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:	Oaklands
Name of provider:	Health Service Executive
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	23 April 2026
Centre ID:	OSV-0003761
Fieldwork ID:	MON-0048099

About the designated centre

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

Oaklands is a designated centre in a large town in Co. Longford. It comprises of a large dormer style bungalow which provides residential care to four residents. Each resident has their own bedroom which has been personalised to their own individual styles. The house is spacious and has adequate communal space for residents. Some adaptations have been made in the house to meet the needs of residents who have mobility issues. A large garden which contains a sensory room is available to the back of the house and parking space is available to the front of the house Transport is provided to assist residents with leisure activities and medical appointments. The centre can provide full-time residential care to four male and female adults, some of whom may require support around their emotional well-being and healthcare needs. The centre is nursing led, meaning that a nurse is on duty 24 hours a day. Health care assistants are also employed to support residents. Some residents do not attend formal day services. They are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences.

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
Thursday 23 April 2026	09:30hrs to 16:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

From a review of these documents which are referenced throughout this report and talking with two staff the person in charge and engaging with all four residents, the inspector found that this centre had good procedures in place to protect residents from abuse.

This inspection was a thematic safeguarding inspection which focused on a review the arrangements the provider and person in charge had in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019).

In June 2024 a regulatory notice was issued by the Chief Inspector stating the paramount importance of safeguarding which involves a holistic approach that promotes human rights and empowers residents to exercise choice and control over their lives. The inspector reviewed the safeguarding procedures which included review of the staffing rota from the 16 to 22 March and the 25 to 31 May 2026. Staff training records from1 January 2025 to the date of inspection and notifications submitted to the Chief Inspector for the last year.

Staff described how the person in charge was available regularly in the centre and was approachable. They felt that if they had a concern they could report it to them and it would be investigated. Staff displayed a good knowledge of residents likes and dislikes and spoke of the importance of a rights based approach to the care and welfare of residents. They spoke of the importance of holistic care and meeting the needs of residents and involving them in their care. Residents were observed to be relaxing in the sitting room and it was a lovely day and the doors were open into the garden.

Residents could engage in activities due to the numbers of staff on duty and there was a varied schedule of activities occurring in the centre for example mindfulness, live music therapy and reflexology. One resident attended day services five days per week. The three other residents also accessed activities in the community for example bowling, walking, and going to mass and accessing community amenities for example the cinema and local walks and for example their hair cut or doing personal shopping. Residents were observed to be coming and going from the centre with staff for walks or going shopping. One resident was spending time on her motor med and listening to her favourite music. Two residents told the inspectors they attended Mass most Sundays. These activities and a warm clean well-furnished comfortable home together with adequate consistent staffing and centre specific transport contributed to ensuring residents had a good quality of life. Residents indicated to the inspector that they were happy with the food and the service provided to them.

The centre consists of a large dormer and assisted with good accessibility. A large kitchen cum dining and sitting room was available to the back of the house with access to a nice well maintained private garden and a garden sensory room. The kitchen, sitting and dining area was open plan with good space where residents could spend time together or have privacy away from other residents in their bedrooms or in the small sitting room or sensory room. . The sitting room was well furnished with modern furniture and personal items of residents displayed. The furnishings added to the homeliness of the centre. The house was clean and well equipped with all necessary appliances. Each resident had their own bedroom, two of which had en-suite shower rooms. This assisted with protecting residents' privacy and dignity as residents did not have to access communal facilities to access shower and toilet areas. The other two bedrooms shared adjoining ensuite facilities.

There was good light in the centre and the design and layout of the house was suitable to the needs of residents. A utility room was provided and good laundry facilities were available. Parking was available to the front of the house.

Capacity and capability

The provider had ensured that effective governance and oversight arrangements were in place at the centre which resulted in good support and care being provided to residents.

There was clear lines of accountability and where the person in charge was not available a designated person was identified to deputise. This ensured that where incidents occurred a designated person was available to review and escalate to senior management as and where required. The inspector found the person in charge was familiar with the residents' needs and residents knew the person in charge as they walked around the centre with the inspector.

Systems and processes were monitored by the person in charge and reviewed to ensure where deficits were identified these were addressed. Staff were aware of their reporting responsibilities and support systems were in place for staff to seek advice out of hours.

The area manager was actively engaged in the running of the service also and the person in charge confirmed that they met regularly and they were always easily contactable by phone.

Regulation 15: Staffing

A consistent staff team was in place. The staffing arrangements in the centre met the assessed needs of residents accommodated on the day of inspection and from a review of the rotas from the 20 April to 31 May 2026 and the 26 March to the 22 March 2026 these were the usual staffing levels.This was a nurse let service and a nurse was on duty at all times. There was extra staff on duty at the weekend when the resident was not at day services.

Staff displayed a good knowledge of residents' needs. The inspector noted that staff were attentive to residents' needs and when the resident requested assistance staff responded. The inspector observed here good communication observed between staff and the residents. Staff were observed to be interacting positively with residents as they completed their daily chores for example while cooking or making tea for residents. There was a nice atmosphere in the centre with staff/resident interactions being relaxed and jovial. All residents spoken with indicated that staff were kind and caring to them. Regular staff who worked part-time worked extra shifts to cover leave of any absences of full-time staff. The person in charge was complimentary of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had undertaken training as required by the regulations and to deliver care and support to meet the needs of residents.

The inspector reviewed the training records from January 2025 to the day of inspection and found that all staff had undertaken mandatory training as required by the regulations in fire safety, management of responsive behaviour and safeguarding. Other training in addition to mandatory training undertaken by staff included safe moving and handling, safe management of medication, GDPR and safe management of nutritional care and epilepsy. This meant that staff had been given the opportunity to develop skills to ensure they had the knowledge and competencies to deliver safe care and support to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was good governance management systems in place which ensured that the service provided to residents was safe.

The registered provider had ensured that there was a clear management structure in place. All incidents were reviewed by the person in charge or whoever was

deputising for them in their absence and documented at the time of the incident. This ensured there was an accurate account recorded of the incident. Incidents were escalated according to the impact on the resident.

Staff were aware of who to contact out of hours and a designated phone number was in place and this information was displayed in the staff office. Monthly audits of accident and incidents were occurring and these included a review of trends. Where incidents had occurred any deficits were identified these were documented for action and discussed at staff meetings to inform learning and try and prevent re-occurrence. The centre also has access to a compliance officer who completes compliance inspections.

Governance arrangements also included regular completion of six -monthly unannounced visits which were completed by the person participating in the management of the centre (PPIM) of the centre. The inspector reviewed the report completed post the visit on the 21 October 2025 and the annual review of the 29 May 2025. Actions from these two reports had been completed. The annual review was discussed at staff meetings.

Other aspects that enhanced governance included support for the person in charge which included quality assurance meetings quarterly. The health and safety officer doers completes audits of residential service. An Annual audit schedule was in place and the person in charge for example completed of audits care plans, complaints and medication management

Family feedback sought and questionnaires returned detailed that families were very happy with service provided to their loved one. The centre has a memorandum of understanding between day services and residential service. This ensured that both serviced knew their responsibilities and fostered good communication and collaboration thereby protecting the resident who attended day services.

Judgment: Compliant

Quality and safety

The residents were provided with safe person-centred care and support which met their individual assessed needs.

The inspector reviewed three residents' personal plans. There was good background information available regarding residents' needs, which assisted staff with person centred care which was meaningful to residents. This meant that staff could chat with residents about their past lives, memories and interests including family life and friends. This gave staff a connection with residents and show residents that staff had an interest in them and ensured that activities they did were meaningful. Goals were identified which included going to the Bloom festival as residents had a great

interest in gardening, going on home visits and promoting independence. As well as going to country music concerts which they enjoyed. The premises well maintained and there was good safety procedures in place .

Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs and wishes.

One resident had a computer tablet with a specific app to enhance their ability to make choices for example choosing their meals. This resident also had a very comprehensive document entitled. 'You can help me to communicate '

This gave good direction to staff as to how to communicate with the resident for example. A list of words that the resident uses and what they meant was made available to staff, such as 'Jam' meaning something sweet, 'Burgie' meaning a hamburger.One Resident has a mobile phone and used this to communicate with their family. There is also two hands free telephones within the designated centre which residents can utilise.A hospital communication passport was available for each resident. Consistent staff who had worked with the residents over long periods of time could interpret the residents' views and wishes. Pictorial symbols were used by some residents.

Judgment: Compliant

Regulation 17: Premises

As discussed in the opening part of this report the centre was laid out to meet the aims and objectives of the service and meet the needs of residents accommodated.

The premises provided a comfortable home to residents and was clean, well maintained and suitably decorated. There was some scuffing of the architrave. This had been included in the overarching quality improvement plan by the area manager and had been reported to maintenance. The centre was homely in nature and this was enhanced by personal items of residents being displayed and bedrooms were bright and personalised with pretty linen chosen by the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two residents and found that assessments relating to the care and support of residents was in place with plans in place to meet needs identified.

There was evidence of good assess to specialist personnel for example speech and language therapy service and physiotherapy. Circle of support meetings were occurring annually where a full review of residents care was discussed and plans were identified for the coming year. Personal plans were person centred and outlined the goals and steps to achieve these. Regulation. There were three residents who had specialist Residents who had specialist nutritional care needs. Staff had been trained to safely manage these measures and comprehensive person-centred support plans were in place to assist staff and ensure residents' safety.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had procedures in place to ensure that staff had up to date knowledge and skills appropriate to their role to respond to behaviour that is challenging and to support residents to manage their behaviour.

All residents had active behaviour support plans in place at the time of this inspection these had been developed in collaboration with specialist behaviour support personnel and psychology services. The inspector reviewed two of these and found they were clearly written to inform staff as to prevent behaviours of concern and how to many should an incident occur. One resident had an IPAD to help them communicate and using this was part of her behaviour support plan. All staff employed in the centre had undertaken training in managing behaviours of concern in a positive way and ensuring the rights of residents were protected. All behaviour support plans had been reviewed on the 12 February 2026.

Judgment: Compliant

Regulation 8: Protection

The provider was ensuring that residents were protected from all forms of abuse.

All staff had undertaken safeguarding training to gain the skills and knowledge to help them identify safeguarding incidents and be aware of their responsibility to report these and ensure a robust investigation was completed and the resident was protected.

The safeguarding policy was in date and available to staff in the centre and was available to staff. There were no active safeguarding plans in place at the time of this inspection. The inspector reviewed the safeguarding folder in the centre and found that there were two safeguarding incidents in 2019, one in 2023 and two in 2024. All of these incidents had been report as per to the Chief Inspector as per the regulations and had been investigated and reported to the local HSE safeguarding team.

From speaking with staff and the person in charge the inspector was assured that if a safeguarding incident occurred this would be investigated and residents would be protected.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that resident's rights were protected. Residents were actively supported by staff to do the things they wanted to do and staff were clear that the residents choices were what mattered.

Residents' were able to access activities they enjoyed for example live music sessions, going for coffee and mindfulness and reflexology. Documentation reviewed supported that residents had an active life and residents spoken with indicated they enjoyed an active life. Residents meetings were occurring weekly and minutes were available of these meetings. However the minutes were not easy to read and would not be accessible to residents. Review of the template of these meetings was included by the area manager and the person in charge planned to review the template soon. Residents' food choices and activity choices were discussed and recorded at these meetings. Residents who wished to attend mass were supported by staff to do this. Residents had a take away of their choosing every Saturday night.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant