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:	Coill Darach
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	15 July 2025
Centre ID:	OSV-0002572
Fieldwork ID:	MON-0038728

About the designated centre

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

This designated centre provides full-time 24 hours nurse led residential care for up to seven adults over the age of eighteen years, both male and female with an intellectual disability. The centre is based on the outskirts of a large town in Co. Meath. The centre consists of a kitchen/dining room, a sitting room, two offices, seven bedrooms, three shared bathrooms, one en-suite and one separate bathroom. There is a patio area at the back of the house overlooking a large garden. The centre has its own transport which is wheelchair accessible. There is a full-time person in charge employed in this centre and a team of registered nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 15 July 2025	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to help inform the registration renewal decision.

There were six residents living in the centre on the day of the inspection, and the inspector met them all, although some residents chose not to interact with the inspector and this was respected.

On arrival at the centre the inspector met two residents who were having breakfast with staff. One resident extended their arm in greeting, and then continued with their meal. The other resident had just received a phone call from their close friend who lives in another designated centre operated by the provider. The two friends spend time together every week, and had been on holidays together.

The inspector observed a resident having a cup of tea whilst having a foot massage. They were singing familiar words and names with the staff member and appeared content and occupied. They had a picture book with recordings of their family member's voice making comments, and they clearly enjoyed this item.

The inspector asked a resident who was heading to their room if it was ok to visit. The resident took the inspector by the hand, did a turn around the corridor, then led them into their room and sat down. The room was nicely decorated and arranged, and there were various sensory items that the resident demonstrated.

All residents gave the inspector permission to enter their rooms, and the inspector found that they were all person centred, and contained personal items such as family photographs, music systems and televisions, and all rooms were decorated in the ways that residents had chosen.

There were renovations underway in the designated centre, some of which were in response to the previous inspection. The renovations will provide further storage for residents, a visitors' room and create en-suite bathrooms for two of the bedrooms that currently share a bathroom.

All the staff members engaged by the inspector spoke about the ways they supported residents in activities, in daily care and support, and in communication. They could describe each resident's favourite activity and explain the ways in which each of them communicate.

Residents had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection. Staff had supported residents to complete the questionnaires, and all the responses were positive. They had made some comments on behalf of residents, for example, one resident is described as having settled in well since their recent admission to the designated

centre, and a comment from their relative was recorded to say that they were happy with the current living arrangements.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre. Some minor improvements were required in auditing and in the stock management of some medications as further discussed under regulations 23 and 29 of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective for the most part, although improvements were required in auditing and in supporting staff to raise any concerns.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, who demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents, and any issues had been responded to in a timely manner.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre.

It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff, and there was a registered nurse on duty at all times.

If additional staff were required, they came from an agency, but were known to the residents. There was a memorandum of understanding between the provider and the agency which gave assurances that all the documents required under Schedule 2 of the regulations were in place.

Staff files were not reviewed on this occasion, but the staff team had not changed since the previous inspection in October 2024, on which occasion all the documents required under schedule 2 of the regulations were in place.

The inspector spoke to four staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date or scheduled, and included training in fire safety, safeguarding and positive behaviour support. Training had also been undertaken in human rights and infection prevention and control. Staff could describe their learning from their training, and relate it to their role in supporting residents.

Staff were supervised on a daily basis. The person in charge was based in the house on a daily basis, and was supported by registered nurses. The staff nurses were in charge of the staff team in the absence of the person in charge.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to a resident who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The person in charge (PIC) was supported by two registered nurses each day, and another on night duty. These staff nurses were responsible for the supervision of staff in the absence of the PIC.

There was a schedule of formal supervision in place, and these took place twice a year. The inspector reviewed three of the records of these conversations and found a record of a meaningful conversation with each staff member. However, while there was a section in the record of supervision conversations for registered nurses where staff were asked if they wished to raise any concerns, this section did not appear in the records of staff who were not nurses. It was therefore unclear as to how all staff members were supported to raise any issues of concern.

There were various monitoring and oversight systems in place. An annual review of the care and support of residents had been prepared as required by the regulations. Areas for improvement were identified in this annual review, and a sample of the required actions reviewed by the inspector had been completed. For example, funding for an external placement for one resident had been secured, policies had been signed by staff to indicate that they had read them and all policies were now up-to-date.

Six-monthly unannounced visits had been conducted on behalf of the provider and there was a schedule of monthly audits, including audits of finances, of complaints and of fire safety. However, the schedule of audits had not been followed as required by the organisation's protocol and there were significant gaps.

The inspector reviewed a recent audit of a resident's care plan and found that it was a checklist of documents and the date they were included, but did not examine the quality of the care plans.

The designated centre was well resourced, so that there were sufficient staff to meet the needs of each resident, and there were two vehicles, both of which could

accommodate residents in wheelchairs, so that residents had ready access to transport.

Overall, there were some effective oversight strategies that identified any areas for improvement, although some improvements were required in auditing and while staff supervision was appropriate, the mechanisms whereby staff were supported to raise any concerns required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome, and any further actions that was required to resolve the issue.

Two recent complaints had been made by residents, one whereby the behaviour and presentation of a resident had communicated to staff that the resident was unhappy

with an issue with their mattress alarm, and another where a resident had complained about early morning construction noise at a nearby building. Both issues had been quickly resolved to the satisfaction of the residents.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Medication was well managed for the most part, although some improvements were required in stock control.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

There was detailed information in the care plan of each resident in relation to their communication. Each had a communication passport which gave detailed

information about the ways in which they communicate. For example, one resident indicate agreement by protruding their tongue, and dissent by shaking their head.

One resident had been seen by the speech and language therapist (SALT), and had been introduced to an eye-gaze device, and a yes/no button. Neither device had been successful, but staff where skilled at asking closed questions so that the resident could indicate yes or no in their own way.

However, this was the only resident who had been referred to the SALT despite all residents having communication challenges. It was agreed with the person in charge and the person participating in management at the closing meeting of the inspection that these referrals would be made.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens, and renovations were underway to provide additional storage to residents.

The designated centre was well maintained and visibly clean, and there was a detailed cleaning schedule which completed daily. An audit of infection prevention and control had been undertaken which included an observation of staff practise.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks, and these management plans remained open until the risk was completely mitigated.

Individual risk assessments included the risks relating to medication refusal, healthcare issues, and mobilising. There were detailed management plans n place

for all the identified risks, for example, one resident had a detailed falls prevention management plan in place.

General risks were identified, and each of these also had detailed management plans, including vehicle safety, fire safety and emergency planning.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan (PEEP) in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate.

The PEEP for one resident indicated that they frequently chose not to engage in fire drill, however their PEEP did not include guidance as to the steps staff should take if they refused to evacuate in an actual emergency. This as rectified during the course of the inspection, and all staff who spoke to the inspector about fire safety could describe the steps they would take. All staff had received training in fire safety.

Audits of fire safety had been undertaken, and improvements made where areas for improvement were identified. For example, a recent audit had identified that an emergency exit sign required attention, and this had been followed up.

The discussions with staff and the documentation in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. The inspector reviewed medication administration with a registered nurse, and found the practice to be appropriate and in accordance with best practice.

Each resident had been supported with a self-administration assessment, and all received support from staff with their medications. Each resident also had a care

plan outlining the supports they required. For example, one care plan gave guidance to staff in the event that a resident might refuse to take their medication.

The administration of any 'as required' (PRN) medication was in accordance with best practice. Staff described the steps they would take prior to considering the administration of medication, which was in line with the guidance in the personal plans of residents. There was detailed guidance in place which described the circumstances under which administration should be considered.

All the residents had a current prescriptions, and staff were knowledgeable about each medication. Medications were supplied by the local pharmacist and receipt of medication orders was carefully checked. Where medications were supplied in tablet form there were regular checks on stocks, and a reducing balance was maintained. The stock of medication checked by the inspector was correct.

However, there was no stock check on medications supplied in liquid form, and where spare bottles of liquids were stored in a stock cupboard, these were only checked at the end of each month. The inspector was therefore concerned that if medication errors or omissions occurred they might go undetected.

In addition, where residents were prescribed rescue medications for the management of epilepsy, staff members took two doses of this medication with them on any outing. These medications were not signed in and out, again leaving room for undetected errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were regularly reviewed and were based on a detailed assessment of need.

There were sections in the care plans on personal and intimate care, on mealtime supports and on various aspects of healthcare, together with a global care plan that included various aspects of daily life. Each of the care plans included sufficient detail as to guide staff in the care and support of residents.

Each resident also had a person-centred plan, and had been supported by staff to identify goals for achievement. These plans had been made available to residents in an accessible version, and some residents had written in their own comments.

Improvements had been made in the oversight and recording of activities in order to ensure that residents were supported in meaningful activities. Some of the more recent entries included a description of the engagement of the resident in the activity, so that an effective review of the support in activities could be facilitated.

The personal planning system was effective in ensuring that guidance for staff was available in all aspects of daily life, and that the views and preferences of residents were incorporated.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, where a resident had an unwitnessed fall the resident attended their general practitioner (GP) who conducted tests, and then made a referral to the relevant consultant for follow-up. An intervention was made that ensured that the resident's condition was constantly monitored.

Regular healthcare assessments were conducted, and residents had access to various members of the multi-disciplinary team, including their general practitioners, physiotherapist, speech and language therapist, occupational therapist and mental health team.

The inspector reviewed a healthcare plan in relation to epilepsy for one resident, and found that it included guidance relating to the prevention of seizures together with detailed guidance for staff in the event that the resident had a seizure. There were also detailed care plans relating to skin integrity, arthritis and foot and nail care.

End of life care had been broached with some residents as an initial opening discussion, and one resident who was currently unwell had discussed their end of life preferences with staff.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents both in making choices, and in having respect for each resident. Residents were supported in making choices by effective management of communication in accordance with their needs.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks, activities and clothing were all made by each resident. An advocate had been involved with one resident who was going through the assisted decision making process.

There were regular residents' meetings at which residents were consulted about various aspects of life in the designated centre. Items discussed at these meetings included menu planning, activities, rights and advocacy, and any concerns that residents chose to raise.

Residents were supported to engage in a wide range of activities in accordance with their preferences, and to be involved in their local community. They had recently attended an event organised by the provider's group, the 'circle of friends'. The event was a well-being day and it was apparent that this had been enjoyed by everyone who attended.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Coill Darach OSV-0002572

Inspection ID: MON-0038728

Date of inspection: 15/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has developed and implemented a local schedule for the completion of Audits in the Designated Centre to ensure quality auditing is completed in a timely manner in line with the organizations' protocols. Quality improvement plans developed from audits will be tracked and monitored to ensure they are implemented. The organisations' template for staff supervision has been reviewed and amended to include a section where all staff are given the opportunity to raise any issues of concerns.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Referrals have been sent to HSE Primary Care SLT department for communication assessments, however they are not currently carrying out communication assessments for adults with an intellectual disabilities. The service has identified an external Speech and Language Therapist who specialises in Communication. Dates have been secured for this Speech and Language Therapist to assess residents' communication abilities and needs within the designated Centre. Any recommendations form the Speech and Language Therapist will be implemented for residents.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A full review of the medication stock control schedule was undertaken, all liquid medications are now included in the schedule. The frequency of stock check for excess bottles of liquids in storage has been increased to a weekly check to avoid any errors or omissions.

A new sign in and sign out recording system for rescue medication for the management of epilepsy has been developed and implemented to ensure that any rescue medication taken out on social outings is recorded. The medication policy has been updated to reflect these changes and communicated to all staff in the Designated Centre.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/09/2025
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns	Substantially Compliant	Yellow	01/09/2025

	about the quality and safety of the care and support provided to residents.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/09/2025