



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

## Issued by the Chief Inspector

Name of designated centre:	Ardmore Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	01 December 2025
Centre ID:	OSV-0008479
Fieldwork ID:	MON-0048491

## About the designated centre

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

Ardmore Lodge is a large detached bungalow located on the outskirts of a large town in County Cavan. The centre provides 24hour nursing care to four adults who require supports with their mobility, social and health care needs. The house has been adapted for wheelchair users. It consists of four bedrooms, all of which have large adapted en-suite bathrooms. There are two sitting rooms, a large kitchen/dining/living area, an office, utility room, a w/c and a storage room. There are four staff on duty each day and two waking night staff to support residents with their needs. The skill mix includes nursing staff and health care assistants. An out of hours on call service is available to staff 24/7. This is provided by senior nurses. The person in charge is responsible for another designated centres under this provider. A clinical nurse manager is also employed to support the person in charge to ensure affective oversight of this centre. Transport is provided for residents to access local community amenities. Residents have access to a range of allied healthcare professionals as required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Monday 1 December 2025	10:00hrs to 16:30hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were four adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing.

Improvements were required in fire precautions to ensure policy and procedures guided practice in the centre.

The centre provides 24hour care to four adults who require supports with their mobility, social and health care needs. On arrival to the centre, the inspector was greeted initially by two staff members. In the kitchen area two residents accompanied by two other staff were having tea and watching morning television. The inspector spoke with the residents for some time before one resident showed the inspector their room. Residents spoke about their families, preferences and where they were from.

One resident was due to attend day service however, this had been canceled by the day service. Instead staff spoke to the resident about staying home and assisting staff with food shopping. The resident used non verbal cues to communicate and it was evident from facial expression they were very happy with the revised plan.

One resident enjoyed reading a local newspaper while watching morning television another resident was enjoying a cup of tea before getting ready for the day. This resident spoke to the inspector about their plans for an overnight stay in Galway the next day. They had planned a shopping trip and overnight stay and were very much looking forward to the trip. The resident had an interest in arts and crafts and had a small table with supplies in their room. The resident also had family pictures and statues on display which were important to them. The inspector met with the fourth resident later in the afternoon. The resident spoke about the devices they use to support their independence and communication, Christmas plans to visit family and also music. The resident told the inspector that the centre was like a second home.

The inspector completed a walk round of the property. The house had been adapted for wheelchair users. It consists of four bedrooms, all of which have large adapted en-suite bathrooms. There are two sitting rooms, a large kitchen/dining/living area, an office, utility room, a w/c and a storage room. Resident's bedrooms were nicely decorated and personalised.

On the day of the inspection, the inspector met with four staff members on duty in addition to the person in charge and director of nursing. There were appropriate staffing levels in place to meet the assessed needs of the residents. All staff were seen to be knowledgeable in their roles and residents appeared content in their

presence.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

There was systems in place for the training and development of the staff team, staff spoken to throughout the inspection had the necessary skills and competency to care for residents.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

## Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place between 06/10/2025 and

11/01/2026 and found that staffing arrangements were in line with the statement of purpose.

Four staff worked each day and two staff worked each night, this included 24 hour nursing support. There was a core staff team with the relevant skills, qualifications and experience in place, which ensured continuity of care and support to residents. On call arrangements for staff were in place from 17.00.

On the day of the inspection, the inspector met with four staff members on duty in addition to the person in charge and director of nursing. All staff were seen to be knowledgeable in their roles and residents appeared content in their presence.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding and infection prevention control (IPC). The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

For example staff had training in:

- fire safety
- manual handling
- hand hygiene
- safeguarding of vulnerable adults
- Children's First
- managing behaviour of concern.

Judgment: Compliant

### Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis within the organisation.

The person in charge was supported in their role by a senior management team consisting of a director of nursing (DON), an assistant director of nursing (ADON) and a clinical nurse manager III (CNM III).

The provider had systems in place to audit and monitor the quality of service being delivered to residents. These audits fed into an overall quality improvement plan for

the centre and were effective in bringing about change.

The annual review for the service was completed for May 2024 to April 2025, and included consultation and feedback from residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy and procedures in place that were clear and outlined the processes in place for residents or their representatives when making a complaint.

Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

No complaints had been made in the previous six months.

A number of compliments were available to review and included compliments regarding the food prepared in the centre.

Judgment: Compliant

## Quality and safety

Overall the inspector found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents. It had a homely feel and was clean and warm.

Residents had opportunities to be part of their local community and were supported to do this through person centred planning. They were making decisions about how they wished to spend their time. Residents were supported to develop and maintain connections and spend time with their families.

From what the inspector observed, speaking with staff team and management, and from the documentation reviewed it was evident that residents were supported through individualised assessment and personal planning. There was a strong and visible human-rights culture within the centre.

Residents were supported with their healthcare needs and to access ongoing support from multi-disciplinary professionals as required.

## Regulation 13: General welfare and development

Residents were found to be very well supported to have active and meaningful lives.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Some residents chose not to attend a day service however, staff ensured that a number of recreational and social activities were made available to them.

Residents also liked activities such as:

- holidays
- day service
- shopping
- meals out.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

### Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. Residents reported as being very happy with their homes.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight. Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). The inspector reviewed a sample of incidents to date. The provider was responsive and reviewed control measures to mitigate risk. For example, following a vehicle fire, measures were taken to ensure adequate space between parking and the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received

suitable training in fire prevention . There were adequate means of escape, including emergency lighting. For example, escape routes were clear from obstruction. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

There was evidence of regular fire evacuation drills taking place in the centre, however, they were not occurring as stated in the providers own policy which recommended monthly drills, instead drills were occurring quarterly. A fire drill which took place in August 2025 identified areas for improvements such as reviewing two doors passed through on exit from the building. While the works had been completed a follow up drill to test this scenario had not.

In addition, during a recent unplanned fire evacuation, following the advise from the fire brigade the residents were not evacuated to the fire assembly point. Instead residents were brought as far away from harm as possible and next to an exit due to adverse weather. The fire brigade attended the centre and advised it was a false alarm. A review of fire procedures had not been completed to reflect learning and ensure clear guidance was in place for staff and residents in the event of a similar event.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files which contained an up-to-date comprehensive assessment. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports.

Personal plans were found to be person-centred and driven by the resident. It was clear from discussion with the residents and review of their person plan and support plans that they were directing their care and support. The personal plans captured the residents well, they identified their needs and preferences and how they could be met.

There was evidence of progress against goals, for example a resident was seen preparing for an overnight shopping trip to Galway the next night.

Judgment: Compliant

### Regulation 6: Health care

Residents in the centre were supported to manage their health. Some residents

presented with healthcare needs and had access to daily nursing support in the centre. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, public health nurse, tissue viability specialist, physiotherapy, chiropody, dental care and there was evidence of regular engagement with all of the residents general practioners (GP's).

A PRN (as required) protocol on the day of inspection was found to have documentation errors. Staff were seen to be responsive to addressing the error. The error was corrected and signed by a GP on the day of inspection. All other protocols reviewed were found to contain information as per best practice guidelines.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

### Regulation 9: Residents' rights

From review of documentation, discussion with staff members and from the inspector's observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manor that was accessible to them allowed them to make a decision.

All staff spoke to residents in a respectful, supportive manner and care and support observed was completed in a caring and professional manner.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ardmore Lodge OSV-0008479

Inspection ID: MON-0048491

Date of inspection: 01/12/2025

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In order to meet compliance with Regulation 28: Fire precautions, the following actions have been undertaken,</p> <ul style="list-style-type: none"><li>• The Person in Charge has reviewed the fire procedures and has ensured that there is clear guidance is in place for staff and residents in the event of a Fire.</li><li>• The Person in Charge has reviewed the Fire Policy and has amended the policy to reflect the practices within the Centre.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/12/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/12/2025