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:	Stranbeg
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	01 April 2026
Centre ID:	OSV-0004909
Fieldwork ID:	MON-0045466

About the designated centre

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

Stranbeg is a centre run by the Health Service Executive. It provides residential care for up to seven male and female residents, who are over the age of 18 years and have a moderate to severe intellectual disability. The centre comprises of one bungalow dwelling and three apartments, which are both located close to rural villages in Co. Sligo. Transport arrangements are in place to ensure residents have opportunities to access the community and local amenities. Staff, which includes nurses and care staff, are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 1 April 2026	10:15hrs to 16:50hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service. They were supported by staff who were familiar with their needs and who respected their choices. The provider had good governance and management arrangements in place that ensured that the service was person-centred, safe and of a good quality. As a result, the culture within the centre was one that respected the rights of the residents. Some improvement was required in relation to maintaining up-to-date staff training and residents' written agreements.

This was an unannounced inspection and formed part of the routine monitoring of the service by the Chief Inspector of Social Services. As the centre consisted of two buildings, the inspector began the inspection in one location and moved to the second location in the afternoon. The inspection was facilitated by the person in charge and the acting clinical nurse manager.

The designated centre consisted of two buildings. One part of the centre consisted of a dormer bungalow in a rural location. The other building consisted of three apartments on the edge of a town. Both buildings were clean, warm and in a good state of repair.

Four residents lived in the bungalow. Each resident had their own bedroom and had a shared bathroom. The bedrooms were on the ground floor and decorated in line with the residents' preferences. In addition, the house had a kitchen-dining room, two sitting rooms and a sun room. There was also a utility room and two staff offices that were located upstairs. The house had a warm and cheerful atmosphere. Though the house was large, given the number of residents and the number of staff on duty to support those residents, there was a lot of activity in this house at times. As a result, it occasionally felt busy and crowded. The person in charge told the inspector that this was recognised by the provider and that alternative accommodation was being sought for some residents. However, there was no definite plan in place for this at the time of inspection.

In the second building, residents had their own apartments. Each apartment had a kitchen and sitting area in addition to the resident's bedroom and bathroom. One apartment was vacant on the day of inspection and the person in charge reported that there were no plans for anyone to move in.

The inspector had the opportunity to meet with five of the six residents living in the centre. Residents were busy with their daily routine and were supported by staff when required. Some residents spoke with the inspector and others chose not to. One resident told the inspector that things were going well in the centre. Some residents chose to spend time at home during the day while others chose to leave the centre on the bus. The inspector noted that interactions between residents and staff were very comfortable. Staff were heard offering choices to residents

throughout the day in relation to food options and plans for the day. They respected the residents' choices. Staff were familiar with the residents' preferred topics of conversation and they chatted comfortably together. The inspector also had the opportunity to meet with a family member of one resident. The family member said that there were very happy with the service in the centre and said that they could raise any issues with staff, if needed.

In addition to the person in charge and the clinical nurse manager, the inspector met with three members of staff. All staff members were knowledgeable of the residents' needs and the supports that should be offered to meet those needs. They spoke about the residents' preferences and how they offered choices to residents. They spoke about the where the residents liked to go and how they liked to spend their days. Staff were familiar with the residents' family life, social life and interests. Staff knew the positive behaviour supports that should be offered to residents. They knew the steps that should be taken if a safeguarding incident occurred. Staff also spoke about ways that they advocated on behalf of the residents.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. Some improvement was required to ensure that staff had up-to-date training and that the residents written agreements were fully completed.

The management structure and lines of accountability were clearly defined in this service. The provider maintained oversight of the quality of the service through routine audits and by inspections of the service by provider representatives. Actions identified through these audits were recorded on the centre's quality improvement plan that provided an overview of the actions that were underway and completed in the centre.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. The number of staff on duty was in line with the needs of the residents. Staff received training in modules that were relevant to the care and support of the residents. Some improvement was required to ensure that staff training was fully up-to-date.

The provider had written agreements with the residents. These outlined the terms and conditions of residency and the fees that the residents would have to pay.

Improvement was required to ensure that all agreements were signed to show that the resident consented to the agreement.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of the residents.

The inspector reviewed the rosters for the centre from 1 March 2026 to the day of inspection. This showed that the required number of staff was on-duty at all times in the centre. Planned and unplanned leave in the centre was covered through agency staff. These staff were regular staff and familiar to the residents.

Nursing support was available in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had training in modules that were relevant to the needs of residents. Some improvement was required to ensure that staff training was kept up-to-date.

The inspector reviewed the training records for staff. This showed that, in the main, staff had up-to-date training in modules that were required to appropriately support residents. In some cases, where staff required refresher training, dates had been booked for staff to attend courses. However, the provider had identified through their own audits that some staff training in online modules needed to be updated. On the day of inspection, this had not been completed in line with the provider's target timeline.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had clear management structures and systems for maintaining oversight of the quality of the service. This meant that issues were identified quickly, escalated appropriately and addressed.

The lines of accountability were clearly defined in this centre. The person in charge was responsible for oversight in another centre on a temporary basis. To support

the person in charge in their role in this centre, a staff nurse had been appointed into an acting management role.

Staff knew who to contact should an incident occur. In one of the houses, only one incident had been recorded in 2026. This was reviewed by the inspector and it was noted that the incident had been reported appropriately and that measures to avoid a recurrence of the incident had been identified. As part of the provider's suite of audits, incidents were reviewed on a monthly basis and trended to identify any patterns of incidents that needed to be addressed.

The inspector reviewed the audits completed in the centre since the beginning of 2026. This showed that the provider maintained regular oversight of the quality of the service. In addition, the provider completed unannounced visits of the centre on a six-monthly basis in line with the regulations. The inspector reviewed the report from the most recent visit. Specific actions for the improvement of the service were identified as part of this report. These actions, in addition to any findings from regular audits, were added to the centre's quality improvement plan. This document gave an overview of all actions that were underway in the centre to improve the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had written agreements with residents. These contained the information required under the regulations but improvement was required to ensure that all agreements were signed.

The inspector reviewed the written agreements that were developed for two residents. These outlined the terms and conditions of residency and any fees that the resident would have to pay. However, the agreements were not signed. Though one agreement was signed by the provider's representative, it was not signed by the resident or their representative. The other agreement was not signed by either party.

Judgment: Substantially compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. The ethos of promoting the rights of residents was apparent in

the day-to-day running of the centre. Residents were supported to communicate their needs and wishes. The health and nutritional needs of residents were well managed in the service.

The safety of residents was promoted in this centre. There was evidence that the provider implemented safeguarding procedures appropriately. Residents received support from the multidisciplinary team and from staff in relation to their behaviour. Risks to the residents were identified and control measures to reduce the risks were clearly documented and implemented.

Regulation 10: Communication

The provider had systems in place to ensure that the residents were supported to communicate their needs and wishes.

The inspector reviewed the documentation in place for three residents in relation to their communication. This showed that residents had been assessed by a speech and language therapist who had provided guidance to staff on how to support the resident with their communication. Residents also had communication support plans that were regularly reviewed and updated by staff. The inspector noted staff chatting comfortably with residents. They were familiar with their communication strategies and preferred topics of conversation.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had measures in place to ensure that residents' nutritional needs were met.

The inspector observed that the centre was well stocked with ample fresh food for meals and snacks. Staff were noted offering choices to residents during the inspection in relation to meals and snacks. Residents' choices were respected. Staff prepared a home cooked meal for the residents during the inspection. They also told the inspector how they supported residents when they went out for meals and for coffee.

The inspector reviewed the support plans for three residents in relation to their nutritional needs. This showed that there was clear information to guide staff on the recommended food and fluid consistencies required by residents. Nutritional screening had also been completed with all residents. Documentation was kept up-to-date.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment, and control of risks to the residents.

The inspector reviewed the risk assessments that were developed for three residents. These assessments were recently developed and clearly identified the risks to residents. The risks were in line with the residents' assessed needs. Clear control measures specific to the resident were recorded in the assessments. This meant that staff had clear information to guide practice and promote the safety of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of three residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The inspector's review of three residents' files found that residents had access to a range of healthcare professionals in line with their needs. Information and recommendations from healthcare professionals were available for staff to review and to guide the supports offered to residents.

Residents were also informed about their specific healthcare needs and health advice. For example, the provider had developed an easy read guide for one

resident in relation to their oral health with photographs of the specific products used by that resident. This meant that the resident was supported to understand the recommendations made by health professionals and was supported to implement these recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place to support residents in relation to their behaviour.

The inspector reviewed positive behaviour support plans that had been developed for three residents. These were regularly updated and reviewed. The plans gave information on ways that staff should maintain an environment that supported the residents in relation to their behaviour. It also included information on how staff should respond to the resident. The plans gave clear guidance to staff on how to present information to residents in a way that supported them to make choices and information on how the residents could indicate that they were declining any choices offered to them. This meant that the voice of the resident and their preferences were included within the support plans.

When speaking with the inspector, staff were clear on the supports that they offered to residents in relation to their behaviour. The information given to the inspector was in line with the information contained within the plans.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from the risk of abuse.

There were a number of safeguarding incidents in this centre since its last inspection. In the main, these incidents related to residents' sleep being disrupted by another. There was an open safeguarding plan in the centre related to this and it was reviewed by the inspector. This showed that the provider reported all incidents to the relevant bodies appropriately and were responsive when additional information was requested. The supports of multidisciplinary professionals were sourced to support residents. The provider had implemented measures to reduce the likelihood of these incidents recurring but, due to the nature of the building, it was not possible to ensure that the incidents would not happen again. The person in charge reported that alternative accommodation had been offered to a resident who was impacted by night-time disruptions but that they had chosen to stay in their

current home. The provider had identified that alternative accommodation may be needed for residents in the future but no alternative accommodation had been sourced as yet.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were offered choices by staff in relation to their meals and what they wanted to do during the day. This was noted by the inspector throughout the inspection. In addition, staff told the inspector how they ensured that residents were offered choices and how these choices were respected. Staff knew how residents indicted that they consented and how they declined any choices that were offered to them.

The promotion of the rights of residents was also reflected in the documentation reviewed by the inspector. For example, in one resident's support plan relating to their night time routine, guidance was given to staff on ensuring that the resident got to choose the time that they wanted to go to bed and how the resident communicated that to staff.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stranbeg OSV-0004909

Inspection ID: MON-0045466

Date of inspection: 01/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance with Regulation 16: Training and Development the following actions have been completed: Staff training in online modules have now been completed. The WNW Training matrix has now been updated to reflect this. All mandatory face to face training that is out of date or coming out of date has been identified and all relevant staff have been booked on upcoming training. There is a risk assessment in place in respect of training and staff development within the service. This is captured on the centers QIP for monitoring and close out by the PIC. Going forward the PIC will review and update the services training matrix on a monthly basis. Furthermore the WNW Disability service completes a quarterly report on Training compliance and highlights areas that require improvements. This is then reviewed by senior management and disseminated at weekly governance meetings to ensure compliance with this regulation. This will be completed by the 05/05/2026	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
To ensure compliance with Regulation 24: Admission and contract for the provision of services the following actions have been completed:
All residents written agreements have now been signed by the individual residents and or their representative and the provider's representative.
Going forward the PIC will ensure all written agreements are signed by each individual resident and or their representative and the provider's representative. These will be discussed annually with the resident and their representative as part of their person centered annual review.

This was completed by the 20/04/2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	05/05/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	20/04/2026