



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

Issued by the Chief Inspector

Name of designated centre:	Ard na Veigh
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	01 September 2025
Centre ID:	OSV-0001725
Fieldwork ID:	MON-0047570

About the designated centre

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

Ard na Veigh services is a residential service run by the Health Service Executive. It can provide full-time residential care to male and female adults, who are over the age of 18 years with an intellectual disability. The designated centre is located in a residential area in a rural city with local amenities being easily accessible on foot, taxis and public transport. The designated centre is a semi-detached two-storey house with a kitchen dining room, sitting room, resident bedrooms, shared bathroom and a separate toilet. Residents also have access to rear and front garden areas. Staff support is provided in line with the assessed needs and preferences of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 1 September 2025	11:00hrs to 16:10hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). A regulatory notice was issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of a rights based service where the FREDA principles of fairness, respect, equality, dignity and autonomy are embedded in the care and support delivered to residents. The inspector met with the four residents, the staff member on duty and the person in charge.

On arrival at the centre, residents welcomed the inspector, and were very clear about what the inspection involved. This designated centre is registered to provide care to five residents and there were four residents in the house on the day of inspection. Residents in this house were very able and independent, they utilised public transport independently, went to the local shop and other local amenities as they wished. Staff working with residents were keen to emphasise and protect and enhance their independence in everyday living activities. They had the support of staff from 8:30 am to 18:30 hrs daily and residents told the inspector they were happy with this level of staffing and felt it met their needs. Residents were helping to put away the shopping, do the laundry and doing household chores. All residents had their own daily routines, some stayed in the house for various parts of the day, some went shopping, others to the day centre or other social clubs of their choice. The inspection was facilitated by the person in charge. There was one staff on duty and the inspector met with this staff. They had worked with the residents since 2022 and knew the residents well.

Families were very involved in residents' care and all residents had mobile phones and contacted their families and friends independently. Residents sat in the sitting room with the inspector and described the life they led and voiced how happy and appreciative they were of the service provided to them. Residents spoke warmly and appreciatively of the staff members and valued their support, company and help and stated they "are great to us", "They would help you with anything". Three of the residents had returned from spending the month of August with their families and one resident had spent ten days with a friend who she had kept contact with over the years. Residents told the inspector that this was the usual arrangements for the month of August as the day service closed for two weeks and they chose to do this and saw it as their holiday. They were chatting about all the interesting things they had done while away and what a good time they had, but were all delighted to be back living together. One resident was due to return the following day.

There was good continuity of staff and the inspector witnessed good communication between staff and the residents. There was good emphasis on enhancing resident's

quality of life through their social engagement, promoting independence, positive risk-taking and integration within their local community. Residents told the inspector that they knew their neighbours well and liked living in this area and felt part of the community. Residents had lived in this house for many years. Residents said that they enjoyed various activities including relaxing at home, spending time with each other chatting, going out for meals and going to social gatherings. They also enjoyed taking part in everyday community activities such as going to the hairdresser, post office, mass and going to the local supermarket for grocery shopping. Residents used public transport independently and there was also a vehicle that was available to residents. It was utilised by staff to support residents attend medical appointments, attend leisure activities and to attend local amenities.

Residents were delighted to tell the inspector they were getting a new house, and spoke of how involved they were in the decision making regarding this. They stated they had waited a long time before a suitable premises had become available locally. They stated they did not want to move from the local area they were in, as they were familiar with the facilities in this area, there was good public transport from this area into the town.

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

Capacity and capability

Overall the inspector found that the management team had systems relating to oversight and governance of the centre which were ensuring that residents' rights were respected and there were good safeguarding procedures in place. There were no staff on night duty in this centre, however, residents could clearly tell the inspector how they would contact the on-call system should they need any assistance when staff were not available in the centre. The inspector reviewed the audit folder and found that regular audits relating to accident and incidents, complaints, health and safety were occurring. Where areas of improvement were identified a corrective action plan was developed to address these areas.

Regulation 15: Staffing

The staffing arrangements in this centre met the needs of the residents

There was an actual and planned rota showing staff on duty during the day. The inspector reviewed the staff rota from 1st to 21st September 2025. Staff were available in the centre 08:30 to 18:30 hrs. daily and residents told the inspector that they were happy with these arrangements. When there was one resident residing in

the house, (when other residents were on holidays with their families) a staff was available at all times to provide support and company to the resident. This resident told the inspector that they were happy with this arrangement. If residents wished to attend social events, out of hours staff were available to support this. There was good consistency of staff with two staff working most of the time and another staff who filled in any gaps where these staff were not available. An out-of-hours management on call rota was in place to provide support to staff out of hours. Details of this were displayed in the staff office.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had completed mandatory training as required by the regulations, which included fire safety training, positive behaviour support and safeguarding residents from abuse. The inspector reviewed the staff training records for the last three years. Staff also had access to other training which included first aid and training in infection prevention and control. This ensured that staff had the required skills and competencies to meet the assessed needs of residents. Where refresher training was required, this had been identified by the person in charge and staff had been listed to complete the training. Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed. A staff supervision schedule was in place and the staff member on duty confirmed that the person in charge called into the centre frequently and was easily accessible by phone.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good governance and management arrangements in place to ensure that a safe quality service was provided to residents and residents were happy living in the centre.

The inspector found that there was good continuity of care and adequate staff on duty to meet the needs of residents. The person in charge attended the centre soon after the inspection commenced and facilitated the inspection. Information requested by the inspector was made available swiftly. Staff meetings were occurring regularly and the inspector reviewed the minutes of the meeting held in June and in July 2025. Items discussed included any changes to policies, the quality improvement plan for the centre, safeguarding scenarios, and procedures to adapt, incidents, complaints and staff training. The inspector reviewed the most recent annual review which was completed for the period February 2024 to February 2025.

This included views of the residents and their families. Six-monthly unannounced visits were also completed by a senior staff member independent of the centre. These were last completed in June 2025. An overarching quality improvement plan was available in the centre and any actions from the annual review of the six monthly unannounced visits were addressed through this action plan. Contracts of care were available in an easy to read version.

Judgment: Compliant

Quality and safety

This section details the quality and safety of the service provided to residents.

Overall, the residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual assessed needs. The residents reported that they were happy and felt safe. The Inspector found that the service was led by the residents. All residents spoken with voiced the view that they had full control in the way they chose to live their lives which reflected their wishes

The residents told the inspector that enjoyed their day-to-day activities. They stated they got on well together and spoke fondly of each other. Personal goals were identified and achieved. The premises provided a nice home to the residents and was clean and well maintained. Two residents shared a bedroom and both told the inspector they were happy with this arrangement and knew when they moved to their new house they would have their own bedroom

Regulation 10: Communication

All residents in this centre could communicate freely and told the inspector they felt they could freely voice their opinions to staff and felt they would be listened to.

Staff were observed to communicate with residents in a respectful and person-centred manner. A communication policy was in place and this was reviewed by the inspector. All residents had mobile phones and communicated with families and friends independently. The inspector found from a review of documentation, discussion with residents, staff and the person in charge that an open culture which respected the individuality of each resident was welcomed and supported. All residents told the inspector that were doing what they were interested in and got to do the things they wanted to do. This respected their right to autonomy. Resident's welfare was promoted, and care and support was delivered in an environment which was open and conducive to preventing the risk of harm to residents. This was evidenced by staff listening and responding to residents appropriately, good risk

management procedures, good safeguarding procedures and support from staff. Residents also had access to external advocacy services as required.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided a comfortable home to residents and residents were happy in their home.

It was clean bright and homely. Two residents shared a bedroom but told the inspector they were happy with this arrangement. While the design and layout of the premises met the aims and objectives of the service and the current needs of residents, the provider had sourced an alternative premises locally to future proof the premises available to residents. The current premises was a two storey style building and the new premises would offer a single story structure where they all would have their own bedroom. Residents told the inspector that they were very happy with the location of the new premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A person centred personal plan which details the needs and outlines the supports required to maximise resident's personal development and quality of life, in accordance with their wishes was in place for each resident.

The inspector reviewed two personal care files and aspects of other personal plans for example care plans templates. The personal plans were developed according to the interests of the residents which meant they were meaningful to them. The personal plan detailed individual needs and preferences and their personal goals clearly displayed the choice of the resident and showed the progression of the goals.

One resident told the inspector that they had a goal to clean and maintain their parents grave and the person in charge had helped her arrange this. Some goals for 2025 relate to preparing and planning for the move to their new house. Goals set displayed a positive approach to risk taking and this ensured a good quality of life for the resident and a focus on the rights of the resident. Other goals include building up and maintaining independent skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had completed training in best practices in the management of responsive behaviour. There were no restrictive practices in place at the time of this inspection. All residents had a key to the front door and could access the community as they wished. All residents had control over their finances. All residents could contact staff by phone if they had any concerns or needed assistance.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure residents were protected from all forms of abuse and harm. There were no open safeguarding plans in place at the time of this inspection.

Other aspects of safeguarding in the centre included consistent staff, well maintained premises and safeguarding training for all staff. The person in charge is a designated safeguarding officer. The staff member spoken with had knowledge of the safeguarding policy and confirmed that this was discussed at staff meetings. All residents had completed safeguarding training.

There was evidence available in minutes of residents' meetings that safeguarding and human rights were discussed at these meetings. This enhanced residents knowledge of their rights and helped residents to self-protect themselves. A protocol was in place for residents to do before they go to bed. One of the residents went through this with the inspector, this included to unplug all electrical equipment, bring their mobile phones to their bedroom, close all windows, turn on outside lights. All residents spoken with stated that if they had any concerns they would let the staff know and were confident any issues would be addressed. They all confirmed that staff and the person in charge checked in with them regularly to see if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found from speaking with residents, staff on duty, the person in charge and a review of documentation that there was open culture which respected the individuality of each resident.

Residents were encouraged to voice their views and supported in their choices on how they spent their day. All residents told the inspector that were doing what they were interested in and got to do the things they wanted to do. There was an emphasis on supporting residents independence and on positive risk management so that residents could do what they wanted. Residents told the inspector that if the requested the assistance of staff to go to a night time music concert; staff would be available to support them. Residents had access to a range of activities which included day services, clubs, meeting friends and accessed the community as they wished

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant