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:	Shiven Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	24 March 2026
Centre ID:	OSV-0007803
Fieldwork ID:	MON-0040896

About the designated centre

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

Shiven Services can provide a mix of fulltime residential and respite services to a maximum of seven individuals of mixed gender who are over 18 years of age and have varying levels of intellectual disability. There are four individuals who receive full-time residential and three respite beds in Shiven Services. Shiven services can support individuals with mobility issues who do not require specialised equipment and can support those with medical, mental health and/or sensory needs, those with complex needs and those who may require assistance with communication. The service can support individuals who require different levels of support in areas of everyday living including community activities, housekeeping, shopping, personal care and maintaining family contact. Shiven Services consists of three bungalows. Two bungalows are connected by a glass corridor and accommodates four residents with a full-time residential service. The third bungalow located on the adjacent site provides a respite service for up to three individuals. Each house is spacious with large bedrooms and sitting rooms, kitchen/diners, assisted shower rooms, offices and staff sleepover rooms. Each house has an accessible garden with an outdoor dining space. The centre is located on the edge of a rural town and has good access to a wide range of facilities and amenities. Residents are supported by a staff team of social care workers and care assistants. Staff are based in the centre when residents are present including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 24 March 2026	09:15hrs to 15:55hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor the provider's compliance with the regulations and to inform the renewal of registration for the centre. Throughout the inspection, the inspector met with six residents who lived in the centre, they also had an opportunity to speak with some residents and also observed life in the centre. The inspector also met the person in charge and team leader, staff members and viewed a range of documentation. Two houses operated on a full-time basis, and one house opened on a part time basis offering respite three nights each week and one weekend each month.

Based on the findings of this inspection, the inspector found residents who lived in the centre had choices in their daily life's, were respected, were supported to achieve best possible health and could choose their preferred activities. Aspects of medicine management required improvement; however, there was no evidence to demonstrate that they contributed to any incidents in the centre.

The centre comprised of three houses. Two houses were attached and internally linked, while the third was detached and located beside them. The layout was designed to meet the needs of residents, with one resident occupying a single house, while the remaining residents shared the other two houses. The design of the centre provided ample space for residents to spend time privately or to meet with other peers in communal spaces. The centre was pleasantly decorated, and the provider had recently completed internal painting and furnishings. During a walk around of the centre, the inspector observed that all residents had spacious bedrooms with double beds, televisions were available and all bedrooms were personalised in line with each resident's preferences. There was also sufficient bathrooms in the centre to meet the needs of residents.

Each resident had a comprehensive assessment of need in place, which clearly outlined their individual care and support needs. Where residents had identified positive behaviour support needs, the provider had ensured that staff had guidance and strategies to effectively manage and respond to behaviours of concern. In addition, the layout of the centre was arranged to support these needs, ensuring that other residents were not impacted should a behavioural need arise. The inspector found where residents shared a house, residents were observed to be comfortable and at ease in their homes.

Upon the inspectors arrival, a resident was waiting to meet with them and discuss life in the centre. They showed the inspector around their home and discussed some of the things they enjoyed in the centre, such as going out for coffee, meeting with family and friends and they described some of the routines they have in relation to managing the house such as the food shopping. During this conversation, the resident and inspector discussed the restrictive practices currently in place for them. This resident was aware of these practices and described them as keeping them

safe. They were also aware of the steps to take should they wish to raise a concern in relation to a complaint or a safeguarding concern. Throughout the morning the inspector met with other residents as they carried out their morning routines, some residents invited the inspector to view their bedrooms. One resident was happy to chat with the inspector as they had their morning coffee. They described some of the activities they enjoy such as golf, hockey and going to the shops. This resident described having control over many areas of their life, including financial matters, healthcare and daily routines. They were aware of how to raise a concern in relation to the complaints procedure and also knew where to report a safeguarding concern. Residents living in this centre and also residents who attended for respite stays had day service placements located near by. One resident was supported in a home based day service.

The inspector found that residents had opportunities to engage in their preferred activities and to progress their personal goals. These included membership of local clubs, dance classes, soccer groups, going shopping, going on day trips, theatre shows, music concerts and going for meals out and coffee. Staff spoken with described a recent trip to the races and discussed plans for travel abroad in the coming months for a resident following a personal planning goal.

Staff spoken with described feeling well supported with good communication from local management to staff teams. Overall, this was a very positive inspection that found many good example of quality care and support. The providers systems were effective in ensuring the centre was well managed and governed and where improvements were required, plans were in place to address these areas.

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

Capacity and capability

Overall, this inspection found the centre was effectively managed resulting in a high quality service for residents.

There was a clear organisation structure in place to govern and mange the centre. The person in charge was well known to staff and residents and throughout the inspection demonstrated a good understanding of residents needs and their regulatory responsibilities. They were supported in the day to day management of the centre by a team leader who had worked in the centre for many years and was very familiar with residents' preferences and support needs. There was an on-call arrangement in place for out-of-hours periods and weekends, and this was readily accessible to staff.

The provider had ensured the centre was adequately resourced to meet the assessed needs of residents'. These resources included, transport, Wi-Fi, and private space to meet friends and family. Staffing levels were consistently maintained in line with residents assessed needs and these levels varied depending on respite nights offered. Staff had received mandatory training and further training in areas such as feeding eating drinking swallowing (FEDs) as relevant to their roles and responsibilities.

There were various monitoring systems in place to maintain oversight of the quality and safety of care. These systems included provider unannounced audits undertaken every six months and an annual review of the service. The annual review of the service for 2025 highlighted areas where residents had progressed personal goals, such as hosting a barbeque, going for spa days, going to the races, partaking in classes, attending shows and going to concerts. The provider unannounced audit undertaken in October 2025, demonstrated a good level of compliance with the regulations. Where improvement was identified, a quality improvement plan was in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the prescribed documentation and information required for the renewal of the designated centres registration to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre had enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

The inspector viewed actual and planned rosters for a six-week period between February, March and April 2026. Rosters showed that sufficient staff were consistently being rosters to meet the wellbeing and safety needs of residents. Local management discussed having nursing support available outside of the centre to provide clinical support to residents and supported the oversight of health related care plans.

A sample of two staff files were reviewed, information and documents specified in Schedule 2 of the regulations was available to view.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre have access to and have completed training to support them to provide suitable care to residents.

The provider had prepared a training matrix for the centre, this was reviewed by the inspector. All staff had completed training in fire safety, positive behaviour support and adult safeguarding. Staff spoken with verified they had received training in these areas.

Most staff had also completed training in diabetes, medicines management, feeding eating drinking and swallowing (FEDs), epilepsy and first aid. Where staff required training, the inspector saw evidence that this was booked and where refresher training was required, this was evidenced as scheduled.

Staff were found to be supervised effectively and appropriately. The inspector reviewed two records of formal supervision and found these were appropriately recorded and supported staff where wished to progress their own continuous professional development.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted with its application seeking renewal of the registration of this centre evidence that it had insurance, such as against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place to appropriately oversee all aspects of the service. The management structure was clearly defined and the lines of authority and accountability were well known to staff.

The centre was adequately resourced in terms of staffing and other resources to ensure the effective delivery of care and support to residents. Residents had access to transport, Wi-Fi, garden space, and comfortable living arrangements.

The provider had various oversight arrangements in place, such as an annual review of the service and provider unannounced audits undertaken every six months. The inspector read the annual review of the centre for 2025. This was found to be person centered with a focus on residents 'highlights' for 2025. The provider had made this document accessible using pictures and this review was also readily available to residents in the centre. Feedback was sought from residents and their representatives as part of this review, this feedback was very positive, with one family describing the centre as a 'home away from home'. A six-monthly provider unannounced audit was carried out in October 2025. This audit identified areas for improvement such as the need for referrals for some residents to an allied healthcare professional and an update to falls screening was required for another resident. Where improvements were identified, time bound plans were in place to identify improvements following these reviews.

Regular team meetings were taking place in the centre with records for February 2026 reviewed. Personal planning updates, and risk management were standard agenda items. Records reviewed found good levels of attendance of staff at team meetings. Resident meeting records were reviewed, with meeting taking place each week in the centre. These meetings discussed upcoming social events, menu planning, good news stories and advocacy.

The person in charge undertook a schedule of audits on a weekly, monthly, quarterly and annual basis. This included audits of incidents and accidents, behaviours of concern, medicines, health care and restrictive practices. Records of these audits were reviewed for quarter one, two, and three of 2025 with a high level of compliance to the regulations found. In addition the person in charge had prepared a quality improvement plan for 2026, this highlighted areas that required progression such as painting in the centre, premises upgrades to a bathroom and a kitchen and the recruitment of a nurse in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. The inspector read the statement of purpose available and found that it met the requirements of the regulations, was up to date and was been reviewed annually or as necessary by the person in charge.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents living in this centre. Some improvement was required in aspects of medicines management, this will be discussed further under regulation 29.

The centre was located close to a large town and walking distant to amenities such as restaurants, shops and a church. Transport was provided and all residents had access to a vehicle to access the community, attend appointments and activities. Residents had access to a back garden and the provider had ensured good accessibly to the centre with ramped access to all front entrances. The centre was found to be clean, spacious, well laid out and decorated in a homely manner.

The inspector found that identified risks were effectively managed and a system was in place for the identification, assessment, management and review of risk. Each resident had a personal plan and this was reviewed at least annually or as required. Personal goals had been developed and agreed with the resident, their representatives and their key workers. Residents healthcare needs were found to be well managed with records evidencing annual medical reviews and access to allied healthcare professionals. The provider had taken measures to proactively support a resident with a history of falls, this included environmental modifications such as grab rails and a review of all surfaces to limit the injury caused in the event of a fall.

The provider had systems in place to support residents' to manage their personal possessions and finances. Each month records were reconciled and further oversight was undertaken each quarter by the provider. The inspector found where residents required support with their finances, the systems in place to safeguard them were effective. These measures included daily checks, random spot checks and an annual financial assessment form.

Residents rights were actively supported by staff and local management. Restrictive practices were reviewed frequently and the provider had ensured these practices were keep under review on a regular basis, both locally in the centre and also by a human rights review committee.

While there were good management systems in place to ensure medicines were managed to a good standard, improvement was required in relation to some guidance for staff in the identification of drugs and also some aspects of administration records. These findings did not result or pose a medium or high risk to residents.

Regulation 10: Communication

Residents were assisted and supported to communicate in line with their needs and wishes.

All residents in the centre communicated verbally with some residents also using visual aids to enhance communicate methods. Staff were knowledgeable about residents' assessed communication needs and demonstrated to the inspector strategies used to support communication. This included visual cues and pictorial schedules. The inspector viewed two residents' personal plans, which included clear and up-to-date communication passports. Staff were observed interacting with residents in a supportive manner. Residents had access to television, radio and personal devices.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and control of their personal property and possessions. Where support was required to manage financial affairs this was provided.

All residents were observed to have adequate storage for their personal belongings. There was suitable facilities in the centre for the laundry of residents' clothing.

The inspector viewed the financial records held for two residents and cross referenced recorded expenditures with receipts. Records were found to be well maintained and the provider had a robust auditing system in place to safeguard residents financial matters. The provider also maintained records of residents' property, a sample of two asset logs were reviewed and found to be up-to-date and accurate.

Residents' spoken with discussed their preferences in relation to the management of their money and also detailed how they manage their own expenditures. The provider had carried out an assessment for each resident to establish their ability to manage their own money and identify the level of support they required.

Judgment: Compliant

Regulation 17: Premises

The centre was well-maintained, clean and suitably decorated. The design and layout of the centre was suitable to the assessed needs of residents. The centre comprised of two houses attached and linked internally and a third house located next door.

The provider had ensured the centre was accessible with level access to the front entrance of each house. Hand rails were available in the centre where residents assessed needs required this equipment. During a walk around the centre, the inspector observed that bedrooms and bathrooms were suitable to the assessed needs of residents. Local management described plans for renovations in one bathroom to upgrade the facilities; a quality improvement plan was in place to progress this action.

The provider had recently replaced furniture in one sitting room, this was done in consultation with the residents preferences of style, design, and colour. All houses had access to rear gardens. Overall, the decoration of the centre created a homely, welcoming environment.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported, residents had choice around food shopping and menu planning.

All three houses had well equipped kitchens, where food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, and the inspector saw that refrigerators, freezers and dry stores were well stocked. Residents could choose to partake in the food shopping if they wished, with one resident describing helping prepare a shopping list for groceries. Menu planning was discussed each week at resident meetings, and choice was different options was available. The inspector observed staff preparing snacks and also the main evening meal in one house. This was freshly prepared, appeared wholesome, and nutritious and created a pleasant smell of cooking in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was required to ensure that aspects of medicines management were consistently and effectively overseen by the provider. This included, the processes used to verify medicines, and administration records maintained.

The inspector reviewed the system in place to verify the identification of medicines prepared in blister packs. Medicines were cross-referenced with supporting images available to guide staff. However, these images did not fully correspond with the medicines available on the day of inspection. This discrepancy may impact staff's

ability to accurately identify and administer prescribed medicines and to identify any potential errors.

Administration records reviewed for two residents did not consistently state the frequency for each medicine. As a result, there was a risk that staff may be unclear about how often medicines should be administered. While no medicine-related incidents had occurred where frequency of medicine was identified as a contributing factor, the lack of clarity posed a potential risk to safe medicines practices.

The inspector also reviewed administration record sheets and noted that further oversight of documentation practices was required to ensure adherence to best practice. For example, on three occasions, entries were unclear due to amendments where original information had been crossed through, making the record difficult to read.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that residents had comprehensive personal plans prepared and that was reviewed annually or more frequently if required.

The inspector reviewed a sample of two resident's personal plans and found that they clearly reflected the residents' assessed needs, preferences and wishes. Personal goals had been developed in line with the residents' lifestyle choices and interests. Personal goals were supported by a clear action plan, some goals included a trip to visit family abroad and maintaining membership of local sports groups.

Local management and the staff team were very knowledgeable on residents' personal plans and clearly described the care and support required to progress this residents goals.

Judgment: Compliant

Regulation 6: Health care

Residents received appropriate healthcare taking into account their assessed needs. The provider had ensured that residents had access to allied health care professionals such as general practitioner (GP), medical consultants, physiotherapists, occupational therapists, nurses and speech and language therapists.

The inspector reviewed two personal plans and found detailed plans for all identified healthcare needs. For example, where a resident was experiencing a change in their

healthcare with worsening symptoms the provider had responded in a timely manner to seek reviews with the medical consultant. Records reviewed indicated that residents' had access to the multidisciplinary team (MDT). For example, where a resident had experienced an increase in falls the provider had ensured the resident was regularly reviewed by the MDT team, including physiotherapy and occupational therapy.

National health screening was promoted and ongoing where residents' met the criteria. Staff were proactive in supporting residents' in managing their health with a focus on educating residents' on healthy eating and the importance of exercise.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place to support staff in identifying, reporting, responding to and managing any concerns related to the safety and welfare of residents.

All staff working in the centre had received training in adult safeguarding and staff spoken with were able to verify this training had taken place. There were no safeguarding plans in place in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted and respected. Staff working in the centre were very knowledge on residents needs and were observed to be respectful in their engagement with residents. For example, staff ensured residents were listened to carefully and promoted decision making throughout the inspection. All staff had received training in human rights and it was evident this training was embedded in practices within the centre. Staff described supporting a resident to recently obtain a passport and discussed the important of promoting each residents civil rights.

The provider had ensured that personal information was appropriately stored in the centre, with personal information held securely. Residents had access to advocacy services and this was promoted in the centre. Where residents chose not to partake in advocacy, their wishes were respected.

Weekly house meetings took place to discuss matters such as the running of the centre, menu planning and any other areas residents' wished to discuss. These meeting provided residents to actively participate in decision about their daily life's.

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 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 Shiven Services OSV-0007803

Inspection ID: MON-0040896

Date of inspection: 24/03/2026

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 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A) Ongoing discussions are taking place with the pharmacy and management team to develop a system that ensures up to date images of all medicines are available alongside the blister packs.
Status: Ongoing

B) A full review of the administration records for all residents has been completed, and medication frequencies have been updated accordingly.
Completed: 07/04/26

C) Documentation practices were discussed at the Team Meeting and staff were reminded not to cross through signatures on records.
Completed: 30/04/26

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 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	05/07/2026