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:	Nacora
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	15 September 2025
Centre ID:	OSV-0007730
Fieldwork ID:	MON-0039735

About the designated centre

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

This centre is a large bungalow on the edge of a rural village. It is registered to accommodate up to four residents over the age of 18. Each resident has their own bedroom. The centre is staffed by a team of nurses and healthcare assistants who support residents with their health, social and personal needs.

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 15 September 2025	09:55hrs to 16:00hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

Residents in this centre received a good quality service. The provider had systems to monitor the quality of the service. This ensured that any issues that were identified were addressed in a timely manner. The health, social and personal care needs of residents were assessed and supports to meet those needs were put in place. Some improvement was required in relation to the supports given to residents to make informed choices about their savings.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of a bungalow on the edge of a small village. The house had four bedrooms and each resident had their own bedroom. One bedroom had an en-suite bathroom. There was also a large bathroom for use by all residents. In addition, there was a kitchen-dining room with an open-plan living room. The house also had a separate sitting room, utility room and WC. Outside, the grounds were well maintained and accessible to residents.

The house was clean, warm and bright. It was tastefully decorated and in a very good state of repair. The furniture was modern and comfortable. There were photographs, pieces of art and ornaments throughout the house that created a homely feel.

The inspector had the opportunity to meet with three of the four residents on the day of inspection. Some residents could chat with the inspector independently. Other residents required the support of staff when meeting the inspector. Residents said that they were happy in their home. They said that the staff were nice and that they were respectful. Residents said that they were happy with the food and meals in their home. One resident told the inspector that they liked their fellow residents and liked living with them. Residents spoke about the regular activities that they enjoyed. This included attending day services, shopping trips and meals out. They spoke about events that they had attended. For example, one resident spoke about a rugby match that they had attended a few months previously and showed a photograph of the event to the inspector. Residents spoke about some of the things that they liked to do while at home. This included watching television, listening to music and completing some household tasks. Residents knew the staff well. They knew who was on duty and who was due to come on duty at night.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Four questionnaires were returned and reviewed by the inspector. Some questionnaires indicated that a staff member had answered on behalf of the resident. Other questionnaires indicated that the resident had

answered independently. All questionnaires indicated that residents were happy with their home and the service. Additional comments were recorded in the questionnaires. These were positive with residents commenting that they liked their bedrooms, had enough space for privacy and that they enjoyed going on day trips. Some questionnaires recorded the specific ways that residents communicated their consent and how staff supported their communication.

The inspector had the opportunity to speak with two family members of two different residents. The family members were very complimentary of the service in the centre. One family member said that residents in the centre received "the best of care". They spoke about the friendship between residents. They said that they would be very comfortable raising any issues with staff, should any concerns arise.

In addition to the person in charge, the inspector met with three other staff members. All staff were knowledgeable on the needs of residents and the supports required to meet those needs. They spoke about residents' behaviour support plans and how they could identify if residents were distressed. They knew how to respond in these situations. Staff were knowledgeable on the procedures to follow should a safeguarding incident arise. Staff spoke about residents in a respectful and caring manner. They were observed assisting residents and responding to residents when they asked for help or information.

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

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Actions from these audits were recorded on the centre's quality improvement plan. The lines of accountability were clearly defined. Staff reported and escalated any incidents, as required. There was evidence that incidents were reviewed, monitored and steps implemented to reduce a reoccurrence. Residents and family members could provide input on the quality of the service through an effective complaints procedure.

The staff in the centre were very familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that

were mandatory for all staff. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge maintained good oversight of the service through regular audit and team meetings. They had a very good knowledge of the needs of residents and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of the residents.

The inspector reviewed the rosters in the centre from 18 August 2025 to 19 October 2025. This indicated that the correct number of staff with the correct skill-mix was on duty at all times. The person in charge maintained a planned and actual staff roster. The roster clearly outlined when staff were on-duty, on leave or completing other tasks, for example, staff training. The review of rosters showed that planned and unplanned leave was covered by a regular team of staff. This meant that residents were supported by a team who were familiar to them.

The provider had completed an audit of staff members' personnel files in February 2025. The inspector reviewed this audit and it indicated that all staff had provided

relevant documentation to the provider as outlined under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre had up-to-date training in areas that were relevant to the care and support of the residents.

The inspector reviewed the training records in the centre. These indicated that staff training in the provider's 27 mandatory modules was up to date. Where staff required refresher training, this had been identified by the person in charge and training dates had been booked. The provider had also identified training modules relevant to the specific care and support needs of residents in this centre. Training in this areas was also found to be up to date. The person in charge booked training in epilepsy management for all staff on the day of inspection and this was scheduled to take place before the end of the month.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements for the governance and management of this centre.

There were clear lines of accountability. This meant that staff knew who to contact to escalate any issues. The governance structure was clearly defined in the centre's statement of purpose.

The provider had a system to review any incidents that happened in the centre and implement measures to reduce a reoccurrence. The inspector reviewed the records of all incidents that happened in the centre since the beginning of 2025. These records showed that staff appropriately recorded, reported and escalated all

incidents. Where required, onward referrals to members of the multidisciplinary team were made. Incidents were discussed with staff at regular team meetings.

The inspector reviewed the standing agenda for team meetings and the minutes of meetings that happened in February 2025 and September 2025. These showed that information relating to residents and the service were shared with staff. In addition, the minutes showed that staff had the opportunity to raise issues with management. For example, it was noted that staff requested training in a particular area at one meeting.

The provider had a good system of oversight in this centre. That meant that there were good systems in place to monitor the quality of the service and to quickly address any issues that were found. This ensured that the service delivered to residents was safe and met their needs.

The provider had a schedule of audits that were due to be completed in the centre on a regular basis. The inspector reviewed the routine audits that had been completed since January 2025. This showed that all audits were completed in line with this schedule.

The provider also maintained oversight of the service through unannounced provider-led visits every six months. The two most recent reports of these visits were reviewed by the inspector. These reports were comprehensive and, where areas for service improvement were identified, these were clearly defined. The specific action needed to address the issue was recorded and a target timeline outlined. This was also noted in the provider's annual report into the quality and safety of care and support.

All actions from routine audits, provider-led audits and other assessments were recorded on the centre's quality improvement plan. This gave overview of all service improvement actions that were underway in the centre. There was evidence that the provider addressed any identified issues in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted all notifications to the Chief Inspector in line with the regulations.

In preparation for this inspection, the inspector reviewed all notifications that had been submitted in relation to this centre since its last inspection. The inspector also reviewed the records of all incidents that had occurred in the centre since 1 January 2025. This showed that the provider had submitted all necessary notifications as required under the regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had submitted notifications to the Chief Inspector outlining the arrangements in place during the absence of the person in charge. This was in keeping with the requirements outlined under the regulations.

The inspector's review of notifications submitted to the Chief Inspector since the last inspection of this centre found that the provider had given appropriate notice when the person in charge was absent for more than 28 days. This notification included information about the governance arrangements that were in place during that absence.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure and monitored its implementation and effectiveness.

The inspector noted that the provider had a complaints procedure in place. The inspector's review of routine audits in the centre found that complaints were audited on a quarterly basis. Both residents and family members told the inspector that they would be comfortable making a complaint should any issue arise. This meant that the provider had a culture in place that welcomed feedback. It meant that there was a system that facilitated residents' opinions and input to be recorded and actioned.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports had been put in place to meet those needs. Improvement was required to ensure that residents received the support they needed to make decisions about their savings. Residents were supported to engage in activities that they enjoyed and that were important to them. They were supported to maintain friendships and relationships. Residents were involved in the running of the centre. They told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. Risks to the residents had been assessed and control measures to reduce risks had been implemented.

Regulation 10: Communication

The provider had ensured that staff had the required knowledge to support residents to communicate their needs and wishes.

The inspector reviewed the files and communication profiles of two residents. The communication profiles had been developed by a speech and language therapist and reviewed regularly by staff. There was a system where staff could re-refer residents to the speech and language therapy service if there was a change to the residents' communication needs. Residents also had nursing intervention plans about the supports that staff should offer to residents. These documents gave information about equipment that residents required in relation to their communication, for example, hearing aids. There was also information about how to present information to residents in a way that was understandable. This ensured that staff knew how to support residents appropriately with their communication needs.

When speaking with the inspector, staff spoke about the ways that they supported residents to understand information and to interpret their choices. This was in line with the information in the residents' notes.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in their home in line with their wishes.

There was adequate space in the centre for residents to meet with their visitors in private. Residents spoke about visitors who came to their home regularly and about recent visits from family. The policy in relation to visitors was summarized in the

residents' guide. This showed that there were no restrictions on visitors coming to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had measures in place to support residents to manage their day-to-day finances. However, the provider had not implemented adequate supports to ensure that residents could make choices about the management of their savings.

The inspector reviewed the financial assessments that were completed with two residents. These assessments identified the level of support required by residents to manage their day-to-day finances. The provider implemented systems to ensure that residents received these supports. However, the inspector noted that the assessments did not identify the supports required by residents to manage their savings. The person in charge reported that residents were not informed of the money that they had in savings in a way that was easy for them to understand. As a result, residents were making decisions about their spending and planned activities without all of the necessary information.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

The inspector reviewed the files of three residents. These showed that there was clear information to staff in relation to the residents' nutritional needs. Where required, residents had access to the relevant healthcare professionals who made recommendations in relation to residents' nutritional needs. These recommendations were clearly outlined. Residents' records also indicated that residents had access to nutritious home-cooked meals and also enjoyed meals out.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems for the management of risk.

The inspector reviewed the risk assessments that had been developed for three residents. These were comprehensive and gave clear guidance to staff on how to reduce risks to residents. They had been recently updated. They were in line with the residents' assessments of need.

The inspector also reviewed the risk register that was maintained by the person in charge. This registered covered the risks to the service as a whole. Again, this was found to be comprehensive and clear controls in place to reduce risks to residents, staff and visitors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal care needs of the residents. This meant that the supports required by residents to meet their needs could be identified and put in place.

The inspector reviewed the files of three residents. These showed that assessment of need had been completed for all residents within the previous 12 months. They identified the health, social and personal care needs of residents. Where a need was identified, a corresponding care plan had been developed to guide staff on the supports that should be implemented for the resident.

The inspector also reviewed the three residents' annual reviews. Again, these had been completed within the previous 12 months. Residents or their family representative had been invited to input into the annual review. The previous year's goals had been evaluated and new goals set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed.

The inspector reviewed the files of three residents and this showed that residents had access to a wide variety of medical and healthcare professionals, as needed. Recommendations from these professionals were available to guide staff. There was evidence that residents were supported to attend medical appointments and that referrals to relevant professionals were made, when the need arose.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems in place to support residents to manage their behaviour.

The inspector reviewed a behaviour support plan that had been developed for a resident. This had been developed by a suitably qualified professional and gave clear guidance to staff on the supports required by the resident.

The provider had identified any restrictive practices that were in use in the centre and had a protocol in place to justify their use. Members of the multidisciplinary team were involved in developing protocols, where required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from abuse.

Staff in this centre had up-to-date training in safeguarding as noted by the inspector when reviewing staff training records. In addition, the provider completed monthly checks of staff knowledge on safeguarding as part of the routine audits. Staff demonstrated to the inspector that they knew what steps to take should a safeguarding incident occur.

The person in charge had developed risk assessments relating to safeguarding and these gave clear control measures to staff on how to keep residents safe from abuse. Clear information was also available in the residents' personal care plans. The inspector reviewed three care plans and found them to be comprehensive.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected in this centre.

In speaking with the inspector, residents said that they were offered choices in relation to their daily lives and that these choices were respected.

Residents were supported to be active participants in the running of the centre. They were offered choices in relation to their daily meals and activities. Staff spoke about how they offered choices to residents and how these choices were respected.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nacora OSV-0007730

Inspection ID: MON-0039735

Date of inspection: 15/09/2025

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 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
To ensure compliance with Regulation 12 the following actions will be completed

An easy read document has been created to assist residents in the understanding of the management of their saving .This new document will be included in the CDLMS policy on Management of Persons Personal Property ,Personal Finances and Possessions

This document was created in conjunction with the Nurse Practice Development Coordinator and members of the Multidisciplinary Team.

In addition, the residents with the assistance of the nursing team and representatives will discuss their personal finances at the resident's annual review and ascertain with the easy read documentation the supports required to make decisions using their own finances on planned activities.
This will now be added to the resident's annual review template.
This will be completed by the 31/10/2025

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/10/2025