



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

Issued by the Chief Inspector

Name of designated centre:	Dungloe Services
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0003331
Fieldwork ID:	MON-0043036

About the designated centre

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

Dungloe services provides full-time residential accommodation for up to four male and female adults with an intellectual disability. The service comprises one property (Meenmore) which is located in a rural town. The staff team comprises both nurses and healthcare assistants with daytime support provided and a sleep-over arrangement in place at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 17 November 2025	08:30hrs to 14:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Dungloe Services were happy in their home and felt safe. A review of the facilities provided, to ensure they were in line with the statement of purpose, would further enhance compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). This related to the use of a vacant room, which will be expanded on under Regulation 3 later in this report.

There were three residents living at Dungloe Services and one vacancy. The inspector spent time with two residents on arrival at the centre. They were waiting for their bus to take them to their day service. One resident was observed moving from room to room as they prepared to leave their home. While they did not hold a conversation with the inspector, they answered questions when asked. They told the inspector that they had their own bedroom and felt happy in their home. The second resident spoke to the inspector about a range of topics. They had a good understanding of the places that they lived in previously and they said that they liked their current home. They said that their bedroom was warm and cosy and the staff were kind. They also said that they liked the food provided and they enjoyed a recent shopping trip to a town nearby. They pointed out that they went on a holiday abroad before and while they enjoyed it, that they did not want to go back.

A healthcare assistant was on duty on the morning of inspection. This was an unannounced inspection, however, they greeted the inspector warmly and presented as calm and competent. They were present while the inspector spoke with residents. They were very familiar with each person's presentation and communication style. They assisted the inspector understand what each person had to say and they did this in a kind, patient and respectful manner. Later, the inspector met with the person in charge, a nurse manager, a staff nurse and two healthcare assistants, one of whom was employed by an agency. They spoke about their work and answered questions when asked. It was evident from these discussions that residents were actively involved in decisions made about their care and support, and their human rights were respected. This was validated through a review of the documentation systems that took place later.

The third resident rose from their bed later that morning. They had a regular medical appointments and were due to travel to the hospital that day. The inspector observed the travel plans as they were made and agreed with the resident. The resident met with the inspector in their bedroom. They told the inspector about the paint that they had picked and said that they had new bedding in matching shades of pale pink. Their room was warm and cosy with items of personal interest displayed. As well as a large bed, there was a comfortable recliner chair provided near the window.

The inspector completed a tour of the house. The walls were painted throughout and were fresh and clean. The kitchen cupboards were cleaned and sprayed in a lighter colour which enhanced the kitchen and dining room. The sitting room was welcoming and cheerful as festive decorations were displayed. This was discussed with a sense of amusement by a resident and staff as they wondered if it was the right time to unveil the annual display. All residents had their own bedrooms and there were two bathroom facilities. One upstairs and one downstairs. There was a vacant room downstairs. The inspector noted that the staff sleepover bed was moved into this room in order to maximise space in the building. This was discussed with the person in charge and the provider representative; when they visited later in the afternoon. They agreed that the use of this room required review in order to ensure that its purpose was clear and aligned with the floor plans for the centre.

Overall, this was a very pleasant inspection, where the residents lived in a comfortable home which met with their assessed needs.

The next two sections of this report which will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. Some improvement with the statement of purpose was required in order to strengthen compliance of this regulation.

There were strong leadership and management arrangements at this centre. A nurse manager was employed recently which supported the role of the person in charge. The staff team were managed effectively. Consistent care and support was provided by a trained staff team.

A review of the documentation systems completed by the inspector found that guidance for staff was clear and accessible. In addition, there were good auditing systems which ensured that gaps in documentation or in the service were identified and addressed. This informed continual service improvement through the use of a quality improvement plan.

Residents were supported to raise concerns through informal chats, weekly meetings or through the provider's complaints process. Easy to ready versions of information were available to support understanding and decision making.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided.

Regulation 14: Persons in charge

A person in charge was appointed to the role since the last inspection.

They were employed fulltime and had responsibility for one other designated centre which was located nearby. They demonstrated their skills in the role throughout the inspection and the inspector found that they met with the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of the centre.

The inspector reviewed the roster for the six weeks prior to the inspection. This review found that the roster was well maintained, with clear indications of who was on duty and what their role might be on that day. It provided an accurate account of the staff on duty on the day of inspection. Where nursing care was required it was provided. Where additional staff were required, they were noted as consistent and skilled in the role.

In addition, the staff team were proactive in reviewing their working time in order to ensure that it met with the needs of the residents. For example, at the time of inspection, they were considering additional evening shifts in order to support residents that might like to participate in evening activities.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, including refresher training, as part of a continuous professional development programme. The person in charge had prepared a training matrix which documented modules completed by the core staff team and regular agency.

The inspector reviewed a sample of modules which included safeguarding training, positive behaviour support, fire training and hand hygiene training. All modules reviewed were up to date. Where bespoke training was required, this was provided.

For example, staff were provided with support from a renal nurse when a resident was diagnosed as requiring additional care in this regard.

In addition, staff meet regularly with the person in charge for personal development planning meetings. This provided an opportunity for a review of their workplace goals and for additional support if required.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements at this centre were clear, comprehensive and effective.

A clinical nurse manager 1 (CNM1) commenced employment at the centre in September 2025. They supported the role of the person in charge and had distinct duties at the centre, such as the completion of audits. A review of the schedule found that all audits were up to date and completed to high standard. The nurse on duty said this meant that they could attend to resident focused tasks, such as nursing assessments and care planning. The inspector found that these were equally well maintained to a high standard and overall, the documentation completion, review and updating systems, were working very well.

The annual review of care and support was completed in September 2025 and the six monthly provider-led audit in May 2025. The person in charge had logged the actions required on to a quality improvement plan for the service which was subject to monthly review.

The inspector met with six staff members on the morning of inspection. This included day and night staff. Conversations held found that staff had a person-centred focus with resident's rights at the centre of service provided. They said that they were happy in their roles, were well supported and had opportunities to raise concerns if required. Team meetings were held regularly and were well attended.

Overall, the systems and processes at the centre were working very well. Information folders streamlined information into sections that were easy to access and to understand. A signposting system meant that information was also easy to find. Only the information that was needed was printed and filed, with older documents archived. The staff team were clear about their responsibilities which they completed diligently. Reporting structures were clear and they knew what to do if a concern arose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose dated 20 March 2025 which was reviewed by the inspector.

In the main, the statement met with the requirements of this regulation. However, as there was a vacancy at the centre, bedroom 2 was not required at the time of inspection.

The inspector found that the staff sleepover bed was moved from the office to the vacant room. This meant that there was a change in the facilities provided and the primary purpose of the rooms. An application to vary was required in order to align with the requirements of Schedule 1 of this regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There was a low level of incidents occurring at this centre. The inspector completed a review of incidents arising since 1 May 2025 to the date of inspection. This found that if required, statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints procedures at the centre found that residents and their representatives were supported to provide feedback on the service and to make complaints if required. Information on how to do this was displayed in the entrance hallway.

The provider had a complaints policy which was up to date. There were no open complaints at the time of inspection and none to date this year.

Judgment: Compliant

Quality and safety

The care and support residents received was of a good quality and ensured people were safe. Residents' rights were respected and they were consulted on the planning and running of the service.

The premises provided a warm and comfortable home which met with the assessed needs of those living there. Access to healthcare supports was facilitated and if required, additional nursing interventions and care plans were provided. Where risks arose, they were identified, documented and control measures put in place. Fire safety systems were provided and staff were aware of what to do in event of an emergency.

All written information was subject to regular review to ensure that it was up to date and provided clear guidance for the staff team.

Regulation 17: Premises

The premises was cosy, comfortable and welcoming. It was decorated for the festive season and looked very cheerful. It was bright and spacious and provided adequate accommodation for the three residents living there at the time of inspection.

The interior of the building was painted recently. One resident showed the inspector their bedroom. They choose the wall colour which was very pleasant. They told the inspector that they had new bedding which they liked. In addition, new flooring was fitted throughout the centre, new blinds were fitted and the kitchen units were cleaned and sprayed.

Overall, the premises was structurally sound, clean and tidy and in a good state of repair.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide in respect of the designated centre which was available in writing and displayed in the centre. This met with the requirements of this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place for the assessment and management of risk, which were working well at the time of inspection.

The provider had a site specific safety statement which was reviewed in December 2024 for the year ahead. The risk register was reviewed by the inspector who found 36 risks recorded. As there were a low level of risks arising at this centre, this was reviewed with the person in charge who explained that many were generic risks, which were documented in line with the provider's policy.

Where required, residents had person-centred risk assessments with effective control measures and appropriate risk ratings. If a resident also had a positive behaviour support plan, recommended behaviour support strategies were added to the risk assessment as control measures. This ensured a consistent approach to risk management and behaviour support.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

A staff member had the role of fire safety officer for the service. A review of the systems and processes in place found that action was taken to plan for and mitigate against fire risks.

Residents had individual personal emergency evacuation plans and fire drills were taking place on a regular basis. Both day and night-time scenarios were used. All staff had access to fire training as outlined previously in this report, it was in date.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed resident's assessments of need, nursing interventions and care plans. They found that all residents had access to appropriate healthcare support in line with their assessments and their personal plans.

Access to a general practitioner (GP) was provided. Where required, allied health professional provided additional support. For example, a resident had a recent speech and language therapy assessment following which recommendations were made. Where required consultant-led care was facilitated by the staff team. One resident at this centre had a significant diagnosis which required the support of a

primary care-led renal team. From observations made, discussions with staff and a review of the resident's written information, the inspector could see that the systems of support were working well at the time of inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern, this was provided. The provider had a policy on positive behaviour support and staff were provided with training.

One resident at this centre had a positive behaviour support plan for a resident. It was completed by a specialist in behaviour support and reviewed on 2 October 2025. It provided comprehensive guidance for staff which was working very well at the time of inspection.

Where additional protocols were required, these were provided. For example, a resident had a restrictive practice which was used which alerted staff if they left their bedroom. The protocol provided guidance for staff on the use of the practice. At the time of inspection, this was subject to review by the provider's human rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider, the person in charge and the staff team ensured that safeguarding of residents was a priority at this centre.

There were some historical safeguarding risks at this centre. These were well managed through a safeguarding plan, a nursing intervention, a behaviour support plan and associated risk assessment. All information to guide staff was clear and consistent. This meant that the strategies used were effective at the time of inspection. The residents living together were compatible, content and safe and the inspector found that it was important that this was sustained.

As outlined, a review of incident reports found that a low level of incidents occurred. However, if concern arose, it was documented carefully and promptly reviewed in line with the provider's safeguarding policy. For example, for unexplained bruising, body maps were completed and a rationale established.

All staff had safeguarding training and a review of the audit schedule found evidence of monthly safeguarding awareness checks with the staff team. At service

level, the safeguarding policy was in date (April 2025) and minutes of quarterly safeguarding meetings were available for review.

Judgment: Compliant

Regulation 9: Residents' rights

This centre demonstrated a strong commitment to upholding the human rights of the people living there.

Residents told the inspector that they participated in decisions about their daily lives. For example, one resident told the inspector that while they enjoyed a trip overseas some time ago, they did not wish to return. They were clear on the fact that they wished to remain at home and go to an alternative location. A plan was in place to progress this.

Staff were observed interacting with residents in a manner which indicated support rather than authority. For example; a healthcare assistant was observed supporting a resident with a planned hospital appointment and later, the person in charge was reviewing the decisions for a similar trip later that week. This was conveyed to the resident for their approval. In addition, their right to information about their diagnosis was upheld. As the resident had a sensory impairment, their named nurse was working on an audio version of the information required which the resident could access via their tablet or listening device.

Staff were observed as familiar with residents' individual communication styles. The inspector observed staff listening actively and with patience, and where required, requesting clarity respectfully. Later, a staff member told the inspector that sometimes the resident would show an object of reference to reinforce their point. This was reported to work well and meant that due attention was paid to supporting the voice of each person.

A restrictive practice which was established some time ago, was not considered permanent but subject to review, which was ongoing by the provider's human rights committee at the time of inspection. Staff arrangements were also under review to ensure that they met with residents' requests for evening time activities.

Overall, a combination of committed and familiar staff and good governance arrangements ensured that human rights were at the centre of the service provided.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dungloe Services OSV-0003331

Inspection ID: MON-0043036

Date of inspection: 17/11/2025

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> - The person in charge has reviewed the Statement of Purpose to ensure that it reflects the actual purpose for all rooms within the designated centre. Date Completed: 15/12/25 - The person in charge has liaised with estates to update the Floor Plans to reflect the change of use to one of the rooms. Date completed: 15/12/25 - The provider is preparing an application to vary to be submitted to the authority in relation to the schedule 1 & schedule 3 amendments. Date for completion:22/12/25 	

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/12/2025