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:	Saol Beo
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	20 March 2026
Centre ID:	OSV-0005696
Fieldwork ID:	MON-0048822

About the designated centre

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

Saol Beo is a full time residential service, which is run by Positive Futures. The centre can accommodate three male or female adults over the age of 18 years, with an intellectual disability. The centre comprises of one bungalow located in a residential area on the outskirts of a busy town with access to amenities such as cafes, shops and religious services. Residents have their own bedrooms, a shared kitchen and dining area, bathroom, utility and sitting room. Residents also have access to a garden area which is wheelchair accessible. The staff team comprises of nursing staff and support workers. Waking night support is provided.

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 20 March 2026	10:00hrs to 14:45hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection that took place over one day. It was a follow up inspection to one that took place in August 2025 which found non-compliance in three regulations and substantial compliance in four. The purpose of this inspection was to review actions that the registered provider committed to, in order to comply with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). This inspection found improvements in the service, however, additional work relating to risk management and overall governance and management would further improve compliance levels at this centre.

The inspector met and spent time with all three residents during the morning of inspection. Some residents communicated briefly with the inspector, however, due to their assessed needs, their likes, dislikes and preferences were measured through interactions with staff and the inspector, and through observations made. The inspector sat at the breakfast table for a period of time in the morning. Residents rose from their sleep and came to the kitchen when they were ready for breakfast. The inspector noted that the house was busy, there was a lot of movement from room to room and a high level of environmental noise at times. However, the staff on duty were calm and considerate and the atmosphere jovial.

During breakfast, the inspector saw a staff member offering a resident choice by showing them a box of tea bags and a jar of coffee. This meant that the resident could choose their preferred hot drink to start their day. After breakfast, residents were noted participating in the kitchen clean-up, by putting dishes in the sink and dishwasher. Verbal prompts were provided kindly. One resident was took their washing from the washing machine and hung it on the outdoor clothes line. They knew where to find what they needed and were enabled to complete this household chore competently.

A second person indicated that they would like their nails painted which they asked for regularly. They chose their preferred staff member and it was clear that they enjoyed the chats and fun with them. They smiled widely and leaned their head on the staff members shoulder with affection. Later, the inspector observed this resident as they left the house. They were dressed in clothing of their choice and were very well presented. They carried the keys for the car and their own day bag. This was noteworthy as it meant that the activity was led by the resident with the staff member in a supporting role. This was pleasant to observe as the resident had high support needs, however, they were actively supported to lead the activity taking place that day.

There were three staff on duty on the day of inspection. Two said that they were members of the core staff team, the third explained that they were employed with an agency, however, they were consistently placed at this designated centre. The

person in charge was on leave on the day of inspection. Staff told the inspector that they had support of a deputy service manager and a person participating in management. The deputy service manager had an office nearby but staff said they were at the house most days. In addition, they said that the person participating in management visited regularly. Staff were aware of the findings of the August 2025 report and they spoke about the improvements at the service since that time. However, they said that the house was small in size, busy in nature and that this posed a challenge at times.

The inspector completed a walk around of the building. Residents had their own bedrooms one of which was en-suite. There was a comfortable sitting room at the front of the house. Staff said that one resident liked to sit there. This person had physical disabilities and used a wheelchair. The inspector spoke to staff about how they offered choice of where to sit with the resident. They said that the resident had a routine and later, this was observed by the inspector. For example, after their meal in the shared kitchen, they went to their room. On return from their room, staff pointed to the kitchen and sitting room and asked them where they would like to sit. The resident chose the sitting room.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found improvements in the capacity and capability of the registered provider and the person in charge to govern the service.

In the main, the systems and processes had improved since the last inspection and this had a positive impact on care and support of residents. Incidents were recorded in line with the provider's policy and if required, notifications were submitted for the attention of the Chief Inspector of Social Services. In addition, a review to the policies and procedures to guide the service was completed. Some policies were updated and this addresses the gaps found on previous inspection.

While the person in charge was on leave at the time of inspection, a cover arrangement was in place and was found to be effective. Documentation systems had improved and audits were completed in line with the provider's schedule and regulatory requirements.

The provider was aware of some compatibility risks arising and additional work was required to address the issues identified relating to the premises provided.

Regulation 23: Governance and management

From observations made, conversations held and documents reviewed, the inspector found some improvements under this regulation. Additional work relating to risk management and compatibility was required in order to strengthen compliance.

As outlined, the person in charge was on leave at the time of this inspection. The deputy service manager facilitated the inspection competently and the person participating in management was available by telephone.

The provider had an audit schedule and compliance with this had improved since the August inspection. Then annual review of care and support was completed in October 2025 and the six monthly provider-led audit was completed in February 2026. This meant that the provider had completed a review of their documentation systems as committed to following the August 2025 inspection and improvements were evident.

As reported at the time of the last inspection, the needs of some service users were changing as they aged and the centre had some space limitations. This impacted on residents as compatibility issues arose from time to time. The provider committed to completing a compatibility assessment following the last inspection. This was completed by the person in charge in January 2026. The findings confirmed that a review of the facilities was required. The inspector was provided with information on the work completed by the provider and their service funder in order to assess the size of the property and the needs of the residents. This work was progressing at the time of inspection but needed further work. .

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents and accidents arising at the centre from 1 January 2026 to the date of inspection.

This found that if required, notifications were submitted to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector found improvement in compliance with this regulation since the August 2025 inspection.

The policies and procedures used to guide the service were reviewed by the inspector on the provider's electronic database. Staff said that this was accessible to all staff working at Saol Beo. This review found that they were up to date and met with the requirements of this regulation.

Judgment: Compliant

Quality and safety

Similar to the previous inspection, the care and support was of good quality and provided by a dedicated staff team. Further work in risk management documentation was required which will be outlined under the regulation below.

Overall, the inspector found that residents were treated with dignity and respect. While they had a range of high support needs, they were supported to make decisions and lead out on daily activities. Safeguarding measures had improved and where issues arose, they were addressed promptly.

The residents home was pleasant and welcoming. Matters relating to the space provided are addressed under regulation 23 in this report.

Regulation 17: Premises

A tour of the premises found that it was of clean, tidy, of sound construction and kept in a good state of a repair. Each resident had their own bedroom. The inspector found that they were warm and welcoming. One bedroom was en-suite and there was a communal bathroom for other residents.

The combined kitchen and dining room was well presented and had the facilities and equipment required to meet with residents' needs. There was one sitting room at the front of the house. It was comfortable and cheerfully decorated.

The registered provider was aware in a change in the assessed needs of some resident who were aging and of compatibility risks that arose from time to time. An assessment competed in January 206 found that this was linked to the size of the premises and that additional space was required. This matter is reported on under regulation 23 in this report.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had governance arrangements for the assessment, control and prevention of risks arising at the centre, including a system to respond to emergencies. A review of risk management documentation systems found some improvement, however, ongoing work was required.

The health and safety folder contained relevant policies, procedures and guidance for staff which was in date. Residents had individual risk assessments which the provider committed to review as part of their compliance plan following the August 2025 inspection.

At this time, two residents had audio monitors in their bedrooms which were used to mitigate against risks relating to epilepsy. However, they were not documented as control measures on their risk assessments. On this inspection, the inspector found that use of one audio monitor was discontinued. The second monitor was still used. While the associated risk assessment was reviewed on 10 November 2025, the registered provided continued to omit the use of the audio monitor as a control measure in line with the commitments they made. This required updating.

Judgment: Substantially compliant

Regulation 8: Protection

Some safeguarding risks remained at this centre which were linked to interpersonal compatibility issues and the size of the premises. However, the inspector was assured by the provider's capacity to ensure matters arising were addressed in line with local and national safeguarding requirements. The safeguarding policy was up-to-date and staff were provided with training in safeguarding and protection.

For example, where a safeguarding concern arose, they were acknowledged as such. A review of an incident which occurred on 17 March 2026 was completed by the inspector. It was screened promptly, the designated officer was informed and the safeguarding process initiated.

While attending the centre on the day of inspection, the inspector a resident reflecting on the incident. Staff were observed listening attentively and providing reassurance.

Judgment: Compliant

Regulation 9: Residents' rights

Some safeguarding risk remained at this centre which were linked to interpersonal compatibility issues and the size of the premises. However, the inspector was assured by the provider's capacity to ensure matters arising were addressed in line with local and national safeguarding requirements. The safeguarding policy was up-to-date and staff were provided with training in safeguarding and protection.

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While attending the centre on the day of inspection, the inspector a resident reflecting on the incident. Staff were observed listening attentively and providing reassurance.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saol Beo OSV-0005696

Inspection ID: MON-0048822

Date of inspection: 20/03/2026

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the needs of the people we support in relation to the new property purchase, ensuring the new environment aligned is with their individual support requirements to be led by Clara Dunnion, Ops Manager/ PPIM by 30.06.26.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review of all risk assessments for each of the three people we support to be completed by Aine Fallon Deputy Service Manager to ensure that all control measures are robust, clearly defined, and written on correct template by 16.06.26.	

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 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	30/06/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	16/06/2026