



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

## Issued by the Chief Inspector

Name of designated centre:	Carrigans Upper
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	25 March 2025
Centre ID:	OSV-0008752
Fieldwork ID:	MON-0043984

## About the designated centre

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

Carrigans upper provides full-time residential care and support to adults with a disability. The designated centre comprises a three-bedded bungalow located near to a rural town. Residents have their own bedroom with access to bathroom facilities, They also have access to sitting areas, a kitchen and dining area, utility, staff office and storage areas. Recreational areas are located to the front and rear of the centre. Residents can avail of home-based activities and day service activities. Transport is provided for the centre by the provider. The centre is open seven days a week, and residents are supported by the person in charge, staff team, who provide support in all aspects of daily living to residents. Staff are on duty both day and night based on the residents assessed needs.

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

Number of residents on the date of inspection:	3
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## 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
Tuesday 25 March 2025	11:00hrs to 17:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

Overall, the provider had ensured that residents received a person-centred, safe and quality service in Carrigans upper centre. On the day of the inspection from the areas reviewed, there were no regulations that required improvement. This showed that the provider had established and maintained effective oversight and monitoring of this centre.

The inspection was an announced inspection conducted to review the regulatory compliance in the centre following the residents' transfer from a congregated setting. Through observations, brief interaction with three residents met while they were leaving for an outing and on their return that afternoon, the inspector noted that the service was meeting their needs well by supporting them to leave very active lives and enabling them to access their local community.

The centre comprised of a bungalow on the outskirts of a rural town. It was located close to shops, supermarkets, cafes, restaurants and other amenities. The centre also had access to multiple local towns and enjoyed outings to multiple places for days out and meals. Each resident had their own bedroom, which was personalised and decorated to their taste and preference, and was suitable for their assessed needs. The centre had a large bathroom, communal kitchen and dining area and sitting areas in the centre.

A walk around of the centre was completed with the person in charge and floor plans were reviewed during this process. The inspector found that the centre was designed and laid out to meet the residents needs.

The centre was clean, tidy and in a good state of repair. It was nicely decorated throughout. The centre was also warm, bright and comfortable. Residents' photographs were on display in the communal rooms and in their bedrooms. Residents' bedrooms were all decorated in line with their tastes and preferences.

The person in charge, person participating in management and three members of staff met the inspector during the inspection. All staff spoke about the residents respectfully. They were very knowledgeable on the residents needs and preferences. Throughout the day staff were observed and heard offering choice and opportunities to the residents. It was clear that residents had regular access to house based and community activities of their choice and preference. Staff were observed chatting and interacting with residents at different times on the day.

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

## Capacity and capability

The service was well governed, and lines of accountability were clearly defined. The provider ensured that the quality of the service was maintained through scheduled audits. Staffing numbers and skill-mix were suitable for the needs of residents living in the centre.

The provider had maintained very good oversight of the service through regular scheduled audits and planned unannounced visits. The person in charge ensured that findings from these audits were recorded and completed. Actions identified were addressed in a timely manner. This showed that the provider was ensuring that continuous improvement and review were paramount in the centre.

The staffing arrangements in this centre were suitable to the assessed needs of residents. Staff were in receipt of training relevant to the care and support needs of residents. The inspector reviewed training records from January to March 2025 on the day of the inspection and found that all staff were up to date and in receipt of refreshers when required.

## Regulation 15: Staffing

The staffing arrangements were suitable to the assessed needs of residents living in this centre.

The inspector reviewed the rosters in the centre from November 2024 to March 2025. The rosters showed a core consistent staffing group in place. The number and skill-mix of the staff in place were available at all times to support residents. The staff in place were very familiar and consistent with residents. The roster also allowed for flexibility for staff, which ensured that residents were supported appropriately at all times. For example, on the day of the inspection, staffing arrangements were in place to facilitate a day out, including eating out in the residents preferred restaurant.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records were reviewed by the inspector from the opening of the centre in June 2024 to 28 of February 2025. These indicated that staff had up-to-date training in the areas the provider identified as mandatory. When staff required refresher training, staff were enrolled by their line manager in schedule training updates. In

addition to mandatory training, staff also received training in bespoke courses that were appropriate to the assessed needs of the residents in this centre.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The provider had recorded the required information in relation to all residents as outlined in the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service.</p> <p>The inspector reviewed audits that had been completed in the centre since June 2024. The audits had been completed in line with the provider's schedule. The person in charge had implemented a system where any findings from audits were recorded and action was taken within a specific timeframe.</p> <p>The provider was aware of the requirement to complete an annual report on the quality and safety of care and support in the centre. The provider had also completed six-monthly unannounced visits to the service in line with the regulations. The most recent audit was completed in February 2025 and was not available in the centre, as it was awaiting approval. The person in charge was aware of the actions identified and was completing actions appropriately.</p>
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
<p>The statement of purpose included all of the required regulatory information as listed in the regulations.</p> <p>The inspector reviewed the statement of purpose during the inspection and found it had a description of the service provided and the structure of the management in place for the centre. The statement of purpose was available in communal areas in the centre and was provided in an accessible format if required by residents.</p>

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an appropriate complaints system in place in the centre.

The complaints system was reviewed on the day of inspection and there was no active complaints in place. There was a policy and procedure in place to guide staff on the management of complaints. A record was maintained of all complaints received and this showed the actions completed and the outcome, as well as the satisfaction of the complainant as required by the regulations.

Judgment: Compliant

### Quality and safety

The inspector found that this was a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted and managed effectively in the centre.

Residents received a person-centred service in this centre. The residents' health needs, social and personal needs were identified and assessed. The appropriate supports to meet those needs were put in place and reviewed by the staff team regularly. Staff were given all relevant information to support the residents appropriately. For example, three staff spoken with on the day were very aware of the residents' communication needs.

The safety of residents was supported and promoted in this centre. Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures in place to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks. These included appropriate staffing levels based on assessed needs of residents, and compatibility for residents.

### Regulation 10: Communication

The provider had arrangements in place to support residents to communicate their needs and wishes. Information was available for staff that ensured appropriate supports were provided to residents.



Staff were observed speaking with residents in a supportive and respectful manner. They were aware of the particular communication strategies used by residents when communicating. When speaking with the inspector staff demonstrated good knowledge of residents' communication needs.

The inspector reviewed two communication profiles on the day of the inspection. These provided clear guidance to staff on the communication supports required for both residents. The information was clear, descriptive, signed and up to date, which ensured that staff were knowledgeable in their role.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were supported to engage in activities that were in line with their wishes and preferences.

Records reviewed on the day showed evidence of activities completed in their local communities. The inspector reviewed notes for two residents on the day. Residents are supported with home based activities as well as attending a day service hub facility in their local area. Activities included exercise classes, arts and crafts, music therapy and eating out in local restaurants. On the day of inspection, the inspector met the residents on their transport as they were heading out for a planned meal and day out with staff.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the centre was suited to the assessed needs of residents living in the centre at the time of the inspection.

The centre was clean, in a good state of repair, suitably furnished and nicely decorated throughout. There was adequate space for residents to spend time together or alone. The centre was accessible to all residents.

Judgment: Compliant

### Regulation 20: Information for residents

There was information for residents available in the centre which included all of the

specified information by the regulations.

This information was provided in an accessible format if required and included information on complaints, the management team and services available.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk in the centre.

The inspector reviewed the risk register, which showed it was comprehensive and risks that were identified, were specific to the service. They were recently reviewed by the person in charge.

The inspector reviewed two risk assessments that were developed for two residents. These gave clear guidance to staff on how to reduce risks to residents. These assessments were under regular review and were updated should a change occur. There was evidence that residents were involved in the development of their assessments.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had appropriate and effective systems in place to ensure residents and staff were protected from the risk of infection.

The provider had an up-to-date policy and procedure in place to guide staff in their practice. Staff were aware and familiar with the guidelines in place and the person in charge monitored the procedures as scheduled in the centre. From a review of training records all staff had completed training in hand hygiene and infection prevention and control training.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective fire safety systems were in place in the

centre.

All staff were trained on fire safety and were familiar with the emergency plans, as well as participating in scheduled fire drill procedures. These drills were recorded and reviewed by the person in charge. The records showed that drills were completed regularly, at different times of the day and with the least amount of staffing. Residents engaged in all of the fire drills and were aware of the evacuation procedure and assembly point outside of the centre.

Regular maintenance was completed in the centre. Records were available for review and these showed a record of attendance by the external contractor, evidence of reviews completed and any actions required. These reviews included daily, weekly and monthly monitoring of the fire safety systems in place.

Residents had a personal emergency evacuation plan (PEEP) completed and in place. The person in charge monitored and reviewed these to ensure they were up-to-date at all times. Learning was also shown and actions required were clearly documented.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviours.

Staff had received training in how to support residents to manage their behaviour. The inspector found that referrals were completed should a resident require support from an appropriate professional. Referrals were also completed in response to incidents that had occurred in the centre. Advice and information from the specialists was shared with staff and reviewed at staff meetings.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that residents were protected from abuse.

Staff had received training in safeguarding. They had knowledge on the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing item on monthly team meetings.

The inspector reviewed the intimate care plans in place for one resident. This plan was detailed and comprehensive and gave clear guidance to staff on how to support residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant