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:	Ceol na Mara
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	12 June 2026
Centre ID:	OSV-0005867
Fieldwork ID:	MON-0046426

About the designated centre

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

Ceol na Mara is a full-time residential service run by the Health Service Executive. The centre can provide for up to four residents who are over the age of 18 years, with an intellectual disability. The centre is located in a rural location, close to a village in Co. Sligo. The centre comprises of a single-storey detached house, which includes a kitchen/living area, two sitting-rooms, utility, resident bedrooms and bathroom facilities. Large gardens are available for residents to enjoy. The staff team provided consisted of both nursing and health care assistants, with waking night-time cover provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 12 June 2026	12:15hrs to 18:15hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at this centre were happy in their home and felt safe. This was a good quality service where all regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

This was an unannounced inspection. On arrival, the inspector met with two healthcare assistants and a staff nurse who were on duty that day. When asked, they told the inspector that they were employed by an agency and that the person in charge was off duty. They were clear about who they were reporting to in their absence and aware of what to do. The person in charge returned to the centre to facilitate the inspection.

The inspector met with all four residents. They noted a change in some resident's presentation since the last inspection and an increase in their assessed needs. The person in charge told the inspector of arrangements to support the aging process and to allow residents to remain in their home as they aged.

A walk around of the centre found that additional aids and appliances were provided. This included a tracking hoist in a resident's bedroom. In addition, some furniture was removed from communal areas. This improved accessibility for residents using wheelchairs or walking aides. The inspector found that the residents home remained homely and welcoming. Residents had their own bedrooms, and two had en-suite facilities. There was a large, shared bathroom. There was a combined kitchen and dining room, and a choice of pleasant sitting areas for residents to relax, watch television, listen to music or complete preferred activities. Staff told the inspector that one resident liked to sit in the sunroom and watch the neighbour's cat from the window. The inspector saw that there was a very nice view from this area, out to a mature and spacious garden. A second resident was observed going out for a walk around the garden with the support of a staff member as they had requested.

During the day, the inspector observed the interactions between residents and staff. Two of three staff were familiar with the residents. The third person was new to the service; however, they demonstrated a good understanding of the resident's assessed needs. They were noted to support residents using a person-centred and low arousal approach which added to the calm atmosphere that day. The inspector held conversations with all three staff members. When asked, they provided the inspector with information on the fire safety arrangements at the centre. The were aware of the evacuation plans for each person and aware of the location of the assembly point.

The inspector sat with residents on different occasions during the day. One person was sitting at the table with their colouring books. They told the inspector that this was an activity that they enjoyed. They said that they were happy in their home and they liked the people that they lived with. Another chose not to interact with the inspector at that time, However, later they agreed to look at their person-centred plan. They pointed at photographs of their previous home in a large, congregated setting. They spoke fondly about living there but said they preferred their current home at Ceol na Mara.

Residents were observed participating in several activities in line with their wishes throughout the afternoon and evening. As outlined, one resident chose to go for a walk in the garden. And later they went to the post office to post a letter. A second resident was offered the opportunity to go for the drive. They replied clearly that they did not wish to go. This was respected.

In conversations with residents and staff, a tour of the centre and a review of documentation, the inspector found that Ceol na Mara was a busy service where residents had a range of support needs and where they led active lives at home and in their community in line with their preferences. Where suitable, residents were supported to spend time with their families. Overall, the inspector found that while residents were aging, their home remained suitable for their needs. People were provided with holistic care and support in an environment where they could remain independent for as long as possible.

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 that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Enough staff were employed and the roster arrangements were based on the needs of the residents. The person in charge was skilled, experienced and competent. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their homes.

Staff told the inspector that on the day of inspection, there were several people on annual and summer leave. Therefore, all staff on duty that day were employed by an agency. The inspector was assured as two staff members were regularly employed at the service and the third demonstrated skill in their role. Where staffing vacancies arose, a plan was in progress which would ensure that a core staff team was secured for the centre.

The inspector reviewed the staff roster from 4 May 2026 until the day of inspection. This review found that the roster was well maintained, with clear indications of who was on duty and their role. The registered provider and the staff team were proactive in reviewing resident's support needs and were willing to make changes to working schedules to meet with these needs. For example, one resident was provided with 2:1 staffing ratio and waking night support. Staff said that this was working well.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training arrangements completed by the inspector found that the provider valued the importance of training and development for staff and had arrangements in place to support this.

The inspector reviewed a sample of training modules including positive behaviour support, fire safety, safeguarding and moving and handling. The staffing sample included both HSE and agency staff from all grades employed. All modules reviewed were in date.

Staff were provided with support and supervision relevant to their roles through performance achievement meetings which were held at intervals defined by the provider's policy. All meetings from the sample reviewed were in date.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance arrangements at Ceol na Mara were clear, comprehensive and effective at the time of this inspection.

The person in charge was present at the centre on the morning of inspection. While they had left for the day, staff were aware of who to call and they returned to work.

From a review of the documentation and from discussions held, the inspector found that the leadership team were keen to promote and enhance the service in line with regulatory requirements and to seek guidance on how to make ongoing improvements.

The inspector reviewed the audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six-monthly provider-led audit found that it was completed in October 2025. The annual review of care and support was completed in Feb 2026. This provided a comprehensive overview of the service.

The inspector discussed the arrangements for medication management audit at the centre with the person in charge. An audit completed in February 2026 scored 80%. The person in charge initiated several actions. Storage arrangements, stock control, and administration practices were reviewed. They told the inspector that the actions were effective as a repeat audit conducted in May 26 scored 96%. This was an example of good governance.

Staff were provided with formal opportunities to meet as a team through regular team meetings. A review of the meeting minutes found three meetings had taken place so far this year, with the most recent on 20 May 2026. This provided an opportunity to raise concerns if required and to discuss quality improvement initiatives for the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose dated 18 November 2025. It clearly set out what the services does, who the services is for and information about how and where the service is delivered. The service defined in the statement of purpose was evident in the day-to-day operation of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found that if required, matters arising were reported to the Chief Inspector of Social Services in line with the requirements of this regulation

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for the resident at the centre and found that it was updated in November 2025. It was available in easy-to-read format for residents' use and a copy was displayed on a notice board in the smaller sitting room.

There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a folder where the Schedule 5 policies and procedures were available to guide staff. A review completed by the inspector found that they were subject to regular review and were linked with national policy and relevant legislation where required.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and this ensured that the resident was safe. The premises provided was suitable for their assessed needs and provided a welcoming environment.

The resident and their family were actively involved about decisions about the resident and their daily life. Where required, support plans and guidance for staff was provided and these were of good quality. A range of easy-to-read information and social stories were used to support the resident's understanding and to promote decision making.

Overall, this was a very pleasant inspection, where a good quality and safe service was provided.

Regulation 17: Premises

The provider ensured that the premises provided were designed and laid out to meet the aims and objectives of the service and the number and assessed needs of the people living there. It was of sound construction and kept in a good state of repair externally and internally. It was accessible throughout, clean and suitably decorated.

Where additional equipment was required, this was provided. For example, a tracking hoist in a resident's bedroom. Where maintenance was needed, it was reported and documented on the centres quality improvement plan.

Overall, the premises provided supported the quality of life of the residents living there.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and the person in charge had good risk management arrangements at this centre.

The inspector reviewed the risk management folder which held provider level, service level, centre level safety statements and emergency evacuation plan. The risk management and emergency planning policy was available to guide staff and subject to regular review.

Each resident had a risk screening assessment. This provided information on how to manage risks identified and if a care plan, nursing intervention or risk assessment was required. Where identified, risk were documented, assessed, risk rated and control measures were in place.

For example, a resident at risk of choking had a risk assessment, which was risk rated in line with the provider's policy and control measures applied. Staff spoken with were aware of the risk and of what to do when supporting the resident's care. This was observed at lunchtime on the day of inspection. The resident was fully supervised while eating, sitting upright and were enjoying their food with assistance.

Overall, the inspector found that this was a good service which recognised that part of living a meaningful life involved an element of positive risk-taking. Good practices implemented by the staff team ensured that residents were safe.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems at this centre. While an issue with emergency lighting was identified at the front door of the property, additional emergency lighting was provided which mitigated the risk. The provider followed up on this and provided assurances that it was repaired shortly after the inspection.

A review of the systems to detect, contain and extinguish fires found that they were subject to regular assessment by a competent fire safety professional. Fire drills were practiced regularly and opportunities for shared learning identified and actioned.

The inspector reviewed all four personal emergency evacuation plans. All were updated in May 2026 and while some minor amendments were required, these were completed on the day of inspection.

The provider's fire safety policy was in date, evacuation pathways were clear and staff had up-to-date training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The resident had a personal plan which detailed their needs and outlined the supports required to maximise their personal development and quality of life, in accordance with their wishes.

A keyworker support system was used and residents person-centred plans provided clear information on residents' likes, dislikes, goals completed and goals planned. Goals planned included inviting a friend to visit and making homemade pizza. Another resident planned to make a cake for their families visit. Longer term goals included a plan to take a holiday to a holiday village in the midlands. The inspector found that this was planned in a way that met with the needs of all residents at the centre.

Overall, residents were provided with person-centred assessment and personal plans that were reflective of their interests.

Judgment: Compliant

Regulation 6: Health care

This service had a proactive approach to care delivery that was centred on the needs of residents and the delivery of personalised care and support.

A review of the medical history for some residents found that staff were skilled in understanding and identifying medical needs, even when the resident could not do this themselves. For example, a resident who typically enjoyed attending their day service was not keen to go. The person in charge ensured that a medical assessment was completed. This found that they had an infection that required treatment and meant that a good knowledge of residents led to improved health outcomes.

In addition, when residents were prescribed medicines, these were subject to ongoing review by the centre's nursing staff, the resident's doctor and pharmacist. This was to ensure that they met their assessed needs and that any potential side effects did not impact on their overall wellbeing.

Where required, residents had access to allied health support such as occupational, physio and speech and language therapy. Support to attend national health check clinics was provided. Information was presented in easy-to-read format to aid residents' understanding.

Overall, residents were provided with support at all life stages, including advanced planning for end-of-life care. Where required, palliative care needs assessments were completed and residents' families had opportunities to be involved in the process. This ensured that each person's physical, emotional, social and spiritual needs were respected now, and into the future.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the person in charge and staff in the centre promoted a positive approach when responding to behaviours of concern. They were aware that responsive behaviours could act as a form of communication and explained the actions they took to support the resident if required. The behaviour support policy was in date and staff were provided with training.

One resident had the support of a specialist in behaviour support and their behaviour support plan was reviewed in May 2026, however the report was not yet available. The inspector observed recommendations of their original plan (June 2025) used by staff on the day of inspection. For example; they were observed interaction calmly and clearly with the residents and allowing time and space to complete tasks.

The provider had a human rights committee and all restrictions used were reviewed three days before this inspection. Locally, these interventions were carefully monitored by staff on an ongoing basis. For example, one resident required a motion sensor which was used when they were in bed. When asked if it was loud, the person in charge told the inspector that the previous version was replaced and that the one used now did not disturb other people if they were sleeping.

Overall, the inspector was assured that restrictions were used for the least amount of time and for the shortest period required.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements completed by the inspector found that the registered provider had systems in place to ensure that residents were safe. These systems were working well at the time of inspection.

For example, a low risk safeguarding concern occurred in April 2026. This was followed up at the next staff meeting. This provided an opportunity for staff to review the process used and to ensure that it was effective. In addition, the inspector found that actions taken were in line with local and national safeguarding policy. An interim safeguarding plan was in place, and a review date was planned for three months after the event. This was documented in the diary.

As previously outlined, the safeguarding policy was up to date and staff had access to training in safeguarding and protection of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that a human rights-based approach was embedded in the service provided to residents and staff were aware of the core human rights principles of fairness, respect, equality, dignity and autonomy.

The centre was managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting residents' independence and preferences.

For example, a resident with significant health challenges was admitted to an acute service. Staff support was provided during their admission as they were unable to advocate for themselves. The person in charge demonstrated strong and effective advocacy as the resident was considered as presenting at end-of-life. This contributed significantly to positive health outcomes for the resident, who improved, returned home and were doing well at the time of this inspection.

In addition, access to external independent advocacy was provided for a resident and their family members. This process supported the resident to make decisions with their family and plan events that they wished to participate in.

Residence meetings were taking place at intervals decided by the residents. The most recent meeting took place in June 2026, where human rights and the FREDA principles were explored.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	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
Regulation 9: Residents' rights	Compliant