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:	Glenveagh
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	06 August 2025
Centre ID:	OSV-0002381
Fieldwork ID:	MON-0038542

About the designated centre

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

Glenveagh is a designated centre operated by St. Michael's House. The designated centre is a six-bedroom bungalow located in a congregated setting in North Dublin. It is within walking distance of lots of local amenities. The centre provides residential care for six residents over the age of 18 years of age with physical and intellectual disabilities with co-existing mental health concerns. The centre is a fully wheelchair accessible house. Each resident has their own bedroom and the centre provides communal areas for residents to use. There is a well proportioned private garden to the rear of the centre for residents to use as they wish. The centre is managed by a person in charge and person participating in management as part of the overall provider's governance oversight arrangement for the centre. Residents are supported by nurses, social care workers, director support workers.

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
Wednesday 6 August 2025	09:15hrs to 17:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations and to inform a decision in relation to renewing the registration of the designated centre.

Overall, good levels of compliance were found on the day. The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with a number of residents alongside a review of documentation and conversations with key staff and management to inform judgments on the residents' quality of life; Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Resident's views were also taken from the designated centre's annual review, a Health Information and Quality Authority's (HIQA) residents' survey and various other records that endeavoured to voice residents' opinions.

This designated centre provided full-time residential care and support to six residents with intellectual disabilities. During the inspection, the inspector got the opportunity to meet and briefly talk with most of the residents, one resident was not available at the time to meet with the inspector.

The provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular, made strong efforts to facilitate and enable residents to keep regular contact with their families.

On walking around the residents' home, the inspector observed lots of pictures, photographs and soft furnishing which provided a homely atmosphere to the house. Overall, the house was clean and tidy however, there was some upkeep and repair required. The provider's infection prevention and control audit had identified an number of upkeep and repairs works, such as chipped and peeling paint to walls, doors and door frames and there was a plan for the work to be completed on the Friday after the inspection.

Each resident was provided with their own private bedroom which was decorated to their individual style and choice. Residents had been consulted and part of the decision making about the décor and layout of their rooms and their home. Bedrooms included individualised soft furnishings, memorabilia, pictures, family

photographs, which were in line with each resident's likes and preferences.

One resident's bedroom included a large fish tank. The inspector was informed that the resident enjoyed feeding the fish and was supported, by staff, to clean the tank on a regular basis. Another resident's bedroom included items that were important to them such as a framed QQI certificate for a music appreciation course they had attended. The resident was supported to attend the graduation ceremony for the course. There was an array of photographs of the resident, who was dressed in their suit, attending the graduation ceremony with family and friends.

Outside the premises the inspector observed a very well maintained garden. There was an array of colourful flowers in a raised bed, garden table and chairs on a patio area. Further up the garden, there was a bench which was in remembrance of a resident who had passed away. The resident's name was on the bench and it was surrounded by flowers and other chairs for residents to sit and enjoy the quiet space.

The inspector was informed about a recent garden party that had taken place in the centre where the residents, their family and current and past staff had attended to celebrate 25 years since the opening of the designated centre.

At the back of the garden there was a canopy where some items were stored, for example an old disused leather chair, a resident's bicycle and a large BBQ. The items were all in poor upkeep and repair and observed to be very unclean with dirt, cobwebs and rust on them.

Further up, there was a large wooden structure. The inspector was informed that it was not used by the residents however, there were plan in place to upgrade the structure and submit an application to include it on the centre floor plans in due course.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements.

In advance of the inspection, residents were each provided with a Health Information and Quality Authority (HIQA) survey. One resident chose to complete the survey and were supported by their staff when completing them. Overall, the survey relayed positive feedback regarding the quality of care and support provided to the resident.

The provider's 2024 annual review had also ensured that residents and their family and representatives were consulted with and given the opportunity to express their views on the service provided in the centre. Overall, feedback was positive. One family noted that there was always a warm atmosphere in the house, that staff were caring and that they had no concerns about the safety or wellbeing of their family member.

In the afternoon, the inspector spoke with one of the resident's family members on

the telephone. They said that they would like to see their family member provided with one-to-one staffing in the centre when the resident returned from their day service. They told the inspector that they believed it would better support their resident's behavioural needs and overall, their lived experience in the house as well as other residents. The family member advised the inspector that they had spoken to staff, management and senior management about this.

During the day, most residents were attending a day service. Two residents' day services were closed for a week's holidays and they were supported by their staff to enjoy on-site and community activities during this time.

On return from their day service, one resident chose to sit in the small sitting room with the inspector. The resident brought in their accessible format of their personal plan which included photographs about the resident enjoying various activities with their family and staff. The inspector observed the resident to be engrossed in the plan, going through each page slowly and appearing to enjoy what they were viewing. The resident seemed very relaxed and content throughout the time they were looking at their plan.

The inspector met with another resident in the dining room who was enjoying their evening meal. The inspector observed staff support the resident with their meal in kind, caring and respectful manner.

One resident said they were happy to show the resident their bedroom and appeared happy and proud when showing it. Many of the soft furnishings in the room, including the bedding, were in the resident's favourite colour. There was also lots of family photographs on walls and memorabilia on a storage unit that were personal and meaningful to the resident.

The inspector was informed about a resident who liked to be continuously informed about what was on the menu each day to lessen their anxieties. There was a handwritten menu plan on the notice board which staff could quickly refer to when responding to the resident's query. On the day of the inspection, the resident was supported by their staff to create a new visual menu weekly plan. The creation of the new visual plan promoted the resident's independence and allowed them see for them self what was on the menu for the day.

Residents were provided with household meetings, where matters that were important to them were discussed and decisions made. The inspector was informed that one resident in particular enjoyed the meetings using easy-to-read documentation that was provided at the meetings. Meetings included topics such as weekly menu plan and shopping list, activities, rights, complaints, fire safety, HIQA visits, personal plan goals, health and safety, but to mention a few.

Throughout the day the inspector observed the house to be lively with residents coming and going and enjoying different activities with their staff members. While most residents did not use verbal communication, the inspector observed engagement between residents and staff to be happy and jovial. It was obvious that staff knew what residents were relying to them and that residents understood what was been said to them. Staff were supported through residents' communication

support plans to guide them with residents different facial expressions and body language as part of their communication methods.

The person in charge spoke about the care and support provided to residents and how they were endeavouring to ensure each resident's wellbeing and welfare was maintained in a person-centred way. Staff who spoke with the inspector regarding residents' assessed and changing needs were able to described training that they had received to be able to support such needs of residents, including feeding, eating, drinking and swallowing (FEDS), safeguarding, and managing behaviour that is challenging.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. There were systems in place to ensure residents were safe and in receipt of good quality care and support. From speaking with staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

There were improvements needed to the premises, as well as some improvements to infection prevention and control and restrictive practices. These are discussed further in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Residents living in this designated centre were in receipt of a good quality and safe service, with good local governance and management supports in place.

For the most part, there was good levels of compliance found on the inspection however, improvements were needed to ensure that the provider completed required actions in a timely manner, at all times. In particular, to the centre's premises, which had been found sub-compliant on the previous inspection.

On the day of the inspection the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and

responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was full-time and responsible for this designated centre only. They were supported in their role in this centre by a Clinicial nurse manager (CMN1) and a person participating in management.

The registered provider and person in charge had implemented satisfactory management systems to monitor the quality and safety of service provided to residents. Overall, the governance and management systems in place were found to operate to a good standard in this centre.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The reviews included an action plan to address any concerns regarding the standard of care and support provided.

In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre during January to December 2024 and there was evidence to demonstrate that residents and their families and staff were consulted about the review.

The registered provider was endeavouring to ensure that the skill-mix and staffing levels allocated to the centre were in accordance with residents' current assessed needs. There was one social care staff vacancies at the time of inspection and recruitment was underway to back fill the vacancy.

Throughout the day the inspector observed positive and caring interactions between staff and residents and it was evident that residents' needs were known to staff and the person in charge. The inspector observed that residents appeared very comfortable and happy in their home and relaxed in the company of staff.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents.

A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of quality supervision, which covered topics relevant to service provision and professional development.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view. Subsequent to the inspection, an up-to-date copy was submitted to the office of the chief inspector.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent

place in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in this centre. The person in charge was ensuring effective governance, operational management and administration of the designated centre. The person in charge was supported by a clinical nurse manager (CNM 1) and a person participating in management.

Documentation submitted to the Chief Inspector, demonstrated that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Staff who spoke with the inspector informed them that the person in charge was supportive and available to them when they needed them.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff folders and found that the provider had ensured that Schedule 2 requirements had been met.

While there was a staff vacancy in the centre, the inspector saw that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis. Every day, four staff supported the six residents with two waking night staff providing support during the night-time.

Staff members of the core team worked a number of additional shifts to cover the

gaps on the roster. Where the core team were not able to cover, members of the organisation's relief team, as well as agency staff, were employed to work in the centre.

On review of a sample of actual and planned rosters, the inspector saw that where agency staff were employed, the person in charge was endeavouring to employ the same agency staff members as much as they could. In addition, the inspector saw that there was an decrease in requirement for agency staff to work in the centre. For example, in May four agency staff were employed and in July this had decreased to two. Furthermore, the person in charge advised the inspector that agency staff always worked alongside permanent staff or relief staff who had been previously employed in the centre and were family to the residents and their care support needs.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of the inspection, the inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained. On review of staff training records, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training as well as training specific to the needs of residents living in the designated centre.

Six staff required refresher training in positive behaviour supports. The person in charge had emailed the training department requesting the training however, there were no available places for staff. On the day of the inspection, the person in charge made further contact with the training department; An interim online positive behaviour support course was made available to staff until the face to face course was available to them.

The person in charge had also organised training in the safe way to secure wheelchairs in accessible vehicles for all staff in July to support the changing mobility needs of residents.

Some of the other training provided to staff included:

Autism training
Safeguarding vulnerable adults
Safe medication management
Emergency first aid
Fire safety
Feeding, eating, drinking and swallow (FEDS),
Infection and prevention and control
Manual handling
Food safety

Therapeutic intervention practices (B) (booked for July and August) 2025

The person in charge had ensured that one-to-one supervision meetings, that support staff in their role when providing care and support to residents, were scheduled for all staff.

All staff had attended a supervision meeting with the person in charge in July 2025 and the person in charge had received a supervision meeting, with senior management, in March 2025.

Staff who spoke with the inspector said that they found the supervision meetings to be supportive and beneficial to their practice.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge had established and maintained a directory of residents in the designated centre. The designated centre's director of residents was made available when requested by the inspector and was up to date with all the required information.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the inspector found that records were appropriately maintained. The sample of records reviewed on inspection, reflected practices.

The person in charge organised for ten staff records to be brought over the centre from the provider's human resources department. On review of the records, the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to the Chief Inspector and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management systems in place were of a good standard in this centre. There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The person in charge was supported by a clinical nurse manager to carry out their role in the designated centre.

The provider had completed an annual review of the quality and safety of care and support in the designated centre during 2024. There was evidence to demonstrate that residents and their families had been consulted in the review. In addition to the annual review, unannounced six monthly reviews were being completed to review the quality and safety of care and the support provided to residents. Reviews included an action plan with allocated responsibilities and time scales for completion. The new person participating in management carried out an additional six monthly unannounced review in July 2025 since the previous one in April 2025.

The person in charge was also ensuring good local oversight of the care and support provided to residents. In July 2025, they had completed a restrictive practice audit which resulted in the reduction of a number of restrictive practices. A finance audit was also completed and quarterly fire safety and health and safety audits were also completed. This ensured that any potential risks were identified and addressed as required to ensure the safety of residents at all times. Some of the areas the checklist monitored for example included, assistive equipment, waste management, challenging behaviour, unit transport, housekeeping (cleaning), food safety, hazard and risk assessment, staff training and first aid arrangements.

A monthly data report was almost complete for July 2025. The person in charge advised that these reports had not been completed since December 2024 however, they had recommenced them in July and that there was a plan in place to continue with these reports on a monthly basis. These reports were used at management meeting between the person in charge and service manager to review issues arising and actions required. Some of the areas reviewed by the report included monitoring of residents' goal progress, quality and safety checks, money audits, safeguarding

referrals, complaints and complements, fire drills and environmental risks.

The person in charge carried out regular team meetings with staff. Overall the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents. On speaking with staff about the meetings, they told the inspector that they were very beneficial for sharing information and learning.

However, the timeliness of the provider to bring Regulation 17 back in to compliance was not satisfactory and was impacting on the lived experience of residents in the house. Subsequent to the last inspection in January 2024, the provider had committed to completing actions that would bring premises back into compliance by December 2024. They had advised that the works would be prioritised however, as of the day of the inspection, a number of the actions remained outstanding, with some areas of the premises deteriorating further.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The was a written policy, prepared by the provider, on the referral, admissions, transition and discharge of residents.

The inspector saw that a resident who was admitted in to the centre in 2022 was supported to transition into the service at a pace that met their needs, wishes and preferences. The resident's right to choose where they wanted to live was respected.

The person in charge recognised and was aware that admissions can be stressful for new and existing residents, and provided additional support to the resident as required. Over the three years the resident had been supported to move into the centre at a steady pace. Initial visits the centre lasted a few hours per day. This progressed to an overnight, with the resident now working towards two nights per week.

On the day, the inspector saw that there was an updated transition plan in place for the resident. Other plans such as the resident's assessment of need, support care plans and contract of care, had all been recently reviewed and reflected the pace of the transition.

There was evidence to demonstrate that professionals from the resident's multi-disciplinary team had been involved in the transition for the resident to ensure the centre met their needs and also took into consideration other residents living in the house.

The resident and their family were consulted and were very much involved with each step of the move and their preferences and wishes were always taken in to

account.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available, including room function.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

An updated statement of purpose was submitted subsequent to the inspection and ensured that all newly employed management were included on the document.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been behavioural or safeguarding incidents, the incidents and learning from the incidents, had been discussed at staff team meetings which

provided shared learning and mitigated the risks of recurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place and it was up-to-date. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

On the day of the inspection, the inspector was informed that there was one open complaint relating to two matters; the poor upkeep of the roadway and the state of repair of the windows of the house. On review of the complaints log, the inspector found that the person had followed up promptly and contacted the appropriate department in an attempt to resolve the two issues. They had also kept in touch with the complainant to keep them informed of the progress. The person in charge had included a tracker in the complaint's log so that they could keep regular oversight of actions completed.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents' well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality however, improvements were needed to the timeliness of maintenance works required in the premises to ensure residents were living in a house that was in good upkeep and repair and effective in providing a safe and appropriately ventilated environment for them.

Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure in the house. However, actions to bring

premises back into compliance since the last inspection, remained outstanding. Further repair works were needed since the previous inspection for example, bathrooms and windows had fallen into further disrepair.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were a small number of restrictive practices in place in the centre. For the most part, restrictive practices were clearly documented and were subject to review by the appropriate professionals. There had been a recent review of restrictive practices in the centre which had resulted, in some restrictive practices being reduced or ceased completely.

The inspector reviewed a sample of residents' personal plans. The person in charge ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports. Plans were reviewed annually, in consultation with each resident, and more regularly if required.

The organisation’s risk management policy met the requirements as set out in regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe.

The inspector found that individual and location risk assessments were in place and were endeavouring to ensure safe care and support was provided to residents in their home and in the community. The risk register was reviewed regularly and addressed risks relating to the centre and residents.

Staff were provided with appropriate training relating to keeping residents safeguarded. The provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety.

Regulation 10: Communication

Residents living in the centre presented with a variety of communication support needs. Information for residents was provided in easy-to-read format, pictures, photographs. One resident used objects of reference to support them with choice and personal care. Residents were provided support from health professionals such as psychologist and speech and language therapist with their communication needs.

In documentation related to residents, there was an emphasis on how best to support residents to understand information. A disability distress assessment tool, (DISDAT), was used as part of residents communication assessments. This was to ascertain their appearance when they were content or distressed. The assessment

took into account what kind of verbal cues, facial expression and body language each resident presented with and what it meant. The outcome of the tool was relayed in each resident's communication plan and passport and provided guidance to staff when engaging with residents and in particular, to be aware when the resident was in pain.

A copy of each resident's communication passport was available in their bedrooms to provide quick access to staff if they needed it. On the day of the inspection, the person in charge organised for the passports to also be included in residents' personal plans.

On speaking with staff members it was evident that they were aware of the communication supports that residents required and were knowledgeable on how to communicate with residents. The inspector found that staff knew each resident's communication format and were flexible and adaptable with the communication strategies used.

Judgment: Compliant

Regulation 17: Premises

The inspector found that not all of the actions relating to Regulation 17 had been fully completed since the last inspection in January 2024. The provider had committed to completing the actions by December 2024 however, as of the day of the inspection, issues relating to upkeep and repair of residents' bathrooms and windows in the house had not been completed by the provider.

The inspector observed the flooring and walls and ceiling in the main bathroom to be of poor upkeep. In particular, the floor was observed as stained and marked. There were gaps where the shower area joined the main flooring area of the bathroom which could not been cleaned effectively. The window latches were broken. The inspector was informed that a temporary interim fix had removed the ongoing build-up of mould however, no permanent fix had been put in place to deal with the poor ventilation in the room. In addition, the floors in one other toilet facility was also observed to be stained and in poor upkeep.

The previous inspection of the centre identified that a number of window latches were broken. On the day of the inspection an external contractor assessed that 38 window latches were broken or not fit for purpose. The broken latches meant that the windows did not close properly and their effectiveness to keep heat in was compromised. In addition, some of the broken latches were observed to have jagged edges which posed a potential risk of injury when opening or closing the window. A resident's family member had submitted a compliant about this matter.

There was evidence to demonstrate that the person in charge had escalated the issue on a number of occasions. The inspector was informed them that external contractor recommended that new windows would be a better and more effective

option rather than replacing the latches.

Overall, the timeliness to complete the two issues above was not satisfactory and posed a potential safety risk to residents and staff.

In addition, in two residents' bedrooms, repair and upkeep was needed to their wardrobe doors. For example, one wardrobe had no doors and the other wardrobe had only one door.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with suitable amounts of wholesome and nutritious food and drink. From observations of foods available for residents in the fridges and cupboards, meal planner documentation and the meals made on the day and presented to residents, it was evident residents were provided with an array of healthy and nutritious options on a consistent basis.

Residents' food and nutritional needs were assessed and used to develop person plans that were implemented into practice. Where appropriate food and beverages for residents were prepared for in line with their feeding, eating and drinking (FEDS) support plans that were contained within residents' care plans.

Staff were provided appropriate training in feeding, eating and drinking (FEDS).

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of Regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy, had been reviewed and updated with an addendum in September 2022.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

There was good oversight of risks in the centre. Risk were discussed at meetings between the person participating in management and person in charge on a quarterly basis.

Judgment: Compliant

Regulation 27: Protection against infection

There were a number of upkeep and repair works needed in the centre to ensure the effectiveness of the infection prevention and control measures.

A comprehensive infection prevention and control audit had been carried out in the centre in February 2025. The audit had identified the majority of the infection prevention and control (IPC) issues the inspector identified on the day.

The audit took into consideration the environment, cleaning equipment, utility room, hand hygiene practice, prevention of spread of infection, cleaning equipment but to mention a few.

On the day of the inspection, the inspector was informed that two days after the inspection a maintenance team were due to carry out upkeep on areas of the house that required painting and repair of the chipped and cracked surfaces and tiles in the centre.

However, there were other matters that needed addressing and the person in charge had updated the organisation’s technical team with a list of outstanding IPC related works to be completed in addition to the works that were due to be completed later in the week. There were a number of emails going back and forth in relation to works completed and works outstanding.

Overall, the inspector found that while the audit was comprehensive with constant review and follow up on actions, it was difficult to ascertain on the day what actions on the audit had been completed in full. There was an additional document attached to the audit called the 'audit outcome sheet' This allowed for actions to be listed and noted if they were short or long term actions and who was responsible for carrying them out. However, the document, which would likely provide a more cohesive oversight system of actions, had not been completed.

In addition, on the day of the inspection, the inspector observed the following issues which were not included on the IPC audit:

A resident's bicycle and a BBQ, that were stored outside under an open canopy, were observed to be dirty. There was a lot of cobwebs and vegetation on the items and overall they were in a poor state of upkeep. An old disused armchair was also stored here. The person in charge advised that some of the items required to be disposed of.

There was a cigarette bin erected on the wall outside the kitchen door. The inspector observed it to be overflowing with cigarette butts. there was also cigarette butts on the ground beside the bin.

Two bathroom bins required bin-liners.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. The inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame. The records for these services were maintained appropriately, kept on-site and available to the inspector.

The inspector observed that fire exits were easily accessible, kept clear, and well sign posted. All staff had completed fire safety training. Staff who spoke with the inspector on the day were knowledgeable in how to support residents to evacuate the premises in the event of a fire.

The person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews and had been updated in July 2025.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty, as well as different scenarios. This

was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans. On a review of records, the inspector saw that a night time drill, that included six residents and two staff members, had taken place on February 2025 and a daytime drill in April 2025, with no issues noted. In addition, a bus fire evacuation drill had taken place in February 2025.

On review of the centre's fire emergency folder, the inspector saw that the person in charge had ensured that daily and weekly fire checks were completed of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire. The person in charge also completed a fire safety register audit on a quarterly basis. The audit reviewed matters related to staff training, drills, staff fire safety checklists, inspection of fire fighting equipment, emergency light, fire detection system staff induction, guidelines in residents' emergency evacuation plans and fire exits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. The inspector reviewed a sample of residents' assessments and plans. There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The plans were regularly reviewed to take into account the revised assessed needs of residents. Multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. On an annual basis, each resident was a provided a 'all about me' meetings. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans.

Residents were supported to choose goals that were meaningful to them, included them in their community and were in line with each of their likes and preferences. Residents were supported to progress their goals with the support of their staff members; residents were involved and consulted throughout the process.

Residents' personal plans included assessable information that provided support in helping residents understanding what was contained within their plan and in a format they understood. Some residents' personal plan goals were displayed in their bedrooms in framed collage type posters which included photographs of the resident enjoying meaningful activities in the community. During the inspection, one resident pointed out their framed collage of personal goals that was hanging on their bedroom wall. They appeared happy and proud when showing it and in particular,

where goals had been achieved. Another resident was observed looking their photographic scrapbook type personal plan during the inspection and appeared very interested in the content.

Judgment: Compliant

Regulation 6: Health care

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. On review of residents' personal plans the inspector saw that, where appropriate, health eating and weight management plans were included. On observing food in residents' fridges, the inspector saw that there was a lot of fresh healthy foods available to residents. In addition, the inspector observed that during meal times resident were provided with a choice of healthy meal options.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were supported and encouraged to attend annual health check-ups. Staff supported residents with attending healthcare, GP and hospital services which were provided either in the community or with by organisations' multi-disciplinary team. The person in charge was in the process of following up on two screening programmes for a resident and was taking into account the resident's will and preference in relation to it.

From speaking with staff and from a review of residents' healthcare support plans, the inspector found that the person in charge and staff were proactive in referring residents to healthcare professionals and ensuring recommendations were implemented. All residents were supported to access and attend specialist services when need. Where signification changes took place, the person in charge ensured that individual clinical meetings took place. This was to ensure the provision of care, required to meet the changes, were identified and implemented.

Overall, the provider and person in charge promoted the rights of residents in relation to making choices around their healthcare and support needs in this area.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour supports to residents with an assessed need in this area. On review of a

sample of three residents' positive behaviour support plans, the inspector saw that they were detailed, comprehensive and developed by an appropriately qualified person. In addition, the plans included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The person in charge ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Where there was a delay in the provision of refresher training, the person in charge had organised on-line training until a face to face was available. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were a small number restrictive practices implemented in the centre. For the most part restriction had been approved by the organisation's positive approach management group. The rationale for restrictions in place were clear and deemed to be least restrictive option. The person in charge was continuously reviewing restrictive practices utilised in the centre with an effort to reduce or remove restrictions for example, they had brought about the removal of night monitors for some residents that did not require such arrangements anymore and could constitute a right to privacy restriction if still in place.

On day of the inspection, during a walk around of the centre, the inspector observed a locked storage cupboard. There were wash-bags belonging to three residents locked in the cupboard. The inspector was informed that they were locked away to ensure the safety of one resident however, the inspector had observed that other residents' wash-bags were not locked away. This restriction had not been identified or processed in line with the provider's policy and procedures. The person in charge advised that a review of the restriction would be carried out to ensure that it was the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

The inspector spoke with two staff members in detail during the inspection and found that they were knowledgeable about their safeguarding remit and aware of how to support residents keep safe.

The provider had systems in place to ensure residents were safeguarded from financial abuse. The person in charge carried out a quarterly audit of the residents' finances to ensure each resident's money was maintained appropriately.

On review of staff files, the inspector saw that all staff members had been through

the appropriate vetting system.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. On review of residents' intimate care plans the inspector observed that, where appropriate, they consider matters such as mobility, skin care, sleeping, foot care, menstrual cycle and pain.

There was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. The policy was up-to-date and had been reviewed in February 2025.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements. In addition, where a resident had a small number of un-witnessed non-serious-injuries, there was a new follow-up protocol in place to better ensure the safety of the resident and to track the trend of incidents.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenveagh OSV-0002381

Inspection ID: MON-0038542

Date of inspection: 06/08/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider acknowledges the findings of the inspection and accepts that the delays in completing necessary repairs have resulted in a finding of substantial non-compliance with Regulation 23. Bathroom facilities: A contractor has been appointed to investigate the cause of mould. A full bathroom refurbishment has been approved. A quotation has been submitted to the Maintenance Department, and confirmation of a start date is awaited. These works are scheduled for completion by Q2 2026 (June 2026). Windows replacement: A quotation has been received and the required equipment has been ordered. Funding has been approved and allocated. The replacement of all windows is scheduled for full completion by Q4 2025 (December 2025). Housing adaptation grants: The PIC has engaged with the SMH Housing Department to progress applications for housing adaptation grants to further support the upgrade of the premises. Governance and monitoring: The PIC will ensure that Monthly Data Reports continue to be reviewed. Any actions identified as being outside of agreed timelines will be recorded and escalated through PIC and Service Manager meetings for oversight and follow-up. The registered provider is committed to ensuring that robust management systems are in place in the designated centre so that the service provided is safe, appropriate to residents' needs, consistent, and subject to effective monitoring in line with regulatory requirements.	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider acknowledges the inspection findings and accepts that delays in completing essential repairs have resulted in non-compliance with Regulation 17.

A full upgrade of the main bathroom has been approved, which will address ventilation, flooring, wall finishes, sanitary fittings, and repairs to stained flooring. A contractor has been appointed, and final scheduling is awaited from the Maintenance Department. The target completion date is Q2 2026 (June 2026). In the interim, mould-control measures are in place, and the Person in Charge (PIC) is conducting regular monitoring, with all staff overseeing safe use of the facility.

An external assessment identified 38 broken or unsafe window latches. Full window replacement has been approved as a sustainable solution. Equipment has been ordered, funding secured, and works are scheduled for completion by Q4 2025 (December 2025).

Repairs to wardrobe doors in two residents' bedrooms have been logged with the internal maintenance team. A quotation will be sought to replace the doors and explore alternative storage solutions. Residents will be supported by their keyworkers to select options in line with their will and preference. These works are also scheduled for completion by Q4 2025 (December 2025).

A revised escalation procedure for unresolved maintenance issues is being finalised. This will include monthly reviews at PIC management meetings and Service Managers' meetings to ensure timely resolution of all reported concerns. An internal audit will be conducted following completion of the planned works to confirm full compliance with Regulation 17.

The registered provider is committed to maintaining the premises to a safe and suitable standard. While acknowledging the previous delays, clear actions, responsibilities, and timelines are now in place. All minor works and window replacements will be completed by Q4 2025 (December 2025), with the full bathroom upgrade completed by Q2 2026 (June 2026).

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Person in Charge (PIC) is responsible for overseeing follow-up actions identified in the Infection Prevention and Control (IPC) Audit Outcome Sheet, which was updated and completed on 26/08/2025.

The following immediate actions have been completed:

The resident's bicycle was cleaned and serviced by a bike repair shop (completed 26/08/2025).

The BBQ was cleaned and a protective cover sourced (completed 26/08/2025).

The disused armchair was removed and disposed of (completed 26/08/2025).

The cigarette bin was removed and replaced with a new disposal system (completed 26/08/2025).

Bin liners were put in place in all bathroom bins as per the cleaning schedule (completed on day of inspection).

To support ongoing compliance:

The IPC Audit Outcome Sheet is now in use to track short- and long-term actions, responsible persons, and completion status.

Monthly IPC oversight will be carried out by the PIC to ensure all actions are implemented and sustained.

The Technical Team has received an updated list of outstanding IPC-related works and is scheduled to complete remaining painting and repair tasks as agreed.

These measures ensure continued adherence to Regulation 27, with structured monitoring in place to prevent recurrence of similar issues.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2026
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Not Compliant	Orange	30/06/2026

	inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	26/08/2025