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:	Dreenan
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	03 June 2026
Centre ID:	OSV-0005490
Fieldwork ID:	MON-0041931

About the designated centre

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

Dreenan provides full-time residential care and support for up to five adults with an intellectual disability. Dreenan comprises of a five bedroom bungalow and residents have access to communal facilities at the centre which include two sitting rooms, a dining room, a kitchenette, a laundry room and bathroom facilities and each resident has their own bedroom. The centre is located within a campus setting which contains six other designated centres operated by the provider. It is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and health care assistants. During the day, residents are supported with their assessed needs by four staff members with one nurse being on duty at all times. At night-time, residents are supported by two staff, a nurse and health care assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2026	10:45hrs to 15:40hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. 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 and of a good quality.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge. A member of senior management was also available throughout the inspection. Three residents were living in the centre on the day of inspection. The provider reflected this in their application to renew the registration of the centre by applying to renew the registration for three beds rather than five.

The centre consisted of a large single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The house was warm, clean and welcoming. It was nicely decorated throughout. Where minor repainting was needed, this had been reported to the maintenance department and was due to be addressed in the coming weeks. Each resident had their own bedroom. In addition, the centre had three sitting rooms, a relaxation room, a dining room, a kitchen and laundry facilities. There were a number of bathrooms with level access showers. One bathroom had an adjustable bathtub. Outside, the grounds were well maintained and the garden had leisure equipment for the residents' use.

Since the last inspection of the centre, the provider had changed the use of some rooms to the benefit of the residents. These changes were reflected on the floor plans submitted with the provider's application to renew the registration of the centre. One resident moved bedrooms and had access to a second room for use as their sitting room. The resident showed their new bedroom and sitting room to the inspector. They spoke about choosing the décor. This included having bespoke curtains made for their bedroom in line with their specific choices. The rooms were reflective of the resident's interests and hobbies. There was ample room for the resident to store and to display their personal belongings. The additional space meant that the resident could move around their bedroom freely. This reduced the risk of falling and injury to the resident. Also, the rights and choices of the resident were respected by reconfiguring the rooms. The resident retained control over their belongings and could decorate their rooms as they wished while also ensuring that their safety was promoted.

The inspector met with all three residents at different times throughout the inspection. Two residents were baking scones with the support of staff when they

met the inspector. With the support of staff, residents and the inspector spoke about the residents' upcoming plans for the day. The third resident chatted with the inspector about their home and their interests. The resident told the inspector that they were happy living in this house and that staff were nice. They said that the 'craic was good' in this house. They spoke about where they liked to go and people they liked to visit. They told the inspector about the flowers that they had planted at the front of the centre and the many compliments that they received about their flowers. The resident named the staff member they would speak to if there was anything that they would like to change in the centre.

The inspector noted that interactions between residents and staff were warm and very comfortable. Staff were familiar with the residents' communication styles and strategies. They knew the residents' preferred topics of conversation and spoke with residents about these topics. Residents called staff by name and staff were quick to respond when residents asked for help. Staff were heard offering choices to residents throughout the day. These were choices in relation to their clothes, snacks and plans for the day. Residents and staff were heard singing and laughing together.

In addition to the person in charge, the inspector met with four other staff members. Staff spoke about residents respectfully. Staff were very knowledgeable on the needs of the residents. Staff knew the residents' healthcare needs and the supports to offer them. They gave specific information about the supports offered to residents in relation to positive behaviour support. Staff knew about the specific strategies used to support residents' communication. Staff were clear on the processes to follow in the event of a fire and what to do should a safeguarding incident occur.

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. The provider submitted documentation to the Chief Inspector in line with the regulations.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Findings from audits and unannounced visits to the centre were recorded on the centre's quality improvement plan. This gave an overview of the actions that were underway in the centre to continually improve the quality of the service.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained a good oversight of the service through regular audit. The person in charge had a very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from 1 January 2026 to the day of inspection. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents. The staff team was consistent with planned and unplanned leave covered by regular staff.

The provider completed an audit of the personnel files for staff in the centre to ensure that all relevant documents were obtained for staff as outlined in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in the 34 modules that the provider had identified as mandatory. In addition, the provider had identified modules that were specific to the needs of residents in this centre. Training in these areas was also up to date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems to monitor the quality of the service. There were clear management structures in the service. This meant that any issues could be identified quickly, escalated appropriately and addressed in a timely manner.

The lines of accountability were clearly defined in the centre. Staff knew who to contact if any issues arose. The person in charge had the support of a clinical nurse manager. Incidents in the centre were recorded and escalated appropriately. The inspector reviewed the records of incidents from January 2026 to the day of inspection. This showed that any incidents were reported, as required. The person in charge reviewed the incident records monthly to identify if there were any trends emerging and to put measures in place to avoid a recurrence, if required. In addition, the person in charge met with senior managers and persons in charge from other designated centres on a quarterly basis to review incident records. This allowed for transparency and shared learning between services.

The provider maintained oversight of the service through regular audits and unannounced visits to the centre. The inspector reviewed the audits that were

completed in the centre since the beginning of 2026. These showed that audits were completed in line with the provider's schedule. The records of the two most recent provider-led unannounced visits were also reviewed. The reports from these visits outlined specific actions to address any issues identified.

Service improvement actions identified through audit, unannounced visits, and self-assessments were recorded on the centre's quality improvement plan. This gave an overview of the specific actions that were underway in the centre and the target timeline when they were due to be completed. This plan was reviewed by the inspector, and it was noted that actions were completed in line with the provider's target timelines.

Information was shared with staff through regular team meetings. The inspector reviewed the minutes of the two most recent team meetings and found that it covered issues relating to the care and support of residents as well as operational issues.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider submitted information and notification of incidents to the Chief Inspector as required under the regulations.

In advance of the inspection, the inspector reviewed the notifications that were submitted by the provider since the last inspection of the centre. The inspector also reviewed the incidents that were recorded in the centre since the beginning of 2026. This showed that the provider submitted notifications to the Chief Inspector in line with the regulations.

Judgment: 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 residents were offered choices in relation to their preferred activities that were in line with their interests. Residents told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. The provider had systems in place to protect residents from the risk of fire and infection. The provider had effective systems for the identification and assessment of risk.

Regulation 10: Communication

The provider had arrangements to ensure that staff knew how to support the residents to communicate their needs and wishes.

The inspector reviewed the documentation for two residents in relation to their communication. This review showed that residents had access to speech and language therapy services, if required. Speech and language therapy reports gave guidance on how to support residents with their communication. In conversation with the inspector, staff demonstrated very good knowledge of these recommendations and gave specific examples of how they were implemented with residents.

Communication passports were developed for both residents. These outlined the residents' communication strengths and needs. The passports guided staff on how to present information to residents to ensure that they fully understood it. There was also information about what specific phrases and gestures meant for residents when expressing their needs and wishes.

The inspector observed staff chatting with residents and using the strategies outlined in the residents' support plans.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had arrangements to support residents to engage in activities and events that were in line with their interests.

The inspector reviewed the personal plans that had been developed with all three residents. These showed that residents were supported to choose goals and activities that were in line with their interests and needs. This included activities in the centre and in the wider community. The ways that residents had been offered choices and how they responded to these choices was recorded. Residents were supported to be involved in social events and one resident had joined a local community group.

In conversation with the inspector, staff demonstrated good knowledge of how to offer choices to residents in relation to their daily routine. They spoke about how residents were able to accept or decline the choices that they were offered.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider ensured that relevant information was provided to the person taking responsibility for the care and support of residents while temporarily absent from the centre.

The inspector reviewed the hospital passports that had been developed for two residents. The information contained within these documents was comprehensive and in line with the residents' assessed needs. The documents outlined the supports that residents required to meet their assessed needs, including supports relating to the residents' communication, medical needs, nutrition and behaviour.

The inspector also reviewed the nursing notes for one resident who had recently attended hospital. These notes showed that the resident had been supported throughout their time in hospital. When the resident returned from hospital, there was clear information about the care the resident had received there and guidance for staff on the supports the resident would require going forward.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that the provider had identified risks to residents and had specified ways to reduce that risk.

The inspector reviewed the risk assessment that were developed for two residents. These were comprehensive and in line with the residents' health, social and personal care needs assessments. The control measures gave specific guidance to staff on how to reduce risk and signposted staff to relevant documents and policies to inform practice. The inspector noted that the risk assessments were kept up-to-date. For one resident, their risk assessment had been updated following an incident that had occurred in the days prior to the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate arrangements in place to ensure that residents were protected from the risk of infection.

The inspector noted that the centre was clean and tidy. The person in charge reported that a new kitchen was due to be fitted in the centre in the coming weeks. This would address issues around minor damage to cabinets. This was also recorded on the centre's quality improvement plan.

A contingency plan was developed that could be implemented in the event of an outbreak of an infection. This gave information about the supports available from infection prevention and control services. It outlined when testing should be undertaken with residents and how to respond if a staff member becomes unwell on duty.

The inspector also reviewed the cleaning checklists completed in the centre from February 2026 to the day of inspection. This showed that cleaning tasks were completed routinely during the day and during night duty. The cleaning of medical equipment, for example, nebulisers, was completed by nursing staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had system in place to protect residents from the risk of fire.

The inspector noted that the provider had systems for the detection, containment, and extinguishing of fires. The records of the regular fire safety checks completed by staff were reviewed by the inspector. These showed that staff completed regular reviews to ensure that all fire safety equipment was functioning appropriately. For example, the centre was equipped with fire doors and these were checked routinely by staff to ensure that they were fit for purpose. The inspector noted that the staff had most recently checked the doors in January 2026. The doors were also checked by an external company in April 2026. The fire detection and alarm system and emergency lighting was also regularly checked by an external company.

The inspector reviewed the records of the fire drill that had been completed in the centre since the beginning of 2026. These showed that staff and residents practised evacuating the centre under differing scenarios and with differing numbers of staff on duty. This meant that staff and residents knew what to do in the event of an emergency evacuation. When speaking with the inspector, staff demonstrated good knowledge of the procedures that should be followed in the event of a fire.

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 two 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 residents' files contained plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views and that of their families. 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 reviewed two residents' files and found that they had access to a wide variety of healthcare professionals in line with their needs. The residents' records outlined the recommendations made by these professionals and staff were clear on what measures should be put in place to support residents to manage their health. Regular health checks were completed with residents. This included an annual health check with the resident's general practitioner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that residents received positive behaviour support in line with their needs.

The inspector reviewed a behaviour support plan that was developed for a resident. This was recently reviewed and had been developed by an appropriately qualified professional with input from staff working in the centre. In discussion with the inspector, staff gave specific examples of how this plan was implemented to support the resident.

The person in charge completed an audit of restrictive practices every three months. This reviewed existing restrictive practices and posed questions to identify any other practices in the centre that could be considered restrictive. The inspector reviewed a restrictive practice protocol that was developed for one resident. This outlined the practice and the reason for its use. The protocol was reviewed by the multidisciplinary team to ensure that it was the least restrictive practice in use for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

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

The provider had developed a plan to avoid negative interactions between residents in this centre. This plan was reviewed by the inspector. The plan was recently reviewed and gave clear guidance to staff on steps that should be taken to avoid negative interactions between residents. The inspector noted that staff followed this plan throughout the inspection by ensuring that residents were supported by the correct number of staff at all times.

The inspector reviewed the intimate care plans that had been developed for two residents. These were developed within the previous 12 months and gave clear guidance to staff on how to support residents.

Staff up-to-date training on safeguarding vulnerable adults. Safeguarding was a standing item on staff meeting agendas.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector noted through the review of the residents' personal plans and nursing notes that residents were routinely offered choices throughout the day. These choices were respected. The inspector observed staff offering choices to residents and responding when residents made requests. Staff were clear on how to offer choices to residents and how they could be declined or accepted.

A weekly meeting was held with residents to offer choices about activities and plans for the week ahead. Information about residents' rights were also shared at these meetings. The inspector reviewed the minutes of the three most recent meetings. These showed what choices residents made and how the information was presented to residents in line with their communication needs.

Residents were supported to manage their financial affairs. The supports offered to residents to manage their day-to-day spending was audited monthly by the person in charge. In addition, residents were provided with quarterly statements about their savings accounts. The inspector reviewed the records for two residents and noted that there was a note that showed that residents discussed their quarterly statement of savings with a member of management.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant