



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

Issued by the Chief Inspector

Name of designated centre:	Shannon Quay
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	13 March 2026
Centre ID:	OSV-0005727
Fieldwork ID:	MON-0043611

About the designated centre

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

Shannon Quay was located on the outskirts of a village in Co. Leitrim and is run by the Health Service Executive. The centre provides residential and respite care to five male and female adults with intellectual disabilities, with up to four residents receiving overnight care at any one time. The centre comprises one two-storey premises which provides residents with their own bedroom, en-suite and shared bathroom facilities, a utility, kitchen and dining area, a sitting room, a sun room and access to a garden space. It is staffed on a 24/7 basis by a full-time person in charge, nursing staff and healthcare assistants. Transport is provided so as residents have access to their day services and other community based facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 13 March 2026	11:55hrs to 18:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Shannon Quay were provided with a person-centred service where their choices and rights were upheld.

Shannon Quay comprised one two-storey house located outside a small town in Co. Leitrim. The centre provided full-time care to one resident, part-time care to two residents and a shared care arrangement for two residents. This inspection was an unannounced inspection to monitor compliance with the regulations. The inspector arrived before midday. There was nobody present at the house at the time. The person in charge arrived shortly after and explained that residents were at day services and would be home in the late afternoon.

The inspector got the opportunity to meet, and spend time, with two residents during the inspection. One resident met with was staying in the centre for the weekend, and another was waiting for a family member to collect them in the evening to spend the weekend with them. Both residents present agreed to talk with the inspector about their lives and experiences staying in Shannon Quay. In addition, the service sought feedback from residents through questionnaires, that were completed in March 2026. The inspector reviewed four of these, all of which showed positive feedback about the service. The resident who lived in the centre full-time was gone away to family for the weekend, therefore they were not met with it.

From discussions had and a review of various documents, the inspector could see that residents were supported to take part in activities that were meaningful to them. These included having meals out, going to the cinema, going bowling, doing gardening and craft projects, baking, going on holidays and going on various day trips. Residents said that they liked staying at Shannon Quay and that they felt safe. They were observed to be comfortable and relaxed in the house and appeared to enjoy each other's company.

Residents enjoyed a variety of leisure activities and spending time with friends and family. Residents were supported to identify goals for the future, which were kept under review for completion through regular meetings with their support network. One resident agreed to show the inspector their person-centred plan. Another resident spoke about holidays that they went on last year, and about their hopes for the future. Two residents were being supported to go abroad on holidays this year. The inspector also reviewed a booklet that contained photographs of all residents' various goals, achievements and day trips.

Residents were consulted regularly about the centre through weekly residents' meetings and daily conversations. Residents spoken with said that they found the residents' meetings were good. It was clear that residents could make day-to-day choices in their lives and that they had the autonomy to live self-directed lives. This

was observed during the inspection, where residents were seen helping themselves to food and beverages and relaxing in their preferred areas of the house. One resident spoke about doing up their bedroom and their plans to go furniture shopping over the weekend. Another resident spoke about the activities that they enjoyed in the local area such as going to the gym and the cinema.

The house itself was clean, warm, homely and spacious. The communal spaces were comfortable and nicely decorated with soft furnishings, flowers and framed photos. One resident showed the inspector around their home, including the window boxes and plants that they were involved in growing. Residents had access to leisure opportunities within the house such as televisions, internet, music players, arts and crafts and board games. Throughout the evening, one resident was observed listening to preferred music artists on their music player. Residents also had their own personal mobile phones for keeping in touch with friends and family.

Overall, the service was found to provide good quality person-centred care to residents where residents were supported to take part in activities that they enjoyed.

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

Capacity and capability

This inspection found that there were good governance and management arrangements at Shannon Quay that included effective systems for monitoring the care and support provided. This inspection found that the centre was in full compliance with the regulations assessed.

The governance structure included a person in charge who was supported in the operational management of the centre by a clinical nurse manager 1 (CNM1). Audits were completed regularly by the person in charge and provider. They were found to be effective in identifying areas for improvement.

Staff members were provided with training to support them to have the skills and knowledge to support residents with their needs. The staffing arrangements met the needs of residents at this time. The inspector was informed that additional staffing that may be required for events was accommodated.

In addition, the service was responsive to the needs of residents. For example, one resident was supported to move their bedroom downstairs due to a change in their needs. The provider was requested to submit an application to vary the conditions

of the centre to reflect this change as is required under the regulations. This was submitted post inspection.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Registration Regulation 8 (1)

The provider submitted an application to vary condition 1 of the registration of the designated centre to reflect the change in functions of some rooms that was completed to support the changing mobility needs of one resident.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that there were good arrangements in place for staff training, supervision and professional development.

The person in charge ensured that staff members undertook mandatory training that was required to support a safe service for residents. The inspector reviewed the current training matrix that was held by the person in charge. This showed that all permanent staff members had completed training in safeguarding, behaviour management, fire safety, safe administration of medication, infection prevention and control and manual handling.

In addition, staff training was reviewed by the provider in their most recent unannounced visit completed in February 2026. From this an action was identified to ensure that the temporary staff members were included on the centre's training matrix. There was also an action included for staff members to undertake specific training identified by the provider. These actions were in progress and the person in charge confirmed, post inspection, that all temporary staff had the mandatory training completed.

In addition, the person in charge had a schedule for individual supervision meetings with staff members. This was reviewed by the inspector and showed the plan for the completion of these meetings in line with the provider's policy requirements.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider and person in charge had the capacity and capability to manage the centre and ensure that a safe and high quality service was provided to residents.

The centre was managed by a person in charge who had responsibility for two other designated centres. The arrangements in place supported them to oversee and monitor the service provided at Shannon Quay. This included a CNM1(senior nurse) who supported in aspects of the operational management of the centre. The centre was resourced with a consistent staff team in line with the provider's statement of purpose and function. In addition, arrangements to provide staff cover when absences occurred, were in progress. In addition, the centre was resourced with a vehicle for residents to access amenities of interest to them.

The arrangements for auditing the service were found to be effective in identifying areas for improvement. These included an annual schedule of audits completed by the local management team and provider unannounced visits completed by a representative of the provider. The inspector reviewed a sample of audits completed in 2026, including staff safeguarding awareness audits that were completed each month, and audits on personal plans and restrictive practices.

In addition, the inspector reviewed the most recent report of the provider's unannounced visit that occurred in February 2026. From this review it could be seen that this audit was effective in identifying areas for improvement and non-compliance. Furthermore, actions identified included information on who was responsible and the time frame for completion of these actions. For example, the provider identified that an application to vary the condition of the registration of the centre was required to be submitted to the Chief Inspector of Social Services, and that the temporary staff used were required to be included on the staff matrix. These actions were given a time frame for completion within a few days of this inspection and were in progress. Subsequently, the application to vary the conditions of the centre's registration was received to the Chief Inspector following the inspection and in line with the provider's action plan.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Shannon Quay were provided with person-centred care and support. Residents were consulted about the centre and their rights were promoted.

The person in charge ensured that comprehensive assessments were completed of residents' health, personal and social care needs. Care and support plans were in place to guide staff on the supports required.

In addition, there were good arrangements to monitor and oversee residents' safety, health and wellbeing. Residents were supported to attend a variety of healthcare professionals and had access to multidisciplinary team (MDT) supports as required.

Overall, the inspector found that the service provided ensured that residents were safe and that their personal preferences were listened to and respected.

Regulation 10: Communication

Residents were found to be supported with their communication preferences and had access to a range of media in line with their preferences.

The inspector reviewed two residents' care plans, which included assessments of residents' communication needs and support plans to guide staff in supporting residents to communicate in their preferred methods. A range of easy-to-read documents were also available to residents, and a poster about Lamh signs was observed in the communal area of the house. In addition, the inspector observed and was shown by a resident, the notices located in the kitchen area for providing information to residents. This also included a calendar of upcoming events for each resident. This meant that residents had accessible and clear information available to them that supported their autonomy and independence in communicating their choices.

Residents also had access to various media devices, such as SMART televisions, technological devices, mobile phones, music players and had access to the Internet to watch preferred 'Youtube clips'. One resident showed the inspector their music player and another resident showed photographs to the inspector that they had on their personal mobile phone.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development were supported in the centre. Residents had access to an external day service that they attended each day, in line with their choices. Where further skill building and training was identified by residents to enhance their autonomy and independence, this was followed up and supported between the centre and resident's day service.

Residents spoke about the wide range of activities that they enjoyed. These included; going out for meals, signing in a choir, visiting family and friends, going bowling, going to concerts and shows, going on shopping trips and going on day trips.

Within the house residents had access to a range of leisure and recreational activities such as; gardening, baking, arts and crafts, televisions and technological devices to use the Internet.

Links with family members and the wider community were promoted and encouraged. On the evening of inspection, one resident was gone to visit family for the weekend, and another resident was going to a concert that night.

Judgment: Compliant

Regulation 17: Premises

In general, the house was spacious, clean, bright and well maintained. There were some areas for improvement externally, and these were known by the management team and were being followed up to progress their completion.

There were communal areas for residents to relax and have visitors. Rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as needed, and had space to store personal belongings securely. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking equipment to enable residents to cook meals and do baking.

Judgment: Compliant

Regulation 18: Food and nutrition

There were good arrangements to support residents with food and nutrition.

The inspector reviewed two residents' care plans which showed that assessments were completed on residents' health care and nutrition. In addition, regular

monitoring occurred of residents' health care needs and weight to ensure that they were in the best possible health.

The kitchen was stocked with healthy and nutritious food, beverages and snacks. Residents were consulted about food choices and involved in the grocery shopping. The inspector observed one resident being supported to prepare their evening meal that they had chosen, which included a healthy side of salad. The food pyramid poster detailing guidance on good nutritional intake was observed in an accessible location of the kitchen.

Judgment: Compliant

Regulation 27: Protection against infection

The service promoted good practices for hygiene and the prevention of infection transmission. Infection prevention and control (IPC) was seen to be discussed regularly at residents' and staff team meetings.

From a walkaround of the centre, the inspector observed the arrangements for promoting good hygiene for the protection against infection. These included suitable laundry facilities and waste management, colour coded mops and cloths, ample supplies of hygiene products and arrangements for good hand hygiene. In addition, residents were supported with education around IPC through regular discussions at residents' meetings and accessible easy-to-read posters on display throughout the house.

Judgment: Compliant

Regulation 28: Fire precautions

There were good arrangements in place for fire safety and for the monitoring of fire precautions and assessment of risks that could impact on this.

Arrangements in place included; a fire alarm system, fire fighting equipment, emergency lights, fire doors and the completion of regular fire drills. The inspector reviewed the last two fire drills completed in 2026 so far, which showed that residents could be evacuated to a safe location under different scenarios. The centre had an evacuation plan that was reviewed by a competent fire officer and also included arrangements agreed with the local fire services. In addition, bespoke fire training was arranged for staff and occurred in January 2026, following a query and possible point of concern raised by a staff member. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required, as relevant. A fire drill had been completed since one resident's move of bedrooms

and the associated fire risk assessment and PEEP were updated. This all meant that risks associated with fire safety and evacuation were kept under ongoing review and any concerns identified and addressed in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and regularly reviewed with each resident having individual personal plans in place.

The inspector reviewed a sample of two residents' care plans, where it was found that a comprehensive assessment of each residents' health, personal and social care needs was completed. A range of care and support plans, including assessments of risks of harm impacting residents, were in place to guide staff in the supports required. These were kept under review and updated if there was a change in need.

Residents were supported to achieve meaningful, personal goals for the future. The inspector reviewed three residents' person-centred plans where it could be seen that goals were kept under review so that they were achieved in a reasonable time frame. In addition, the plans reviewed were accessible to residents and included photographs. Annual reviews were completed, two of which were reviewed by the inspector, which showed participation by residents and their representatives.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted in the centre and was regularly monitored for changes and access to allied health professional was facilitated as required.

From the inspector's review of two residents' care plans, it could be seen that residents were supported to attend appointments and consultations as required. In addition, residents were supported to access and avail of national screening programmes and vaccines. Where residents declined vaccines for example, their decision was respected. There was good communication evident between residents, their family representatives and the centre to ensure continuity of the best supports for optimising health, when residents were not in full-time care. This meant that residents' wellbeing and the plans of care that they required, were consistently supported across the different environments that they stayed in.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good arrangements for providing positive behaviour supports where required, which included policies and procedures for behaviour support and for restrictive practices. In addition, staff received training in behaviour management.

Support plans were developed as required with input from a behaviour specialist. The inspector reviewed one resident's support plan that was developed to help with anxiety related behaviours. Through this review, it was evident that every effort was made to establish the cause of behaviours or mood dips, such as ruling out possible physical causes.

There were no restrictive practices in use in the centre. However, there were arrangements for auditing the centre for restrictive practices in line with the provider's policy. The inspector reviewed the audit that was completed in February 2026, which demonstrated a good understanding of restrictive practices in line with the provider's policy and guidance.

Judgment: Compliant

Regulation 8: Protection

The centre promoted residents' protection through staff training, the implementation of the policies and procedures in place for safeguarding and through regular discussions about safeguarding at meetings.

In addition, residents were supported to understand safeguarding and about how to keep themselves safe through accessible easy-to-read information and talks about being safe when out and about in the local community, for example. Residents spoken with by the inspector said that they felt safe.

Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required. These were kept under ongoing review and noted to be discussed at team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights' based service. This could be seen through documents reviewed, observations and through the discussions had with residents.

Residents were consulted about the running of the centre through regular meeting. The inspector reviewed nine minutes of meetings that occurred between January and March 2026, where it could be seen that residents were consulted about the centre and given a forum to make everyday life choices. Residents were provided with information on rights and advocacy services in an easy-to-read format. In addition, residents were supported to avail of social work support and advocacy services to support with rights' based issues.

Residents spoke about the range of activities that they chose to do. It was clear from communications, documentation reviewed and observations that residents' choices about how they lived their lives were respected and promoted.

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 8 (1)	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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

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