



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

## Issued by the Chief Inspector

Name of designated centre:	Oakvale
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0008606
Fieldwork ID:	MON-0049184

## About the designated centre

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

Oakvale is a large detached bungalow located in 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 a large en-suite bathroom. There is one sitting room, a large kitchen/dining/living area, two offices, a utility room, a w/c and a number of storage areas. There is a large garden to the back of the property and the front of the property has sufficient space to park cars. 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
Tuesday 10 March 2026	09:00hrs to 16:45hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor 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.

While residents were found to be receiving a good standard of care and overall high levels of compliance were found, improvements were required in fire precautions and protection.

On arrival to the centre, the inspector was greeted by the CNM1 of the centre and welcomed into the centre. The inspector met with one resident in the kitchen area. The resident was being supported by a staff member to have their breakfast. The staff member was seen to use respectful language and engage well with the resident. The resident and staff informed the inspector that they had been at a country music event the night previous in a local hotel. The resident appeared very happy about the event and appeared to have really enjoyed it. Later, after the resident had finished their breakfast, they showed the inspector their bedroom. Their bedroom had been decorated as per the resident's wishes in their preferred colours and had pictures of family and people important to them on display. The resident had brought their own furniture from home and had set up an area for them to video call and use social media. The resident with the support of staff informed the inspector about their job in a local garage, how they attend day services and also how they visit regularly with family. The resident was due to visit family in the coming weeks for a holiday. The resident had good local knowledge and it was evident that they were actively involved in their community.

The inspector met with a second resident in their bedroom. The resident was recently choosing to spend more time in their bedroom and was having their breakfast at the time of the inspector's visit. The resident was supported by a staff member who they referred to fondly and appeared to have a good rapport with. The resident had a collection of pens and nail varnish and enjoyed spending time doing their nails. They also spoke about preferred singers and their love of animals. The inspector was advised the resident enjoyed visits from a dog regularly and photos of this were on display.

A third resident got up later in the morning and greeted the inspector. The resident brought the inspector to their room to show them their art work and jewellery. It was evident the resident was proud of their room and enjoyed showing the inspector around. The resident informed the inspector that they liked their room and living in the service. The resident had a keen interest in art and their pieces of art work were on display throughout the centre. The resident later went out for coffee

and shopping. On their return they showed the inspector plants they had purchased for planting in the garden once the weather improved.

The fourth resident met with the inspector on their return from day service. The resident could not verbally communicate with the inspector however it was evident that staff knew them and their communication style well. Interactions were seen to be respectful and staff were very responsive to the resident's needs.

The inspector completed a walk of the property, the property was a modern purpose built bungalow situation on the edge of a large town. The centre was within close proximity to a range of amenities. The centre itself was warm, clean and homely. Some minor works were required such as flooring , however this had been identified by the provider and plans were in place to address this. There was a large garden to the rear of the property and patio area with raised flower beds which included a small fairy garden.

Overall, the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs.

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

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 rosters between 5/1/2026 and 29/3/2026. There was an appropriate number and skill mix of staff present in this centre. 24 hour nursing support was provided for residents supported by three health care assistants during the day and one health care assistant at night.

The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

Where there was unplanned leave, overtime, or familiar agency staff were utilised to ensure continuity.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided to staff in a range of areas. 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 responsible for two centres with the support of a CNM1.

The person in charge was also 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.

For example audits were completed in:

- incidents
- complaints
- health and safety
- restrictive practices
- finances
- safeguarding
- medication management
- fire safety
- personal files
- IPC.

Audits in the centre included consultation with resident representatives, representatives reported that staff were approachable and the manager was very good at communicating with them.

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

## Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans, incidents and fire safety documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained. However, on the day of the inspection the inspector observed fire doors propped open.

There were effective systems in place for the safeguarding of residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

## 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. 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. The person in charge discussed identified works which required completion such as flooring.

Judgment: Compliant

## Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre.

Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist.

However, during walk through of the centre a fire door was wedged open and, therefore, could not automatically close in the event of the fire alarm being activated.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform the development of associated care plans.

The inspector reviewed a sample of all four residents' assessments and care plans. They were found to be up to date, and readily available to inform staff practice. The plans related to residents' health, behaviour, communication, intimate care, social goals, safety and well-being. They reflected input from a wide range of

multidisciplinary team services. The plans also included important information on residents' interests, personalities, and preferences.

Judgment: Compliant

### Regulation 8: Protection

Residents were observed to be safe and well cared for in this centre. The provider had systems in place for the detection, management and reporting of safeguarding concerns.

The inspector reviewed any safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented.

However, during the inspection, the inspector reviewed the management of residents finances. While there were good local systems in place including daily checks and storage of receipts, improvements were required in oversight. For one resident the provider did not have demonstrable oversight of the resident's bank accounts which impeded the providers ability to assure safeguards.

Judgment: Substantially 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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oakvale OSV-0008606

Inspection ID: MON-0049184

Date of inspection: 10/03/2026

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: 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 contact Masterfire to install self-closure magnets to both office doors ]</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In order to meet compliance with Regulation 8: Protection, the following actions have been undertaken,</p> <ul style="list-style-type: none"> <li>•The Person in Charge and the Director of Nursing met with the resident and their representative to address the service' oversight of the resident's finances/bank account. The Resident's family have commenced the process of transferring the residents finance into their own account. This meeting took place on 23/03/2026 ]</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)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/05/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2026