

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

Issued by the Chief Inspector

Name of designated centre:	Glenview
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	22 September 2025
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0039612

About the designated centre

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

This service provides residential services to five adults with disabilities all over the age of 18 years. It is situated in a large town in County Meath. The provider' stated aim is to offer supports to residents to experience life in a home-like environment and to engage in activities of daily living typical of those which take place in a domestic setting. Additional supports are in place in line with residents assessed needs. The house consists of five bedrooms (one ensuite), an open plan kitchen-diner/living room, a utility room, a living room and two communal bathrooms. The centre is staffed on a 24/7 basis by a qualified person in charge, two team leaders and a team of direct support workers. The centre also has access to nursing support if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 September 2025	10:40hrs to 18:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The residents here reported that they had a good quality of life and liked living in their home. This was also evident from reviewing records, talking to the residents and staff, and observing practices on the day of the inspection. Overall, the inspector found that the residents were being provided with a safe quality service and as a result all regulations reviewed were found to be compliant at the time of this inspection.

The centre is registered to support five residents. This inspection was announced and residents had been informed that the inspection was taking place. Over the course of the inspection, the inspector met with the person in charge, an assistant director of services, two staff and four of the residents. At the time of the inspection, one resident had recently moved into the centre and they spoke to the inspector about their experiences since moving to the centre. Some practices were also observed and a sample of records pertaining to the management of the centre.

The premises were found to be spacious, homely and clean on the day of the inspection. Each resident had their own bedroom one of which had an en suite bathroom. Four residents showed the inspector their bedrooms and they were all decorated with residents personal items and family photographs.

Communal facilities included a sitting room, an open plan kitchen, dining and living area. There was a large mature garden to the back of the property, where there was a large shed where the washing machine and the tumble dryer were stored.

A garden area to the front, had space for parking. The registered provider had arranged a review of the premises in July 2025 to ensure that the premises were accessible for residents. This review found that based on the residents' needs, some improvements were required. Some of those improvements included adding hand rails in an area. The inspector observed that these had been installed. The person in charge also showed the inspector around the garden which was split level, meaning there were steps down to some parts of the garden, while the person in charge informed the inspector that this did not impact on the residents living here at the time of the inspection, they were aware that it may need to be reviewed going forward if the residents' needs changed.

All of the residents had completed questionnaires (four with support from staff) prior to the inspection, to give their feedback on the services provided in this centre. The questionnaire included questions about, whether it was a nice place to live, if residents got to make their own choices and decisions, if the staff team and managers listened to their views, if the staff were helpful and knew the residents well, and if residents felt safe. The inspector went through these completed questionnaires with four of the residents and the following is a sample of what the residents told the inspector.

All of the residents said that they loved their home. One resident had moved into the centre in August 2025. They showed the inspector their bedroom and said they were happy with the space and storage provided. The resident had brought some of their own personal belongings from their previous home to decorate their bedroom room. The resident was very complimentary of the staff and the support they received prior to moving. They said they had first visited the centre, to see if they would like it and where it was located. When they were happy with this, they agreed to move here. The other residents also informed the inspector that they liked the new resident and from observing interactions, everyone appeared to be getting on well.

The registered provider also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. The resident who had moved to the centre was aware of the costs they would incur for living in the centre. They had also signed the contract of care which stipulates the services to be provided and the fees incurred.

The residents reported in their questionnaires that they felt safe in the centre. One resident told the inspector that if staff or others were unkind to them, they would report it to either a staff member or their family depending on the situation.

All of the residents said that they liked the staff team and said they were always very nice to them. The inspector also observed that staff were providing residents with choices and options over the course of the inspection, and the residents got to decide what was happening. Some of the residents had retired, and liked to plan what they did each day, while three residents attended day services on a part time basis. The rest of the time, all of the residents planned their activities each day. One resident informed the inspector that some days they just like to 'chill out' in their pyjamas and watch television or listen to music. It was also important for example each day, that two residents went to the local shops to buy the newspaper. Two of the residents informed the inspector that they liked shopping and both had went shopping on the morning of the inspection. Two other residents were observed watching television together and reading the newspaper while waiting for dinner. Another resident was a talented artist and some of their artwork was displayed around the house. This resident showed the inspector some of their favourite art pieces which they kept in their bedroom. Another resident had a pet cat that they looked after and this was very important to them.

Residents were supported and encouraged to maintain connections with family and friends. The residents informed the inspector of how they were supported to go and visit or meet family members or where family visited the centre. One resident met a family member every Saturday for lunch and the resident said this was really important to them.

Over the course of the inspection the residents were observed to be relaxed and there was a real sense of home in the centre. The residents also reported that they got to make decisions about their lives. One of the residents for example said they were being supported by staff to sort out a legal issue at the time of the inspection.

Two residents who spoke to the inspector, also outlined some improvements or support they would like. One resident said they would like to get out more often some days. Another resident said they would like support to make a will. This feedback was shared with the person in charge, who agreed to follow this up with the residents concerned. The inspector was also assured from talking to the person in charge that additional staff had been approved to support the residents ability to access more recreational activities if they wished, which would address one of the improvements a resident wanted.

Some of the residents spoke to the inspector about their healthcare needs, they were aware of the doctors and or other allied health professionals who supported them and were also included in decisions around their healthcare needs.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There was clear management structures outlining who was accountable for areas of care and services provided in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. Training had been provided to staff to ensure they had the necessary skills to support the residents.

The inspector found from talking to residents and reviewing records that a recent admission to this centre had been conducted in line with the new residents preferences.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Chief Inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified health care professional with an additional qualification in management. They had a very good knowledge of the residents needs in the centre and it was evident that the residents knew the person in charge very well. The person in charge was transparent, responsive to the inspection process and had a good knowledge of their legal remit under the regulations.

The person in charge was also responsible for another designated centre operated by the registered provider. To assure oversight of this centre, team leaders were employed to support this oversight. The other designated centre was located a short drive from this designated centre, which meant that the person in charge was available to visit the centre at short notice if required to provide guidance and support. The inspector found that this arrangement did not impact on the care and support being provided in this centre.

The staff spoken to said that the person in charge was very supportive to them and kept them informed through regular meetings and supervision.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual rota showing the staff that had worked in the centre. A review of a sample of rosters from January 2025, June 2025, July 2025 and the week after the inspection indicated that the staffing arrangements were as described by the person in charge. Two direct support workers worked from 8am to 8pm in the centre and two staff worked from 8pm to 8am each night. The person in charge had also identified, that additional staffing was required to support residents availing of meaningful activities during the day and informed the inspector that the registered provider had approved 42 additional hours to support this. This provided assurances to the inspector as one resident had said that sometimes they would like an opportunity to go out more some days.

The residents and staff also had the support of community nurses who were employed in the wider organisation to support and guide them with any specific healthcare needs residents may have. One of the residents spoke to the inspector

about their health care needs and the supports provided to them from the staff in the centre. The four residents who met with the inspector spoke very highly of the staff members employed in the centre and described them as supportive and kind.

Senior managers were also on call 24/7 to provide guidance and support to staff.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in two staff personnel files and found that the records were in place. There were some gaps noted in one staff members employment history, however the person in charge was following this up at the time of the inspection. The inspector was assured from reviewing other records that there were no concerns with this persons employment records, as they had already being verified by other employment authorities. The sample of records viewed for each of those staff included up to date vetting disclosure forms and photo identification.

There were no volunteers employed in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records, showed that staff members had been provided with training to ensure they had the necessary skills to respond to the needs of the residents and ensure their safety.

For example, staff had undertaken a number of in-service training sessions which included:

- Safeguarding of vulnerable adults
- First aid
- Fire safety
- Safe administration of medicines
- Feeding, eating, drinking and swallowing difficulties (FEDs)
- Moving and handling
- Epilepsy awareness
- Infection prevention and control (to include respiratory and cough etiquette, managing spills and hand hygiene and donning and doffing of personal protective equipment)

The person in charge had also identified that staff would need additional training to support people with dementia going forward.

Staff members received support through supervision meetings a sample of records viewed showed that staff could raise concerns, and their performance and training

needs were also discussed. Staff also reported that they felt very supported by the person in charge and the wider senior management team.

Judgment: Compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service and audits and reviews were regularly conducted to assure a safe quality service to the residents.

The centre was adequately resourced and recently the registered provider had approved 42 additional staff hours each week to ensure that residents had access to community activities.

The person in charge reported to an assistant director of services, who in turn reported to a director of services. The director of services reported to the chief operating officer, who in turn reported to the the chief executive officer who was also the registered provider representative. The registered provider had various committees and directorates to oversee the quality and safety of care also.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in July 2025. A review of these documents showed that some minor improvements had been required. Most of the actions had been addressed, with the exception of one which was in hand at the time of the inspection. For example; one of the actions required a new blind to be purchased for the sitting room and the person in charge was addressing this at the time of the inspection.

Other audits were also conducted by the person in charge and the staff team. As an example; the staff team and the person in charge regularly audited the residents' finances to assure accuracy. The staff team also completed regular checks on fire safety equipment.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As stated earlier, one resident had moved into the centre in August 2025. The inspector met with this resident to seek their views about moving into the centre. The resident was very complimentary of the staff and the support they received prior to moving. They said they had visited the centre, to see if they would like it first and then when they were happy with this, they agreed to move here. The other residents also informed the inspector that they liked the new resident and from observing interactions, everyone appeared to be getting on well. The resident had brought some of their own personal belongings to decorate the room.

The registered provider also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. The resident who had moved to the centre was aware of the costs they would incur for living in the centre. They had also signed the contract of care which stipulates the services to be provided and the fees incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted to the Chief Inspector as part of the registered providers application to renew the registration of the centre was reviewed by the inspector and found to meet the requirements of the regulations. As the registered provider had recently increased the staff numbers in the centre, the registered provider intended to submit an updated version of this document to the Chief Inspector outlining this increase.

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 the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre told the inspector that they were very happy with the services provided in this centre.

Residents were supported with their health and emotional needs and had access to allied health professionals where required.

Residents were supported with their general welfare and development and to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

The residents reported in their questionnaires and when speaking to the inspector that they felt safe in this centre. All staff had been provided with training and were aware of who they should report concerns to.

Regulation 12: Personal possessions

There were systems in place to ensure that residents' personal possessions were safeguarded. All residents had a safe in their bedroom or locked press to store their personal possessions. Residents had adequate space to store their personal belongings.

Residents where required were provided with support to manage their financial affairs. In instances where the staff supported residents to manage their finances, the person in charge had systems in place to ensure that records maintained were accurate.

As an example, when residents spent money, a receipt was maintained, recorded in a ledger and the entry was signed by staff two staff to ensure accuracy. Regular audits of the residents finances were also conducted to ensure that there were no anomalies in the residents' finances. The inspector reviewed one residents financial records and a sample of entries and receipts and found no anomalies on the day of the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends. The residents informed the inspector of how they were supported to go and visit or meet family members or where family visited the centre. One resident met a family member every Saturday for lunch and the resident said this was really important to them.

Three of the residents attended day services one day a week. The rest of the time, all of the residents planned their activities each day. It was very important for example each day, that two residents went to the local shops to buy the newspaper. Two of the residents informed the inspector that they liked shopping and both had went shopping on the morning of the inspection. One resident liked art, and showed the inspector many of the paintings and drawings they had done. Another resident had a pet cat, and this pet was very important to them. Some of the residents had retired from work and one resident informed the inspector that some days they just like to 'chill out' in their pyjamas and watch television or listen to music.

As stated earlier the staffing numbers were going to be increased the day after the inspection to facilitate residents being able to go on more outings going forward.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be spacious, homely and clean on the day of this inspection.

Each resident had their own bedroom one of which had an en suite bathroom. Four residents showed the inspector their bedrooms and they were all decorated with residents personal items and family photographs.

Communal facilities included a sitting room, an open plan kitchen, dining and living area. There was a large mature garden to the front of the property and back of the property. There was also a large shed where the washing machine and the tumble dryer was stored.

There garden area to the front, had space for parking. The premises had been reviewed in July 2025 to ensure that the premises was accessible for residents. This review found that based on the residents needs, some improvements were required. Some of those improvements included adding hand rails in an area.

The person in charge showed the inspector around the garden which was split level, meaning there were steps down to some parts of the garden, while the person in charge informed the inspector that this did not impact on the residents living here at the time of the inspection, they were aware that it may need to be reviewed going forward if the residents needs changed.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had prepared a policy on risk management, this outlined some of the key systems in place to review risks in the centre. This included a risk register and individual risk assessments for residents where required. The registered provider had also systems in place to report risks to senior personnel where risks were considered high.

The risk register included eleven risks and none of them were rated as high. Some of the risks included infection prevention and control. This risk assessment was comprehensive and the inspector followed up on a sample of controls in place. For example; all staff were required to have completed training for the management of spills in the centre. The inspector found that this had been completed and that a staff member who spoke to the inspector was very clear about the procedures to follow in this event.

Residents also had risk assessments in place. The inspector reviewed a sample of these and found that the control measures listed in these risk assessments were in place. For example, one resident had a risk assessment that required some of the following control measures. A female staff should be on duty at all times to support the resident, the resident should be provided with support to raise a complaint and staff should follow the residents positive behaviour support plan. The inspector found that all of these control measures were in place.

Some very minor improvements were required to some of the information recorded on these assessments, however this did not impact on the care and support provided. For example; the infection prevention and control risk assessment stated

that a sharps bin was available in the centre, however there was no requirement to have this in the centre at the time of the inspection.

The registered provider also had systems in place to audit this regulation to assure ongoing compliance with the regulations. As an example in May 2025 an audit of risk management showed that no improvements were required.

A vehicle was provided in the centre, the inspector reviewed records pertaining to this vehicle and the records showed that it was in a roadworthy condition and was insured.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy on the safe administration of medicines in the centre. This document was not reviewed as part of this inspection.

The inspector observed staff administering medicines in the centre, and observed that safe practices were maintained. Two staff always administered medicines, to ensure accuracy, residents had their medicines stored in their bedrooms, which meant they were afforded dignity and privacy when medicines were being administered to them. Staff were observed checking the names, of the medicines being administered against the label and the medicine prescription sheet.

Residents had been assessed to see if they could or wanted to self-administer their own medicines. Two of the residents told the inspector that they preferred staff to administer their medicines.

There were systems in place for the safe storage of medicines. One of the presses required attention on the day of the inspection as some areas required attention in terms of cleanliness. This storage press was also in an awkward position, which could impact staff's vision to the medicines stored. The person in charge assured the inspector that this would be reviewed going forward.

There were systems in place to record medicines being returned to the pharmacy, on the day of the inspection, the records viewed by the inspector did not include details of all the medicines that were due to be returned. The staff team addressed both the records for the return of medicines on the day of the inspection and the cleanliness issue in one medicine press, by the end of the inspection. The inspector was satisfied therefore that these improvements had been addressed by the end of the inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

The statement of purpose prepared by the provider indicated that residents had access to a range of allied health professionals as and when required some of which included,

- general practitioner (GP)
- dentist
- dietitian
- chiropody
- optician
- speech and language
- physiotherapy
- occupational therapy,
- psychiatry

Residents had an annual health check with their GP and, healthcare plans were in place to guide and support staff practice.

Residents were also provided with advice and support around health care screening programmes. As an example; residents were informed about the importance of mammograms and the importance of registering for this when they reached a certain age.

Community nurses were also employed who were available to the residents and staff for support and guidance around healthcare needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had a policy in place to safeguard the residents, this included the procedures staff should follow in the event of an allegation of abuse being reported or observed. The staff who met with the inspector was aware of the different types of abuse and informed the inspector about the actions they would take if they observed an abusive interaction occurring. They reported that they would reassure and support the resident and make sure they were safe, and

immediately report the concern to the person in charge or the next most senior manager on duty.

Since the last inspection of this centre in July 2024, there had been no safeguarding concerns notified to the Chief Inspector. The inspector also found from talking to residents, reviewing their questionnaires that they felt safe and would talk to staff if they did not.

Residents were provided with education and support around feeling safe in the centre. All staff had been provided with training in safeguarding vulnerable adults, including relief staff employed in the centre.

The registered provider also had systems in place to audit this regulation to assure ongoing compliance with the regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The residents informed the inspector that their individual choices and preferences were respected and supported by the staff team. One resident had said that they would like to be able to do more activities and as stated earlier, additional staff had been approved which would help this.

Other examples observed on the inspection showed that residents were supported to access support around legal matters, and one resident informed the inspector about an upcoming appointment they had around this. Another resident informed the inspector that they would like to start thinking about making a will. The inspector informed the person in charge about this and they agreed to follow up this with the resident to see if they needed support with this.

Residents had key working meetings and residents meetings to discuss concerns they had or to inform them of things that were happening in the centre. Easy to read information was also available at the residents meetings to provide education around residents rights and other issues like fire safety or the importance of feeling safe in the centre.

The four residents who met with the inspector informed them that they were very happy living there, felt safe and that they could talk to staff about concerns they may have.

Staff had also undertaken training in human rights and were observed on the day of the inspection to be patient kind and took the time to explain things to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant