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:	Corlurgan Community Home
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	23 March 2026
Centre ID:	OSV-0002446
Fieldwork ID:	MON-0045073

About the designated centre

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

This is a service providing 24 hour care and support to four adults with disabilities. The house is in a rural setting, however, it is situated approximately three kilometres from Cavan town centre. Transport is provided so as residents can access nearby local towns and villages and avail of community-based amenities and activities. The house comprises of a bungalow with an entrance hall, a sitting room, and a kitchen cum dining room. There is also an ensuite one bedroom apartment at the lower back of the house. Each resident has their own individual bedroom. There is a garden area to the front of the property with adequate private parking available. The house also has a large back garden with decking and raised flower beds. The service is managed by a full-time person in charge who is a qualified nursing professional. They are supported in their role by a team of staff nurses and healthcare assistants. The house is staffed on a 24/7 basis.

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
Monday 23 March 2026	09:00hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The inspector found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team. All regulations reviewed were found to be compliant on the day of inspection.

On the day of the inspection, four residents were supported within the centre. The inspector met with all residents on the day of the inspection. Each resident reported to and appeared content and comfortable in the centre. Engagements between staff and residents was seen to be respectful and engaging.

Residents were supported in a kind and gentle manner in line with their assessed needs. Residents were observed completing their morning routines on the arrival of the inspector. Residents were supported to attend day service and also engage in recreational activities supported by the centre. Residents' schedules were adapted as per their preference for example, one resident was supported to have a lie on and begin their morning routine later when the house was quiet and to their liking. Residents were observed to be offered a variety of choices for breakfast with the inspector observing thoughtful engagement and interactions. The inspector met with residents throughout the day as residents returned from planned activities. It was evident that residents participated in busy schedules.

Residents were supported to engage and be part of their local communities, there was strong evidence of residents participating in community groups, socialising and being present in their local area. Residents goals were thoughtful and clearly driven by the residents. Examples included improving physical fitness and health with residents participating in personal training, swimming and hikes. Other residents enjoyed gardening and had taken pride in maintaining pots and the large garden at the centre. The inspector observed the well maintained garden and pots on display on the day of inspection. The inspector also observed model clay figures completed by residents at community groups. It was evident residents were proud to display their creations.

The designated centre comprises a detached house located outside a town in Co. Cavan. The designated centre was decorated in a homely manner. Each resident had access to their own bedroom which was decorated according to their personal tastes. One resident was supported in an apartment style accommodation on the ground floor. The resident accessed the main house on the second floor during the day and was provided 1:1 time in their individual space in the evening. This was seen to have been of great benefit to the resident and support their assessed needs.

There was evidence of effective oversight of the centre. There was a full-time person in charge. The person in charge was also responsible for another designated.

The staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary 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 and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre.

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 for March 2026. There was an appropriate number and skill mix of staff present in this centre. There was 24 hour nursing support , two 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.

At times there was agency usage in the centre, however this was kept to a minimum. The centre had local arrangements to ensure appropriate supervision and verification of agency staff in the centre.

The presence of an appropriate number and skill mix of staff ensured residents' needs were consistently met in a timely and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled. A supervision schedule was in place and a sample of staff supervisions were reviewed. Staff were appropriately supervised in the centre.

Up-to-date training and supervision of staff ensured that staff members were competent and delivered safe, effective and person centred care.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability.

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). Good levels of professional oversight were demonstrated. For example, audits, reviews, management meetings, team meetings, consultative engagement with residents and families were reviewed.

The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately outlined the service provided and met the requirements of the regulations.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 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed.

Information was available to residents about how to complain and residents were aware of and supported to raise any complaints.

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 and risk 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, regularly reviewed 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 risk management arrangements and found the provider ensured that risks were appropriately managed. 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 12: Personal possessions

There was adequate space for personal storage. Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were accurately maintained and were up to date.

Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand. For example, easy to read quarterly statements were made available to residents. Where a resident needed support to manage their financial affairs, a financial capacity assessment was completed so as to determine the level of support residents needed to manage their finances independently and safely. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances.

As a result residents were safeguarded from financial risk and were supported to manage their personal possessions in line with their will and preference

Judgment: Compliant

Regulation 13: General welfare and development

Residents were found to be very well supported to be active and engage in meaningful activities.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. While some residents attended days services others were supported by staff who ensured that a number of alternative recreational and social activities were made available to them.

Residents engaged in activities such as:

- personal training
- swimming
- community social groups
- Park runs
- Local walks
- hotel breaks
- visits to tea rooms
- Music therapy
- Reflexology

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. All residents had their own bedroom which were decorated to reflect their individual tastes.

The homely, well maintained environment positively supported residents' comfort, privacy and overall well-being.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. For example, door dampers were fitted following an incident associated with banging doors. This was seen to be effective in minimising further incidents. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, physiotherapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

Residents who were eligible, were made aware of and supported to access preventative and national screening services.

This ensured that residents experienced optimal physical health with timely access to health care services that support their individual needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have

behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant