



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

Issued by the Chief Inspector

Name of designated centre:	Claragh Nua
Name of provider:	The Rehab Group
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0048304

About the designated centre

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

Claragh Nua provides residential support to adults with an intellectual disability and low support needs. This centre comprises two properties located beside each other in a residential area close to a busy town. Residents are supported by a person in charge, team leader and community support workers. A night-time sleepover arrangement is in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 8 January 2026	11:00hrs to 17:00hrs	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 Claragh Nua were happy in their homes and felt safe. The provider adopted a human rights-based approach to the provision of this service. This meant that residents were supported to make informed decisions about how to live their lives. The inspector found that residents were treated respectfully, with dignity and their rights were protected. They liked living with their peers, had good contact with their families and were connected with their community.

The provider reconfigured this service since the last inspection. The inspector met with six of seven residents during the course of the day. One resident was at home with their family. A walk around of both properties found that they were homely, welcoming and met with the assessed needs of the residents. Each person had their own room and some had en-suite facilities. There were small garden spaces to the rear of the properties and the provider had plans to prepare these for use by the residents in the summertime.

The inspector noted a change in the support needs of some residents at the service as they aged. The provider was aware of these changes and the reconfiguration plan, along with other actions taken, ensured that people's needs were supported. While the two properties were individual to each other, their next door location worked well. In addition, two residents in the first house agreed to swap bedrooms with each other to allow one person to have a room on the ground floor. The inspector spoke to the resident who moved upstairs about this. They said that they were involved in the decision from the beginning and they understood the reason for the move. They showed the inspector their new room and it was clear that they were happy with the change. They also showed the inspector the sitting room area of their home, where an office space was located previously. They said that they and their peers requested that the office furniture be moved from the sitting room to a staff room upstairs. This was completed as requested.

While in the second house, the inspector met with another resident in the kitchen. They were observed making morning coffee. They told the inspector that they had decided to stay at home that day. They said that they liked their home, especially their independence and own space. They assisted the inspector with fire checks completed and were knowledgeable about the fire containment systems used and the importance of fire drills. They told the inspector that the service had a new car which was great. They said that they got on well with their peers and knew what to do if they had any worries or concerns. When asked about decision making, they spoke about the pet dog that was shared among both houses. They said that decisions about the dog were made when they were all together.

The team leader on duty facilitated the inspectors arrival and opening meeting. Later the person in charge and the person participating in management attended. During the course of the day, the inspector had the opportunity to speak with an experienced staff member who said that they worked in a happy house and they enjoyed their work. Residents were supported to participate with the inspection process and when offered, one resident said they would like to attend the feedback meeting.

Overall, this was a very pleasant inspection, where the residents lived their lives in line with their preferences and with the supports required when needed.

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. In addition, there were strong leadership and management arrangements at this centre. A team leader system 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

The person in charge met with the requirements of this regulation. They were employed full-time and were skilled and experienced. They demonstrated their skills competently throughout the inspection process.

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 four 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. There were no vacancies at the centre at the time of inspection.

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 training in management of diabetes. In addition, in-person training in identifying and addressing risks was planned.

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.

As outlined, there was a team leader on duty on the day of inspection. They were knowledgeable and competent. They supported the role of the person in charge and had distinct duties at the centre, such as the completion of some audits. A review of the schedule found that all audits were up to date and completed to high standard. In addition, the person in charge was skilled and experienced. They were regularly present at the centre and worked hard to ensure the high level of compliance found was sustained.

The annual review of care and support was completed in November 2025. The six monthly provider-led audit was completed in October 2025. Both were completed by persons employed by the provider and external to the centre. The person in charge had logged the actions required on to a quality improvement plan for the service which was subject to monthly review.

As outlined, the inspector met with four staff members on the morning of inspection. 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 which was reviewed by the inspector. It was up to date and contained the information required under Schedule 1 of this regulation.

Judgment: 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 October 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

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.

Both houses provided met with the assessed needs of those living there. Access to healthcare supports was facilitated and if required, additional medical supports 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 12: Personal possessions

A review of this regulation found that residents retained access and control over their belongings where possible and in line with their personal preferences.

For example, one resident showed the inspector items relating to their hobby which they stored on shelves in their bedroom. Their rooms were well organised and cheerful, with suitable hard and soft furnishings. The resident was very proud of the items that they made in the past and the projects that they were currently working on.

Another resident recently accepted support from the staff team to assist them with administrations of medicines. However, they liked to keep their medicines in their own room. This was supported and safe storage facilities were provided.

Judgment: Compliant

Regulation 13: General welfare and development

It was clear to the inspector that residents received suitable care and support in line with their assessed needs and individual wishes.

Where possible, they were actively involved with their families and this was facilitated by the staff team if required. One resident was observed leaving their home that morning, with plans to travel to their family home by public transport.

Access to facilities for occupation and recreations were provided. Some residents attended a sessional day service. Another spoke about their job at the local shop where they were provided with a uniform and included in the staff team there. They also spoke about their interest in sport, showed the inspector their sporting awards and told them about plans to attend the summer Olympics.

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 subject to regular review. Their management policy was reviewed in December 2025 and a risk register for the service recorded relevant risks.

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.

Where additional risks occurred, the provider had employed the support of a specialist. This ensured that residents were supported and risk management arrangements were in line with their assessed needs.

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 review of the

systems and processes in place found that action was taken to plan for and mitigate against fire risks. This included upgraded fire doors which were recently fitted.

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. In addition, residents were supported to under fire safety and to be involved in risk management in this regard. As some residents liked to cook and prepare their own food, this demonstrated good fire safety and risk management.

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 recent support from an occupational therapist following which recommendations were made. Where required consultant-led care was facilitated by the staff team. In addition, access to national screen programmes was provided.

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 standard and bespoke training.

One resident at this centre had a specific plan relating to risk behaviours. This was reviewed recently by a professional with additional expertise in this area. Staff spoken with were aware of how to support the resident and to keep them safe. A number of restrictive practices were used where deemed necessary. The inspector spoke with the resident about these and they provided assurances that they understand why they were in place and that they consented to their use.

In addition, the provider had a human rights review committee who had oversight of restrictive practices. This was working well at the time of inspection.

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.

Where matters arose, they were well managed through safeguarding plan, behaviour support plans 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.

All staff had safeguarding training and a review of the audit schedule found evidence of regular safeguarding audits completed.

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 and provided examples which are outlined throughout this report.

Staff were observed interacting with residents in a manner which indicated support rather than authority. For example; a staff member was observed supporting a resident with their plans for the day and whether they would rather stay at home or go out.

Overall, a combination of committed and familiar staff and good governance arrangements ensured that human rights were at the centre of the service provided. As outlined under regulation 7 above, access to a human rights review committee was provided if required.

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	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