



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Earrach
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0005332
Fieldwork ID:	MON-0041889

## About the designated centre

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

Earrach Services is a service run by the Health Service Executive. The centre comprises of two two-storey houses which are located next to each other in a town in Co. Sligo. The centre provides full-time residential care for up to twelve male and female residents who present with an intellectual disability. The staff team consists of both nursing and non-nursing staff. A waking night arrangement is in place in both properties.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
--	----

I

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 19 March 2026	09:30hrs to 17:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor ongoing compliance with the regulations. While residents were found to be receiving a good standard of care and overall high levels of compliance were found, improvements were required in the governance and management of the centre, fire precautions, premises and resident rights.

The inspector had the opportunity to meet ten residents throughout the inspection as they returned from planned activities. Residents enjoyed sharing with the inspector their interests, pastimes and how they spend their time in the centre. Examples included attending days service, painting, gardening, holidays, attending football matches, art and following their favourite sports teams. The residents engaged well together and appeared to enjoy each others company and for some there was a caring element to interactions between each other. In the evening, the residents in one house were seen enjoying a meal together when they had all returned from day service and their activities. One resident showed the inspector some photos of them on holidays and spending time with their family. It was evident this was of great importance to them. The resident also showed the inspector their bedroom and more photos they had on display before leaving for an appointment.

On arrival to the centre, the inspector met with one staff who was lone working at the time. The staff member advised the inspector that the other staff member on duty for the day was attending training. While the staff member helped prepare the residents for leaving the centre to attend day service and scheduled appointments, the inspector spent time speaking with the residents. There were four residents present in the house with two in a larger living room and two in a smaller living room. Some residents were watching morning television and choose to minimally engage with the inspector at this time, however choose to engage for short periods throughout the afternoon. The residents spoke with the inspector about their typical schedules, such as when they attend day service, evening activities such as Bocci and the most recent St Patrick's day parade. Residents described busy schedules and lives. They spoke positively about the service and of the residents they live with.

The inspector completed a walk through of the property with the person in charge. The centre comprises of two adjoining two storey buildings which are connected by a locked interconnecting door. The inspector was advised that this door was locked at all time by keypad and is used for the purpose of escape only if required. The inspector visited both properties throughout the inspection.

On walk through of the property, enhanced cleaning was required in high and low areas such as skirting boards, ceilings and windowsills. For example cobwebs were observed above a resident's bed, dust on skirting boards in another bedroom and

cobwebs on windowsills in hallways. Throughout the property painting and repair works were also required. There were a number of areas which had been affected by leaks and damp with bubbling plaster in recreational areas and hallways. Wallpaper was seen to be peeling in a living room and bedroom. Kitchen presses were seen to be damaged with covering peeling and doors requiring repair.

On the second floor of both properties there was a large paved terrace which could be accessed through a door on the second level. The terrace was unkept with weeds growing, the person in charge advised the inspector that the area was not accessed or utilised due to a health and safety risk. Downstairs the residents in both houses had access to a paved courtyard which was open to a path at the back of the properties.

In summary, residents appeared to be well supported by a consistent staff team and were happy in their home, however improvements were required to ensure improved oversight, fire safety and that the premises was maintained in a good state of repair and accessible to residents.

## Capacity and capability

While there were clear lines of authority and accountability within the centre, improvements were required to strengthen governance arrangements. The centre was managed by a full-time, suitably qualified and experienced person in charge who demonstrated good knowledge of residents' individual needs. This contributed positively to ensuring that residents' health and social care needs were understood and responded to in a person centred manner.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. A review of the roster, indicated an established staff team and systems were in place for their training and development. Staff spoken with throughout the inspection demonstrated the necessary skills and competencies to care for residents, further supporting the delivery of person centred care.

However, improvements were required in governance and oversight arrangements. While systems were in place, they had not ensured adequate oversight in the upkeep of the premises, fire safety and upholding residents rights. This indicated that the existing monitoring processes were not fully effective in identifying and addressing risks in a timely manner.

## Regulation 15: Staffing

The inspector reviewed rosters between 2/2/2026 and 22/3/2026. There was an appropriate number and skill mix of staff on duty to meet the assessed needs of residents. Nursing support was provided, supported by health care assistants. This was observed to have a positive impact on the quality and continuity of care provided to residents.

The staff team was well established and the staff were observed to be professional, knowledgeable in their roles and responsive to the needs of residents. Interactions were noted to be respectful and person centred, contributing to a supportive and caring environment.

Arrangements were in place to ensure continuity of care during periods of unplanned leave. Overtime and familiar agency staff were utilised where required. This approach supported consistency in care delivery and ensured that residents experienced minimal disruption to their daily routines and care needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided to staff in a range of areas. The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

For example staff had training in:

- Fire safety
- Manual handling
- Hand hygiene
- Safeguarding of vulnerable adults
- Children's First

This ensured that staff had the required knowledge and competencies to deliver safe, effective and person centred care, therefore promoting positive outcomes and protecting residents from risk.

Judgment: Compliant

### Regulation 23: Governance and management

While there was a clearly defined management structure in place, further improvements in governance and oversight arrangements were required to ensure consistent and effective monitoring of the service.

There was an experienced person in charge who was responsible for two centres, the person in charge facilitated the inspection.

The provider had systems in place to audit and monitor the quality of service being delivered to residents. The designated centre was being audited as required by the regulations and an annual review of the service had been completed along with a six- monthly unannounced visit to the centre carried out in January. In addition a range of local audits were completed which included ,health and safety, restrictive practices, fire safety and IPC, however these had not identified all areas requiring improvement. These audits fed into an overall quality improvement plan for the centre.

On review, this indicated that existing quality assurance systems were not sufficiently robust to ensure all risks were identified and addressed in a timely manner. This is discussed further under Regulation 9: Rights, Regulation 17: Premises and Regulation 28: Premises.

Overall strengthened oversight was required to drive sustained improvements and ensure a safe, high quality service for residents.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed. Information was available to residents about how to complain and when spoken to they were aware of and felt comfortable to raise any complaints.

This ensured that residents were supported to voice concerns and that issues could be addressed promptly, thereby promoting a culture of openness within the service.

Judgment: Compliant

### Quality and safety

The inspector found good evidence of residents being well supported in the areas of care and support however, improvements were required in the up keep and maintenance of the property, fire safety and consideration was required in relation to residents' rights.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans, incidents and fire safety documentation.

Residents received suitable care and support in line with evidence-based practice, having regard to their disability and assessed needs and wishes. There were effective systems in place for the safeguarding of residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home. The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures.

### Regulation 13: General welfare and development

The inspector reviewed residents' personal files with a particular focus on residents social opportunities and goals. For the most part each resident had goals set for 2026. Residents were provided with opportunities to take part in activities which matched their interests, capacities and developmental needs.

One resident spent time with the inspector showing them their current and previous goals and recreational activities which they enjoy. It was evident that the resident was involved in planning their schedule and told the inspector that they wished to get tickets for a concert in the Autumn.

Examples of activities residents enjoyed included:

- Boccia
- special Olympics
- day service
- painting
- gardening
- concerts
- hotel stays
- football matches
- employment/volunteering

Overall, residents were supported to make choices, pursue meaningful goals and participate in activities that enhanced their independence, social inclusion and overall quality of life.

Judgment: Compliant

### Regulation 17: Premises

The centre was observed to be unclean and not in a good state of repair in places. On a walk-through of the property, enhanced cleaning was required in high and low areas such as skirting boards, ceilings and windowsills. For example, cobwebs were observed above a resident's bed, dust on skirting boards in bedrooms and living areas and cobwebs were visible on windowsills in hallways. Flooring was observed to be worn and stained in areas. Items of furniture also required attention with some items seen to be worn and stained.

Throughout the property painting and repair works were also required. There were a number of areas which had been affected by leaks and water damage with bubbling plaster and staining in recreational areas and hallways. An area in a living room also required review to determine if mould was present. Wallpaper was seen to be peeling in a living room and extensively in a bedroom. Kitchen presses were seen to be damaged with doors requiring repair.

While the actions were known to the person in charge, an infection control audit completed in March 2026, showed 99% compliance only referencing hand hygiene concerns. Cleaning schedules were also in place and recorded cleaning of identified areas. Actions were listed on a quality improvement plan, however clear timelines for completion were not identified for all works.

Overall, improved oversight was required in relation to the up keep and maintenance of the centre to ensure the quality, safety and well being of residents.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments.

Judgment: Compliant

## Regulation 28: Fire precautions

For the most part, there were effective fire safety management systems in place in the centre, however improvements were required to ensure appropriate containment measures and safe evacuation of residents.

The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist.

During a walk through of the centre, fire doors were wedged open and, therefore, could not automatically close in the event of the fire alarm being activated. Doors observed included a laundry room and bedroom door. The person in charge advised the inspector of plans to install magnet door holders to address this issue.

In addition, fire evacuation procedures and individual fire evacuation plans required review to ensure they were reflective of residents current needs. For example , a resident had moved bedroom from the second floor to the ground floor and this had not been reflected in the documentation.

While these issues had not resulted in adverse outcomes for residents, they posed a potential risk to residents' safety in the event of a fire, particularly in relation to effective containment and timely evacuation.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were protected from the risk of potential abuse through policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

For the most part, the inspector found that the rights and diversity of residents was being respected and promoted in the centre however, some improvements were

required to ensure residents' rights were fully upheld. Residents were involved in making every day choices in relation to how they spent their time, what they ate and drank, and how involved they were in the day-to-day planning in the centre, however they did not have access to all areas of the centre and further consideration was required in relation to the storage of residents' personal information to ensure their privacy was respected.

Residents were restricted from accessing a large terrace area on the second floor of both buildings. The inspector was informed that this was due to health and safety. There was no clear risk identified or measures taken to mitigate risk in order to facilitate the residents access. The area was observed unkept and uninviting on the day of inspection. The door was locked to the area, this had not been deemed restrictive or reviewed as such.

In addition, the downstairs dining area in one premises had a small office area set up with open shelves which contained residents' personal information and also impeded on the homely feel of the premises. The person in charge advised that following a change in resources and change in needs in the centre this was no longer required and the 'office' area could return to the allocated office space in a separate room.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Earrach OSV-0005332

Inspection ID: MON-0041889

Date of inspection: 19/03/2026

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 the following actions will be completed</p> <p>The WNW Audit Schedule is in place within the designated center. This includes Health and Safety Level 1 Audit ,Restrictive practice Audit ,Fire Safety and the Meg audit .</p> <p>Going forward, all actions identified through these audits will be placed on the center's QIP with clear timelines for completion. This QIP will be monitored on a monthly basis.</p> <p>Senior management visits will now occur monthly to review the completed audits and associated actions to ensure all identified actions are addressed within the center in a timely manner.</p> <p>In addition to the center's QIP, the service holds a maintenance QIP; this will be monitored on a monthly basis to ensure all urgent maintenance requirements will be addressed within an identified timeline. Senior Management will meet monthly with Maintenance Department to prioritize these identified improvements and agree an action plan for completion.</p> <p>To be completed 30-4-26</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Enhanced cleaning of the center to include skirting boards, ceiling and windowsills was undertaken on the 30-3-26
- A contract cleaner has been identified and commenced work in the centre on the 13-4-26 .This will ensure that the enhanced cleaning of identified areas will continue on a weekly basis .They will clean the premises once weekly and this schedule will include ceiling ,skirting boards and window sills .
- Worn and Stained Flooring in the kitchen and the hallway will be replaced –To be completed by 30-5-26
- Redecoration of all rooms and hallway in the centre will be completed by 16/06/26
- All kitchen presses that have been damaged will be replaced by the 15/06/26
- Going forward, all maintenance works identified through audit will be placed on the centers QIP and will be addressed on the senior management monthly visit to the center . A plan of works will be agreed with the HSE maintenance department with timeframes for completion.

To be completed 16-6-26

]

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
To ensure compliance with Regulation 28: Fire precautions the following actions will be completed:

- Magnetic door holders are scheduled to be installed within the designated centre. These will ensure all doors will close automatically in the event of a fire outbreak. Staff are now conducting a visual check of all doors on a daily basis to ensure that they are not wedged open. These checks have been included on the handover checklist within the designated centre. To be completed by 30/05/26
- Each residents Personal Emergency Evacuation Plans and the Centres Emergency Evacuation Plan has been reviewed and updated and now reflect the current needs and location of each resident –Completed 21-3-26
- The PIC will continue to undertake the quarterly fire safety audit and include any actions identified on the centre’s QIP with agreed timeframes for completion.

To be completed by 30-5-26

]

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
To ensure compliance with Regulation 9 the following actions will be completed:

- The large terrace area on the second floor of the designated centre will be cleaned to ensure it can be used as a usable space for residents. To be completed by 30-4-26
- Consultation with each resident using easy read material in line with each residents preferred communication style will be undertaken to ensure they are aware of this space and offered the opportunity to use this, if this is their preference. A record of this communication will be maintained as part of each resident's person-centered plan.
- Both individual and a centre general risk assessments have been developed for the use of this area outlining the controls in place to ensure residents' safety if they wish to access this area. Completed on 20.04.2026
- Maglocks will be installed on the access doors to the terrace space to ensure residents have free access to the terrace areas should they wish to use this area.
- All residents' personal information will be transferred to the office space on the second floor to ensure privacy is maintained.

To be completed by:30/05/2026.

]

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	16/06/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	16/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2026

Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/05/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/05/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/05/2026