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:	Farmhill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	01 May 2026
Centre ID:	OSV-0005533
Fieldwork ID:	MON-0044242

About the designated centre

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

Farmhill service supports three female adults with a diagnosis of intellectual disability, who require a range of supports. Farmhill service is open seven days a week and provides full-time residential care. This service comprises of two apartments in an urban residential area. The apartments are centrally located and are close to amenities, such as restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The apartments are comfortably furnished and have communal areas to the front and rear of the buildings. Residents are supported by a staff team which includes the person in charge, nurses and care assistants. A waking night-time arrangement is used at this service.

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
Friday 1 May 2026	09:50hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. Staff were very focused on ensuring that a person-centred service was delivered to residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, a supernumerary nurse and five staff on duty, and viewed a range of documentation and processes.

As this was a home based service, residents had flexibility around how they spent their days, and had options of spending time in the centre, doing activities in their community or attending day service activities or active aging programmes. The inspector had the opportunity to meet with all three residents during the course of the inspection and spent time meeting and chatting with the residents and staff. The inspector was welcomed on arrival by the first resident, who invited them in and refreshments were provided.The inspector then met the residents at stages as they were enjoying a restful morning, but were very happy to meet the inspector and chatted easily for a period of time. The inspector engaged in discussion and heard about their activities, plans for the day ahead and their upcoming home visit. The inspector walked over to meet the remaining residents. Staff on arrival were welcoming and spoke about the residents likes and dislikes. The inspector noted that all of the residents met were very relaxed, at ease and comfortable with the staff supporting them.

The inspector was told by residents that they had good relationships with staff. They knew that they could raise any complaints or concerns with staff and were confident that it would be taken seriously. Residents knew who was in charge in the centre, and they said that they trusted the staff.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents.The centre consisted of two apartments in a housing development. It was situated in a rural area, close to a busy city. The apartments were spacious, well-equipped, and comfortably decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests

and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belongings. There was adequate storage for residents' clothing and belongings in each bedroom.

Residents' human rights were being well supported by staff and by the provider's systems. Information was supplied to residents through ongoing interaction with staff and through easy-read documents. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents also had access to a complaints process and advocacy service. Although most residents had good verbal communication skills, plans were also in place to support any identified communication needs.

Throughout the inspection, it was clear that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, consulting with them at all times, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. In addition, residents were observed to be at ease and comfortable in the company of staff, and appeared to be relaxed and happy in the centre.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to the residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge. They worked closely with staff and with the wider management team. There were arrangements in place to support staff when the person in charge was not on duty. The person in charge was frequently present in the centre and was well known to the resident. The service was subject to ongoing monitoring and review. This included auditing of
the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service. The inspector viewed these audits, which showed high levels of compliance. Any areas for improvement were identified and were being addressed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate numbers of suitably

trained staff to support the resident's preferences and assessed. The inspector noted from review of the actual rosters in place that provider had ensured that suitable staffing was in place at all times in the centre.

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place at all times in the centre.

A planned and actual roster was maintained as required by the regulations. The inspector reviewed rosters for the two months prior to the inspection and found that the planned numbers and skill mix was maintained and that there was a consistent staff team who were known to the residents.

The inspector met with five staff members, the person in charge and a supernumerary nurse on the day of the inspection. They were found to be knowledgeable about the support needs of residents, and could readily answer questions relating to the residents' support needs and their home based programmes.

During the course of the inspection the inspector observed staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with the staff supporting them, and that tehy were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to the residents.

The inspector viewed staff training records from January to April 2026 which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also received a range of other training relevant to their roles, such as infection control, hand hygiene, manual handling, basic first aid, code of practice and supported decision making. Human rights training had commenced for all staff and was being completed by staff on a phased basis.

These training courses ensured that staff had the skills and knowledge to care for the resident's needs appropriately and safely.
The inspector saw that legal documents such as the Health Act, National Standards

and the Regulations were available in the centre to inform staff of their regulatory responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure that a good quality and safe service was provided to residents who lived there.

This was being achieved by a clearly defined management structure, auditing systems, and frequent presence of the person in charge in the centre. The provider had completed actions identified from the previous inspection completed in March 2024. Annual reviews of the service were being carried out as required by the regulations.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. Staff training had also been arranged to ensure that staff had the knowledge and skills to support the resident's needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the service. The inspector read the statement of purpose and found that it described the service being provided to the resident, included the information required by the regulations and was available to view in the centre. The person in charge was aware of the requirement to review the statement of purpose annually. The availability of a suitable statement of purpose ensured that the resident and or their representative had clear information about the service that the provider was intending to provide.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre, which was also available in an easy read format for residents.

The provider had a complaints policy and procedure in place in the centre, which provided guidance to staff on complaints management in the centre. There was a log of complaints maintained in the centre with actions evident of the response to the complainant, and the outcome of the complaint as required by the regulations.The inspector found that there was no active ongoing complaints on the day of the inspection. The provider had information displayed should a resident or relative become unhappy with the outcome of the complaint, showing the appeals process available and other persons available if needed.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge, team leader and staff in this service were very focused on ensuring the safety, community involvement and general welfare of residents.

The inspector found that residents were supported to live lifestyles of their choice, to take part in activities that they enjoyed, and that residents' rights and autonomy were being supported. There was a good personal planning process in place in the centre to ensure that residents needs were being accessed and appropriately managed.

Comfortable accommodation was provided for residents. The centre was comprised of two apartments in a residential area close to a busy city. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. Each resident had their own bedroom. The centre was nicely furnished and bedrooms were personalised to each person's taste. The house had a well equipped kitchen and dining area where residents could have their meals, and could become involved in food preparation if they liked to. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was also a garden space where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities.

As the centre was staffed throughout the day, residents had choices around how they would spend their days. Residents could take part in their preferred activities in their home, in the community or at day services. Some residents preferred to go to community activities on weekdays and on the day of inspection. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as

shopping, day trips, day service activities, meeting with family and friends and going out for something to eat.

Regulation 10: Communication

The provider had ensured that the resident was supported and assisted to communicate in accordance with their needs and wishes.

Staff were observed speaking comfortably with residents. Staff were aware of the residents' particular communication needs and preferred topics of discussion.

The inspector reviewed the communication profile that was developed for one resident. This gave information on how to present information to the resident that they fully understood it. It also informed staff on how to present information to the resident so that they fully understood it. It also informed staff to the particular strategies

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed. This ensured that the resident was safe in the centre and while out and about doing activities. The inspector viewed the risk register and found that it identified a range of risks associated with the service and had documented interventions to reduce these risks.

The inspector also saw that further individualised risk assessments had been carried out for to identify and manage any risks specific to the resident. These risks were being reviewed and updated as required. The provider had developed a risk management policy which was up to date, and was available to guide staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety systems in place in the centre. This ensured that the residents, staff and visitors were protected from the risk of fire.

The inspector reviewed records of fire drills for 2025. Fire evacuation drills involving the resident were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. The resident was clear about what to do and how to evacuate whenever they heard the fire alarm. Staff told the inspector that the resident has also attended fire safety training.The inspector viewed records and documentation relating to equipment servicing, personal evacuation plans and staff training.

There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff and these were up to date. A personal emergency evacuation plan had been developed for the resident. The inspector saw that this was clear and provided suitable guidance to staff. During a walk through the building, the inspector saw that here were fire doors throughout the house. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that a comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on their assessed needs.

The inspector reviewed a sample of records for two residents and found that an assessment had been completed within the previous 12 months and an annual review of the resident's personal previous year goals and planning for the year ahead, with residents and their family/representatives being actively involved.

There was also evidence of multidisciplinary involvement as required.The inspector saw records that frequent multidisciplinary team meeting were being held to oversee residents' care and support needs. The assessments informed personal plans which identified residents' support needs and identified how these needs would be met. These plans of care were very clear and informative, and most of the plans viewed were up to date

Judgment: Compliant

Regulation 6: Health care

The provider had systems in place to assess the resident's healthcare needs and to ensure that they were supported appropriately as required. The inspector viewed

the resident's personal plan and found that residents enjoyed a good level of personal health and required minimal healthcare support.

The inspector found that residents healthcare needs were supported appropriately in the centre in line with their assessed needs. However, staff explained that if any healthcare appointments these would be supported as required. Records showed that staff also supported the residents to take part in healthy activities such as walking and attending exercise activities such as swimming, active aging programmes in their local community.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support the resident to manage behaviours of concern, which enabled them to live their life safely and comfortably. The inspector viewed the support plan that had been developed for the resident. The plan was clear and informative. The resident had access, as required, to the provider's multidisciplinary team which included behaviour support and psychology specialists. As the resident lived alone while in the centre, they had one-to-one staff support at all times. Staff who spoke with the inspector were very clear about the behaviour management strategies that were in place to support the resident. They explained that these measures were very effective, and consequently there were minimal occurrences of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The provider had effective measures in place to ensure residents were protected from abuse.

Staff had received training in safeguarding in line with the organisation's requirements. They were knowledgeable about the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing item on all team meetings. The inspector reviewed recent safeguarding investigations that had occurred in the centre, and noted that the procedure was followed in line with the provider's local policy. This included the referral to the local safeguarding team within the specified time preiodsm a preliminary safeguarding plan with measures to support a resident, and guidance on staff practice in the centre. Furthermore, all

referrals to the local designated officer also showed relevant notifications completed for the Chief Inspector of social care as required by the regulations. The inspector reviewed the intimate and personal care plan for one resident. This plan provided detailed and comprehensive guidance to staff on how to support the resident in this area of care.
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
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	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