



**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:	Lisdarragh House
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	27 May 2025
Centre ID:	OSV-0008284
Fieldwork ID:	MON-0038359

About the designated centre

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

This centre provides full time residential care to five residents, and is located on the outskirts of a large town. Residents are supported by a team of nurses and healthcare assistants, and the centre is managed by a full time person in charge.

The centre is a split level house, and there are two sittingrooms, a kitchen dining room, a main bathroom and an office. Each of five residents have their own bedroom, and four of the bedrooms have ensuite facilities. There are large gardens to the front and side of the centre, and parking to the rear of the property. Residents can access a range of healthcare professionals, and are supported to attend day services, and activities of their choice in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 27 May 2025	10:30hrs to 18:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre was a residential service which provided care and support to five residents. The centre was located on the outskirts of a large town, and comprised a five bedroomed split level property.

The inspector met the person in charge at the beginning of the inspection and was shown around the centre. The centre was homely and comfortable, and there was ongoing upkeep, for example painting, completed in the centre. Each resident had their own bedroom, and these were personalised as residents wished, for example, their choice of colours, family photographs, and posters of favourite singers and football clubs.

Residents liked to spend time outdoors, and the patio from the dining room opened up on to the front garden. For one resident it was important that they had a view of the road, and they had a keen interest in all forms of transport. The staff told the inspector the resident preferred to sit beside the patio doors, and alert the staff when a car or bus arrived at the centre, and the inspector saw when the day service bus arrived in the afternoon, they called out to let staff know. The front garden was furnished with a range of seating, and the person in charge outlined that during the recent good weather, residents had spent a significant amount of time in the front garden.

The inspector met all residents living in the centre over the course of the day. Four residents attended day services and returned to the centre in the afternoon. One resident was supported by staff to attend to day activities in a nearby centre in the morning, and in the afternoon chose to go on a walk with staff. While the inspector was not familiar with the communication preferences of some residents, staff explained the meaning of gestures and words, and were observed to promptly respond to a resident's request to go for a walk. Similarly, where a resident needed some support to help them express themselves, this was observed to be offered in a sensitive and caring way.

One resident showed the inspector their bedroom, and with the support of the person in charge told the inspector about their interest in fashion and in music. The resident liked to listen and sing along to music, and had attended musicals and concerts as part of their ongoing goals. The inspector met another resident and they said they liked living in the centre and felt safe. They also said they liked to play the fiddle, and really enjoyed country music.

The inspector observed that staff were respectful and kind in all their interactions with residents, and it was evident that staff knew the residents well, and that residents sought reassurance and support from staff as they needed throughout the day.

There was an established team in the centre, and two staff spoken with described in detail the healthcare supports, social opportunities, and goals residents were pursuing, and in this regard staff demonstrated the skills and knowledge they had in effectively supporting residents. Staff were also knowledgeable on how residents made choices and consented to support, using both verbal and non-verbal modes of communication. Significant effort was made to tailor community activities, social events, and holidays to suit the individual preferences of residents.

Regular family contact was supported and promoted, and residents visited their loved ones at home, met up in the community and rang their families regularly. Families were also kept up-to-date on their loved ones wellbeing.

The next two sections of the report outlined the governance arrangements in the centre, and how these arrangements positively impacted on the care and support residents received in the centre.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre, and a full application was received by the Office of the Chief Inspector. The centre could accommodate five residents.

The provider had ensured appropriate resources were available in the centre, and this included staff training, a suitable premises, a household budget and transport. The provider had also ensured the skill mix and staffing levels were appropriate to the needs and numbers of residents living in the centre.

There was a clearly defined management structure, and there was ongoing monitoring of the services provided. High levels of compliance were found on this inspection, reflective of a safe and effective service for residents living in the centre.

Regulation 15: Staffing

There were sufficient levels of staff employed in the centre, and the team had the skills and knowledge to meet the needs of residents. The centre was staffed by a fulltime person in charge employed as clinical nurse manager 2, and nurses and health care assistants. The person in charge outlined there was one staff vacancy, due to a planned temporary leave, and this post was filled by regular relief health care assistants or by regular agency staff. The staffing levels were in line with the details set out in the statement of purpose.

There were three staff on duty during the day including one nurse and two health care assistants, and two healthcare assistants at night in a waking capacity. The

inspector reviewed a sample of planned and actual rosters for a three month period, and rosters were found to be appropriately maintained, and consistent staff had been provided. This meant that residents were receiving continuity of care and support.

The inspector met two staff members and they knew the residents well, and were knowledgeable on residents' needs and their support requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the necessary training to meet the needs of residents, keep residents safe, and to enhance their rights.

The inspector reviewed staff training records, and all staff had completed mandatory training in fire safety, adult safeguarding, children first, and in managing behaviours of concern. Additional training had been completed by staff including manual handling, basic life support, a suite of infection prevention and control trainings, human rights, person centred planning, dementia awareness, epilepsy and the administration of emergency medicine, food hygiene and assisted decision making. The staff team were in the process of completing sexuality awareness training, and the person in charge had requested training in dementia care specifically related to the needs of a resident.

The inspector spoke to two staff members and they were knowledgeable on the specific care and support being provided to residents. This meant that the training provided had enhanced staff skills and knowledge, on how best to support the individual needs of residents as assessed.

There was a schedule of supervision meetings, and these were completed every six months. The person in charge worked in the centre two days a week, and supervised the care and support provided to residents. On the days the person in charge was not in the centre, a nurse was responsible. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

The centre had up-to-date insurance and a copy of the certificate of insurance was submitted to the Chief Inspector of Social Services as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place which meant appropriate resources were provided, systems were in place to ensure the services were safe and effective, and there was ongoing monitoring of the services provided. High levels of compliance were found on this inspection, reflecting a service that was focused on the individual needs and rights of residents, as well as timely responses to the evolving needs of residents.

The provider had ensured appropriate resources were provided and included a skilled workforce, staff training, a suitable premises, equipment for residents' use, and transport. Since the last inspection procurement cards had been provided in the centre, and this meant residents could now shop for goods and food across a range of vendors. The person in charge outlined the budget for the centre, and stated there were sufficient funds provided to the centre.

There was a clearly defined management structure, and staff reported to the person in charge. The person in charge reported to the director of nursing who reported to the disability service manager. The person in charge said they had good support from senior managers. At night time and at weekends, an on-call management service was available.

The management systems in place had ensured the service provided was safe and effective. For example, there were safe procedures in place for medicines management and fire safety, incidents were promptly and appropriately responded to, and safeguarding measures were implemented as planned. In addition, there was ongoing review of residents' needs and effective personal planning in particular in response to the changing needs of one resident.

The centre was monitored on an ongoing basis and an annual review of the quality and safety of care and support had been completed. The annual review had included consultation with a family member, and a sample of actions developed were reviewed by the inspector, and found to be complete. A six monthly unannounced visit had been completed by the provider in December 2024, and the inspector observed that actions were complete. These included, for example, ensuring monthly fire equipment checks were completed, replacing a lock on a fire box, reviewing risk assessments, and ensuring the medicines fridge was locked at all times.

A range of audits were completed, and the inspector reviewed a sample of 11 audits of finances, medicines, complaints, restrictive practices, safeguarding and infection prevention and control, and no actions were required following these audits. The person in charge maintained a quality improvement plan, and the outcomes of reviews and audits were formulated onto this plan, and reviewed by senior

management. All actions were completed within the required time frame, and three actions were not due for completion at the time of inspection.

Overall the governance and management arrangements were supporting a safe and effective service for residents, and residents were enjoying a good quality of life as a result.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose that was submitted as part of the application to renew the registration of the centre. The statement of purpose contained all of the required information, including for example, the services and facilities in the centre, the total staffing complement, and the arrangements for development and review of residents' personal plans.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a system in place to deal with complaints, and to monitor the complaints responses.

The person in charge was the nominated person to deal with complaints, and the service had nominated a person to keep records of complaints received, and ensure all complaints were appropriately responded to. Records of complaints were submitted to the nominated person every month.

The inspector reviewed the complaints log. There had been no complaints in 2025, and one complaint in 2024. At the time of the complaint in 2024, the person in charge had taken action to resolve the complaint to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, by a skilled staff team who knew residents well.

There was effective communication with residents to ascertain their choices, which in turn informed activity plans, goals and meal choices, and staff were observed to respectfully communicate with residents at all times.

Residents' needs had been assessed by the staff team and a range of healthcare professionals, and personal plans were implemented including health, social, and personal care plans.

The provider had ensured a well maintained premises, transport and equipment was provided to support residents with their choices and needs.

In addition, residents were protected by implementing safeguarding measures and the appropriate management of residents' finances, and there were safe practices in the centre for fire safety, medicines management, risk management and the response to adverse incidents.

Regulation 10: Communication

Residents' communication needs had been assessed, and staff were supporting residents effectively with their communication needs.

Residents' communication needs were assessed and where assessments by a speech and language therapist were indicated, these were complete with recommendations made. Personal plans included details on how residents prefer to communicate, and their receptive language skills. Staff were knowledgeable on residents' communication styles, and the communicative intent of non-verbal interactions, and described a number of these to the inspector. For example, a staff member outlined how a resident consented to support, as well as indicating their preferences. The inspector observed pictures were available in the kitchen of various food choices, to help a resident pick out their preferred meal or snack.

While the inspector was not familiar with all the communication preferences of residents, it was observed that staff were supporting all residents to communicate in line with their needs. For example, a staff was observed to promptly respond to a resident's non-verbal cue requesting to go for a walk.

Residents had access to the internet, and this was observed to be important to them to be able to access online music and videos. Some residents had their own phone and could use the house phone as well. Televisions and radios were available in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support including a range of social and recreational opportunities.

Most residents attended day services full-time during the week, and one resident was supported by staff in the centre to avail of a day programme. In the evening or at weekends, residents attended a range of activities in the community, for example, shopping trips, going to the library, attending concerts, having meals out, or going on picnics. Residents also attended a social club in the town once a week.

Each resident had a keyworker, and they helped residents to develop goals as part of personal planning processes. Goals were regularly reviewed, and records of the progress of goals were maintained. A staff member described the goals for two residents, and these including supporting a resident to manage in the barbers, expanding a resident's experiences of new community activities, going on holidays, and to go the library regularly. This process meant that residents were being provided with new community activities, as well as being supported to gradually expand on social opportunities at the pace and circumstances residents preferred.

Residents kept in contact with their loved ones, and visited their families regularly, or families were welcome to visit the centre.

Judgment: Compliant

Regulation 17: Premises

The layout of the premises was appropriate for the needs of the residents living in the centre, and where required, assistive equipment was provided.

The premises comprised a five-bedroomed split level property, located on the outskirts of a large town. The inspector was shown around the premises by the person in charge, and the centre was observed to be clean and well maintained throughout, with suitable handwashing, hand sanitising and cleaning facilities provided, as well as personal protective equipment.

On the ground floor there was a kitchen dining room that had been renovated in the past few years. Suitable cooking and dining facilities were provided, and there were suitable arrangements for the disposal of waste. The dining area had a patio door that opened onto a large enclosed garden to the front of the property, and a range of outdoor seating was provided. There was also a sitting room on this floor, with comfortable seating, and a television for residents' use.

Each of the residents had their own bedroom, and residents had been supported to decorate their room, in the style they preferred. For example, residents displayed

posters of their favourite singers, football club, or bus and car pictures, and had a range of family photos on display. There were two residents' bedrooms on the ground floor and three on the lower ground floor.

Four of the five bedrooms had ensuite facilities, and a main bathroom was also available. Equipment for example, shower chairs, handrails, and a ramp to the front of the property were provided to support residents with their mobility.

As well as three bedrooms, the lower ground floor had a small sittingroom with access to a side garden, a storage room and a laundry room, and access to the back garden from the central hall.

Overall the inspector found the centre was homely and welcoming, and residents were able to access all parts of the centre and gardens.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported with their preferences of food choices, and there were suitable facilities in the centre for the safe preparation of meals.

The inspector observed the area for food preparation was clean, and food was hygienically stored in food presses, the fridge and the freezer. Colour coded chopping boards were available, and the equipment to measure cooked food temperatures had been serviced.

Residents chose what they would like to eat, and there was a variety of fresh and nutritious food available. Residents planned their main meals during the week, and a picture menu was on display in the kitchen. Menus were also available for breakfast and lunch choices, and residents choose from a wide variety of options.

Where residents had specific dietary needs, staff were knowledgeable on how best to support them, and prescribed food types were observed to be provided. Two staff described a resident's specific dietary needs and care, including the emergency response actions to take if the resident became unwell. Residents, where required, had been assessed by a dietician and a speech and language therapist, and regular reviews had been completed.

Staff were observed to help prepare meals for residents, and to provide the required assistance to a resident with their meal.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available that contained all of the required information. This included for example, the services and facilities provided, the arrangement for the involvement of residents in the running of the centre, and how residents can access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were assessed and were being managed effectively, and there was timely responses to emerging risks, as well as any adverse incident in the centre.

There were suitable arrangements for recording, investigating and learning from adverse events. The inspector reviewed records of incidents for 2025, and no incident had occurred. A sample of six months incident records for 2024 were reviewed, and incidents related to known risks, for example, falls, behaviours of concern and medical incidents. All incidents were reviewed by the person in charge, and where needed additional control measures were implemented. These included for example, additional safety measures for a resident while travelling in the bus, and implementing an environmental restriction relative the risk presented. All incidents were collectively reviewed monthly by the person in charge, to identify any trends and a report submitted to a senior manager.

There was a risk management policy that outlined the measures and actions in place to control the risks of the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and of self-harm. The person in charge maintained a risk register and individual risks for residents had been assessed. The person in charge and staff were knowledgeable on these risks and described a range of control measures in place to safely support residents.

The inspector reviewed risk assessments for two residents, and risk management plans outlined the controls in place to minimise the likelihood of harm. The inspector observed that control measures were in place, for example, close supervision for some residents where a previous safeguarding concern had arisen, implementing speech and language recommendations in the preparation of food for some residents, and close supervision for a resident when exiting transport, where a known risk around road safety existed.

The team's knowledge and the implementation of risk management plans, as well as the ongoing review of risks in the centre, meant that a proactive and timely approach was in place to manage risks and reduce the likelihood of harm to residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety systems in the centre, and the support residents needed to evacuate the centre had been assessed and planned for.

The inspector observed the centre was equipped with a fire alarm, fire extinguishers, a fire blanket, and emergency lighting, and fire doors were installed throughout the centre. All exits were clearly marked and were observed to be free from obstruction on the day of inspection.

The support residents needed to evacuate the centre were assessed and outlined in personal emergency evacuation plans (PEEP), and all PEEP's had been recently reviewed. The staffing levels, in a particular at night time, were sufficient to allow for the safe evacuation of residents in line with their assessed needs. All staff had up-to-date training in fire safety and how to use fire-fighting equipment.

Fire drills had been completed at regular intervals including a night time evacuation, and residents had been supported to leave the centre during drills in a timely manner. Staff completed weekly fire safety checks including, escape routes, emergency lighting, fire alarm, electrical equipment and any potential hazards, and all records for 2025 were complete. Regular maintenance of fire-fighting equipment, the fire alarm and emergency lighting was recorded as complete.

Overall the inspector found the fire safety systems ensured the risk of a fire in the centre was reduced, and staff and residents were prepared in the event a fire happened in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable practices were in place for medicine management, and residents had been assessed regarding self-administration of medicines.

Medicines were supplied weekly by a local pharmacist in the community, and medicines were securely stored in a locked press in the centre. Medicines requiring refrigeration were stored in a locked medicine fridge, and the keys for medicine presses and the medicine fridge were held by a staff on duty. All medicine storage areas were observed to be clean and well organised.

The inspector reviewed prescription and administration records for two residents, and medicine management documents for the remaining three residents. All

prescription and administration records were complete. PRN (as needed) medicine prescription sheets and accompanying protocols, set out the circumstances for the administration of these medicines, and the maximum dose in 24 hours was documented. All PRN protocols were signed by the prescriber.

Residents had been assessed as to their capacity to self-administer medicines.

There were suitable arrangements for the disposal of medicines, and medicines could be returned directly to the local pharmacy if needed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were assessed, and appropriate healthcare was provided by the team working in the centre as well as a range of healthcare professionals.

Each residents' healthcare needs had been assessed by their general practitioner (GP), nurses working in the centre, as well as hospital consultants and allied healthcare professionals. Healthcare plans detailed the care to be provided to support residents, and two staff described in detail a range of care provided including monitoring interventions, and emergency responses to specific health care conditions for residents.

Residents attended reviews with their GP in the community, and there were timely reviews also completed with professionals, for example, a speech and language therapist, an occupational therapist, a dietician, a physiotherapist and an ophthalmologist. Where required, dexascans, blood tests, and national screening programmes were completed also.

As a result of timely and appropriate healthcare monitoring and interventions, residents were being supported to enjoy the best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate support was provided to support residents with their emotions, and restrictive practices were implemented relative to the risks presented.

The inspector reviewed two behaviour support plans, and the environmental restrictive practices used in the centre. Behaviour support plans had been developed by a psychologist and clinical nurse specialist in behaviour, and plans outlined the

behaviours of concern and the functions of behaviours. Proactive strategies included communication supports, a low arousal approach, skills building strategies, and meaningful activities, and there were clear reactive guidelines on supporting residents during periods of distress.

There were some environmental restrictions in use in the centre, and these had been reviewed with the team by the clinical nurse specialist in April 2025. These restrictions were implemented in response to known risks related to road safety, as well as risk of falls, and were relative to the risk presented.

The inspector found the proactive strategies were in place, for example a low arousal environment, and meaningful activities for residents, and there were a minimal number of incidents of behaviours of concern in the centre. Therefore the implementation of plans had resulted in positive outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and staff were aware of the actions to take in response to safeguarding concerns.

There was a policy on safeguarding vulnerable adults in the centre, and all staff had completed training in safeguarding and in children first. A staff member outlined the procedure to follow in the event a safeguarding issue arose, and this was in line with the centre procedure.

There were no ongoing safeguarding incidents in the centre, and the Chief Inspector had been notified of one safeguarding incident that happened in 2023. A staff member described the safeguarding measures in place following this incident, as per the risk management plan, to ensure residents were protected.

There were suitable procedures in place to ensure residents' finances were protected. The inspector reviewed two residents' finance records and complete records of all transactions made by or on behalf of residents were maintained, with corresponding receipts available. The person in charge completed monthly audits of residents' finance records and receipts, and the inspector observed a sample of audits for three months of 2025, that were complete.

The implementation of safeguarding measures, as well as robust financial supports for residents, meant that residents were being protected in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents made their preferences and choices very clear through verbal and non-verbal modes of communication, and these choices were the basis of how their day-to-day life was supported by the team in the centre.

The day-to-day organisation of the centre was based on the preferences of residents, and staff were aware of how residents consented to support, and how to support them to best communicate their choices. For example, a staff member described how a resident makes choices with daily community activities through the use of pictures, and demonstrated the non-verbal gestures used by the resident to decline a choice, or two-word interactions to say no. Most residents could verbally make choices and pictures were used to support menu planning or some activities. As mentioned, staff supported residents to develop goals, and some residents were being supported to broaden their experiences in the community.

Residents enjoyed a range of activities including local social clubs, shopping, beach trips, meals out, walks, football matches, trips to the zoo, and going to concerts or musicals. Some residents who liked to go on holidays were planning trips away later in the year, and some residents preferred not to stay away from the centre at night, and went day trips only, and the staff ensured the preferences of residents were respected when planning getaways.

Intimate care plans were developed for residents and these outlined the support residents needed, their preferences for care, as well as how to ensure their privacy and dignity was protected. Residents' information was observed to be securely stored in the centre.

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 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant