident went to Mass each Sunday. One resident wanted her room painted and that had been brought to the attention of the maintenance team and was scheduled to be completed. This showed that residents were able to be involved in the running of the centre. Easy-to-read guides were available on areas such as safeguarding, advocacy and making a complaint. A wheelchair-accessible vehicle was available exclusively to this centre to support residents to do activities and attend to attend activities of their choice and to facilitate attendance at medical appointments. Residents had planned some holidays for later on in the summer.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant