



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

Issued by the Chief Inspector

Name of designated centre:	Renua Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	22 September 2025
Centre ID:	OSV-0002618
Fieldwork ID:	MON-0047249

About the designated centre

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

Renua provides full-time residential services to four male and female adults with a low to moderate intellectual disability over the age of 18 years. The centre is run by the Health Service Executive (HSE) and is located on the outskirts of a town in Co.Sligo. This centre comprises of a bungalow dwelling where residents have their own bedroom and also have access to a large kitchen, dining room, two sitting rooms, utility room and two bathrooms. Residents also have access to a well-maintained garden space both to the front and rear of the centre. Residents are supported day and night by staff working at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 September 2025	09:30hrs to 14:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

Overall, Renua Services is a person centred service focused on residents' care, support needs and in line with their age profile. From meeting with the residents, and from what the inspector observed, it was evident that residents were very happy and comfortable in this centre and were supported by a team who knew them very well.

This was an unannounced inspection completed in order to monitor ongoing compliance with the regulations, with a specific emphasis on the safeguarding of residents in the centre. The inspector found that there were no actions identified during the inspection and that the provider had addressed previous safeguarding issues satisfactorily and was ensuring that residents were safe and supported in this centre.

During the inspection, the inspector spoke with staff on duty and the person in charge. A variety of documentation was reviewed, including safeguarding documents and plans in place if relevant. Documentation reviewed on the day specific to the focused inspection, included safeguarding documents, communication assessments, staff rosters and individuals assessments and personal plans. Residents were observed and heard engaging and going out with staff for their planned activities.

Following the introductory meeting with the staff team, the inspector completed a 'walk around' of the centre. The centre was spacious and well-maintained, and laid out in accordance with the support needs of residents. For example, there was suitable space in the centre to afford residents time alone for space and relaxation if they wished.

Three residents lived in the centre and two were met at various times on the day of the inspection. One resident was at home with family at the time of the inspection and they enjoyed weekly overnight time with their family. After the opening meeting the inspector spent time in the living room with both residents. The inspector heard about the losses the residents had experienced since the previous inspection in June 2023. Two residents had passed away following the previous inspection due to aging profile and long term health issues. One resident was observed sitting beside a deceased housemate's comfort chair, rubbing the arm and smiling as they referred to the residents' chair. Staff spoken with acknowledged the impact of the bereavements in the centre, spoke about the mass that was held and how it was very beneficial for the resident and staff team supporting in the grieving process. A new resident had also moved in to the centre since the last inspection in June 2023, and the inspector found that they were very happy in the centre, well established and familiar with the staff team and other residents living in the house. The inspector found that this centre was very focused on the aging profile and ensuring that residents care was focused on home based activities as well as access to the community when requested. One resident spoke freely about their plans for the day

of the inspection, which included shopping, a meal out and attending an appointment with staff.

The inspector spoke with the person in charge and three other members of staff over the course of the inspection. Staff spoke about some of the health and social care supports provided to residents, as well as some of the measures in place to protect residents. The inspector found that staff were knowledgeable on the specific needs of each resident and the required support to keep them safe. These included for example safeguarding measures, and control measures outlined in risk assessments. Staff had been provided with training in human rights, and a staff member described examples of how this impacted on practice by ensuring residents were given choice in activities, meals and personal care preferences, and to ensure that their dignity was respected at all times.

The centre was accessible, suitably laid out, and had ample space to enable residents to have time alone for relaxation or time with fellow residents, family or other visitors, for example the parish priest.

The inspector reviewed information in relation to any concerns raised. At the time of the inspection, there was no longer any active concerns in place and previous records were now closed. The inspector found that the provider had completed investigations where serious concerns were raised and ensured that all appropriate measures were put in place in response to the concern raised, with the safety of residents paramount throughout any investigation, pending the outcome of an investigation. As said previously, on the day of this inspection there were no active safeguarding concerns or investigations in place in the centre.

It was very evident throughout the inspection that both staff and management were person-centred in their approach to care and support, and that residents were supported to make decisions, and that the safeguarding of residents was balanced with their right to risk taking,

Overall, the inspector found that this was a good service focused on the care and support needs of residents and recognised the importance of a consistent, experienced, and knowledgeable staff team in providing these supports for residents living in Renua services.

The next two sections of the report will outline the findings of this inspection in relation to the governance and arrangements in place in the centre and how these impacted on the quality and safety of safeguarding residents at this centre.

Capacity and capability

There was a clearly defined management structure and monitoring process in place to ensure effective oversight was in place at all times as required by the regulations. There was a consistent, competent and experienced staff team, and the numbers and skill mix of staff were appropriate to the needs of residents in this centre.

Staff had received appropriate training and could discuss the learning from their training. They were also knowledgeable about the care and support needs of each resident, as well as all relevant risks identified. This included potential risks posed by fellow residents, linked to behaviours of concern, choice of activities, or vulnerabilities.

The inspector noted that the governance and management in the designated centre were supporting residents to make decisions about their lives, whilst ensuring their safety was of paramount importance. The inspector noted that the provider had recognised and responded to previous peer-on-peer incidents at the centre and had completed all necessary steps to promote residents' safety at all times in the centre.

Regulation 16: Training and staff development

The inspector reviewed the training in place from February to June 2025 and found that staff were in receipt of appropriate training and had the experience to meet the assessed needs of residents in line with the statement of purpose and the size and layout of the centre.

Training records showed bespoke and mandatory training provided in the centre, which the inspector found from a review of the training matrix was up-to-date. Training included: Trust in care, safeguarding, positive behaviour support and first aid. This ensured that staff were knowledgeable in their role and supported to promote good practice.

Staff discussed learning from various aspects of this training with the inspector, and documentation reviewed by the inspector was in accordance with best practice, local and national policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective management systems in place to ensure the service provided to residents was safe, effective and monitored on an ongoing basis.

There was a clearly defined management structure. Staff reported to the person in charge, who at present had three centres under their remit, but as advised on the day of the inspection, plans were in place to reconfigure services post-inspection.

Staff meetings were facilitated monthly, and a set agenda was provided with an opportunity for staff to raise any additional areas for discussion.

There was an ongoing review of the service provided, and a schedule of audits for the year was available. The inspector reviewed a sample of audits completed, and where issues had been identified, actions were completed. For example, the conversion of front garden area for parking needs. Audits included: finance, safeguarding, rosters, training and health and safety.

An annual review of the quality and safety of care and support had been completed for 2024, and had included consultation with residents and their representatives. The inspector reviewed the two most recent six-monthly unannounced visits by the provider, and actions identified were completed.

Judgment: Compliant

Quality and safety

The provider had promoted residents access to person-centred care and support in the centre effectively.

There was a skilled and experienced staff team that was familiar with each resident's communication style and assessed needs. The voice of the residents was central to service provision, and a range of easy-to-read documents supported this to promote and enhance their understanding.

Each resident had a range of assessment tools, protocols and plans to guide staff in order to provide quality care and support. Where issues arose, these were dealt with promptly, and residents were supported to understand how to be safe. Residents were also supported with their emotional needs, and where needed safeguarding plans had been implemented in response to identified safeguarding risks. Residents were safe in the centre, and there were measures in place to ensure individual risks were responded to.

The rights of residents to choose how they wished to spend their time in and out of the centre, as well as participating on decisions regarding their care and support, were respected in the centre.

Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs and wishes effectively.

Staff were observed speaking comfortably with residents. Staff were aware of the residents' particular communication needs and preferred topics of discussion.

The inspector reviewed one communication profile developed for a resident. This gave information to staff on how to present information to the resident so that they fully understood it. It also informed staff of the particular strategies used by the resident to express their needs, wishes and preferences. The inspector also noted that the provider had developed picture-based communication supports for residents to support their understanding of complex issues, as well as a range of information provided in a service user friendly format. for example residents guide and complaints policy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that the needs of residents' needs had been assessed and that the supports required to meet those needs had been put in place.

The inspector reviewed one assessment and personal plan of the three residents. The plan reviewed showed that the health, social and personal needs of residents had been assessed within the previous 12 months. These assessments were comprehensive and outlined the level of support required by residents to meet those needs. An annual review of the residents' personal plans was completed in 2024 and the person in charge spoke about the next review was scheduled. The annual review meeting was attended by the resident, their family or a representative. The meetings included a review of the residents' progress towards their personal goals and outlined the personal goals for the year ahead. There was evidence that the residents had been supported to achieve these goals. For example, short breaks away, attending country music shows and eating out.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems in place to support residents with their emotional needs, and could access the services of a psychologist and a behaviour support specialist if needed.

At the time of the inspection, no resident required positive behavioural support, but the provider could access these services if a change in needs arose.

There were a number of minor restrictive practices in use in the centre. These were being reviewed, recorded and reported as required, and were used to promote the residents' health, safety and overall well-being.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre and measures were in place where safeguarding risks had been identified.

The person in charge had notified the Chief Inspector of Social Services of safeguarding incidents occurring in the centre within the required time-frames and safeguarding plans had been developed. Staff spoken with were familiar with the policy and procedure in place and the structure for reporting a concern and the safeguarding arrangements available on commencement of an investigation.

On review of training records for February to June 2025 all staff had completed training in safeguarding, intimate care and children's first as required. Staff had access to online as well as face-to-face training as scheduled.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre, and residents were supported to choose how they spend their time in the centre.

Staff facilitated residents' meetings on a weekly basis but were available to residents each day to discuss their needs and wishes. The inspector observed staff discussing with one resident the planned activities and outing for the day ahead and another resident clearly declined going out and preferred to spend time in the centre with staff support. The inspector found from a review of residents' activity records, that each resident was offered choice on a daily basis. This included walks, short drives, eating out, attending mass and music events.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant