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:	Rossbarna
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	15 April 2026
Centre ID:	OSV-0005333
Fieldwork ID:	MON-0049626

About the designated centre

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

Rossbarna service provides full-time residential service for nine male residents who are over the age of 18 years. The centre comprises of two detached residential houses that are located a short distance from each other. Both locations are within driving distance of a large town and have many local amenities that residents can access. There is ample communal space in both houses for residents to enjoy, and residents have access to a large rear gardens. Residents have their own bedrooms, which are decorated to their individual preferences and there are appropriate bathroom facilities for residents to use. Residents who live in Rossbarna have a moderate degree of intellectual disability and some residents are on the autism spectrum. The centre does not offer emergency admissions at present. The staff skill mix comprises of nursing staff and healthcare assistants. Each house has a waking night staff on duty each night, with one house having a sleepover staff also in addition to the night duty staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 15 April 2026	09:55hrs to 15:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). It followed a regulatory notice issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support. Furthermore, that safeguarding is more than the prevention of abuse, but a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their lives.

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.

The centre consisted of two houses. One was a two-storey dormer house and the other was a bungalow. Both were in a rural location and were a number of kilometres apart. Both houses were warm, bright and clean. The inspector started the inspection in one house before moving to the second house in the afternoon. The inspection was facilitated by the person in charge.

The two-storey house was home to four residents. Each resident had their own bedroom and access to a shared bathroom. The bedrooms were decorated in line with the residents' preferences. In addition, the house also had a kitchen-dining room and a conservatory. The upper floor of the house consisted of staff offices. Outside, the grounds were well maintained.

Five residents lived in the bungalow. Again, each resident had their own bedroom and had access to two shared bathrooms. The house also had two sitting rooms, a kitchen-dining room and utility room.

The inspector met with seven residents at different times throughout the day. Some residents required the support of staff when chatting with the inspector. Some residents were happy to spend time with the inspector. One resident indicated that they did not want an unfamiliar person in their company and this was respected by the inspector. Residents told the inspector that they were happy in their home and with the service they received. They said that they liked the other people who lived in their home. Residents told the inspector that staff were kind and listened to them. They said that they would be happy raising any issues with staff and named the staff member that they would talk to if they were unhappy or worried. They said

that they felt safe in their home. Residents spoke about their hobbies, interests and where they liked to go during the day.

In addition to the person in charge, the inspector met with four staff members. All staff members were familiar with the needs of the residents in the centre and the supports that should be offered to the residents. They spoke about residents warmly and with respect. Staff gave specific examples of ways that they ensured that residents received positive behaviour supports. These examples were in line with the guidance in residents' documentation. Staff spoke about promoting the rights of the residents. Again, they gave specific examples of how the choices of residents were respected throughout the day. They talked about the supports they offered residents in their daily routine but also, how this routine could be changed in order to accommodate the residents' choices and preferences. Staff were familiar with residents' communication strategies and preferred topics of conversation. They knew about the residents' social circle and important people in their lives. Staff were knowledgeable on the steps that should be taken if a safeguarding incident occurred. They knew the measures that had been introduced in the centre in response to previous safeguarding incidents to avoid a recurrence. In one house, staff spoke about a positive culture of identifying incidents, recording these incidents and implementing plans to reduce the risk of a recurrence.

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 for the oversight of the quality of the service. This included audits of systems used to safeguard residents. The provider's own policies and procedures in relation to the management of safeguarding incidents was followed. This meant that incidents were reviewed and measures put in place to avoid a recurrence.

Residents were supported by a familiar team of staff who had received training in modules that were relevant to the care and support of residents. This included modules in safeguarding, consent and assisted decision making.

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 8 March 2026 to the day of inspection. This showed that the required number of staff was on-duty at all times in the centre. The person in charge reported that there were two vacant posts in the centre and that these were covered through regular agency staff who were familiar to the residents. The person in charge reported that the presence of unfamiliar staff was not in keeping with the residents' behaviour support needs. As a result, in a few instances, the person in charge had filled some shifts during staff leave but that this happened infrequently. Nursing support was available in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had training in modules that were suited to the needs of residents. This included modules that provided knowledge and skills to staff in relation to safeguarding residents.

The inspector reviewed the training records in the centre. These indicated that all staff had up-to-date training in safeguarding. Staff had also received training in other modules that were relevant to the protection of residents; for example, assisted decision making, consent and supported decision making.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems to ensure that the quality of the service was monitored and that safeguarding procedures were implemented fully.

The inspector reviewed the audits that had been completed in the centre since the beginning of 2026. These included audits that monitored areas relating to the safeguarding of residents and residents' rights; for example, complaints, incidents, financial audits, and restrictive practices. Staff knowledge in relation to safeguarding and restrictive practice was regularly reviewed as part of these audits. The inspector noted that, in the main, audits in the centre were completed in line with the provider's schedule.

Where actions were identified on audit, the provider implemented actions to address these issues. For example, the most recent audit of staff knowledge of restrictive practices identified a knowledge gap and this was addressed at the next staff team meeting.

The provider completed unannounced audits of the centre every six months in line with the regulations. The inspector reviewed the two most recent reports following

these audits. These reports showed that aspects of the service related to the safeguarding of residents were reviewed and specific actions to address any issues identified were recorded.

The person in charge maintained a quality improvement plan. This overview document recorded any actions identified from routine audit, provider-led audits, senior management evaluation and self -assessments. This gave an overview of the steps that were underway to improve the service and ensured that actions were completed in line with target timelines.

Information was shared between staff members in the centre through regular team meetings. The inspector reviewed the minutes of the most recent team meeting in February 2026. This showed that safeguarding was a standing agenda item for all meetings. Open safeguarding plans were discussed to ensure that information about measures to protect residents was shared among the staff.

Judgment: Compliant

Quality and safety

The service in this centre was person-centred and of a good quality. Residents received the necessary supports to meet their health, social and personal care needs. Residents received appropriate supports in relation to their behaviour. Safeguarding plans were implemented to ensure that residents' safety was promoted. Risks to residents were identified and measures put in place to reduce those risks. The rights of residents were promoted. Residents were offered choices in relation to their daily lives.

Regulation 10: Communication

The provider ensured that residents were supported to communicate their needs and wishes. Residents were supported to understand the choices offered to them and to express their preferences.

The inspector reviewed the support plans in place for three residents in relation to their communication. These plans gave specific information to staff on the supports required by residents in relation to their communication. There was information about the appropriate ways to offer choices to residents in relation to their meals and routine.

Staff spoke about how they offered choices to residents and how residents indicated their consent or how they declined the choices offered. The inspector noted staff

members using supportive communication strategies with residents; for example, the use of Lámh signs.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems for the identification, assessment and management of risk in this centre. This meant that the provider had identified any safeguarding risks to residents and had specified ways to reduce that risk. It also meant that staff were given clear information to implement strategies to protect residents from abuse. Clear risk assessment gave a point of reference to the provider against which they could audit the service to ensure that all safeguarding strategies were implemented.

The inspector reviewed the risk assessments that had been developed for three residents. The risk assessments were comprehensive and mirrored the findings from the residents' assessments of need. They were regularly updated. They gave clear information to staff on how to reduce risks to residents and signposted staff to relevant documents; for example, behaviour support plans and communication profiles.

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. The assessments identified the level of support required by the resident to meet their needs. Based on the assessments, plans were written to guide staff on how to support the residents. These plans were regularly reviewed and kept up to date.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that the residents received necessary supports in relation to their behaviour.

The inspector reviewed the behaviour support plans that had been developed for three residents. These plans were recently developed by an appropriately qualified professional. The plans clearly outlined the steps that should be taken to support residents to manage their behaviour.

There were a number of restrictive practices in use in the centre. These were regularly reviewed through audits completed by the person in charge. As well as reviewing existing restrictive practices, these audits also posed questions to identify if any other practices in the centre were restrictive. There were planned date for the review of existing restrictive practices. The inspector noted that residents were included in the decision about restrictive practices. For example, the inspector noted that an easy-read consent form had been developed for one resident in relation to a restrictive practice.

Judgment: Compliant

Regulation 8: Protection

The provider had systems for the reporting and prevention of abuse to residents.

On the day of inspection, there was one open safeguarding plan in the centre. This was reviewed by the inspector. There were also a number of closed safeguarding plans and the inspector reviewed the most recently closed safeguarding plan. This review showed that the provider had responded appropriately to incidents. The incidents were recorded and reported appropriately. This included reporting incidents to external agencies as required. Safeguarding plans were developed and staff were knowledgeable of these plans. They knew the measures outlined in the safeguarding plans to promote the safety of residents. The provider accessed the supports of relevant members of the multidisciplinary team to directly support residents and to guide staff on the supports that they should offer to residents. Additional staff training was provided. This included some general refresher training and bespoke training specific to the needs of residents. The provider had accessed support from senior managers external to the service to ensure best practice in relation to the audit and review of incidents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this service.

Residents told the inspector that their choices were respected. Staff spoke about how they ensured that the rights of residents were promoted as part of the daily routine. Residents attended weekly residents' meetings where their choices for the week ahead were discussed. Safeguarding was also a standing agenda item at these meetings.
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 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant