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:	Renua Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	25 May 2026
Centre ID:	OSV-0002618
Fieldwork ID:	MON-0041958

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 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:	4

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 25 May 2026	10:00hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. One inspector completed the inspection over the course of one day. Overall the inspector found that residents were well cared for and were active and engaged in their homes and communities. Some improvements were required in staffing and residents rights with these findings detailed later in the report.

On arrival to the centre the inspector was greeted by the staff nurse on duty and the person in charge. Two residents were present in the centre, one of which was celebrating their birthday. One resident had commenced day services in a nearby town two days a week and was attending on the day of inspection. The fourth resident had a shared care arrangement in place and was at their home residence at the time of inspection.

Residents present in the centre spent some time speaking with the inspector about recent celebrations in the centre and how they had enjoyed a party at the weekend with family visiting , presents they had received and cake which they enjoyed. Birthday balloons and banners were on display throughout the centre. The resident spoke fondly about family visits and their plans to go for a meal and drink for their birthday on the day. The other resident present enjoyed a cup of tea with the inspector and spoke about how they enjoyed shopping, live music sessions both in the house and locally and how they enjoyed being in the centre of activity in the house. On the day of inspection, staff were supporting the resident with a GP appointment , thoughtful engagements was observed in preparing the resident for this appointment. After their appointment they joined the other resident for a meal out.

The inspector completed a walk around of the centre. The centre comprises a bungalow dwelling where residents had their own bedroom and also had access to a large kitchen, dining room, two sitting rooms, utility room and two bathrooms. The centre was clean, well presented and homely in appearance. In the two living rooms there was also a desk area for staff to work, in one there was also a storage unit which contained open shelves with residents information stored in files. This is discussed further in the report. Residents had access to a well-maintained garden space which included raised flower beds and accessible pathways.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The response from residents was positive with residents noting they liked were they lived, could make their own choices and decisions were supported by staff.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care

and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place, however there had been an occasion were the nursing support had not been assigned as per the resident's assessed needs.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre for the most part had up-to-date training and were appropriately supervised.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed staff rosters for April and May. At the time of inspection, there were reported to be 2.5 whole-time equivalent (WTE) required to meet changing needs in the centre. In the interim there was a reliance on agency usage to cover predominately nursing support at night. Efforts were made to ensure agency staff were consistent, familiar and had the necessary skills to support residents.

On the day of inspection, staffing levels were sufficient to support residents' assessed needs. However, a review of the rosters and discussions with the person in charge identified one occasion where staffing levels were not as per the required skill mix assessed for residents. There had been unplanned leave on night duty and replacement nursing support had been unavailable for the entire shift. While efforts were made to ensure minimum impact to residents, the contingency arrangements in place were not effective and increased the risk that residents' assessed needs may not be met in a timely and consistent manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and safe administration of medication. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge was responsible for three designated centres and demonstrated a clear understanding of the requirements of the Health act 2007, associated regulations an national standards.

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the admission arrangements for a resident recently admitted to the centre. Records demonstrated that a comprehensive assessment of need had been completed prior to admission.

A planned transition was implemented to support the residents admission to the centre. Documentation reviewed indicated that the resident, and where appropriate their representative , were involved in the planning process.

The inspector found a written contract for the provision of services was in place which clearly outlined the services to be provided.

Overall, the admission process was found to be well planned.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had complaints policy and procedures in place that were clear and outlined the processes in place for residents or their representatives when making a complaint.

Information guiding residents how to complain was available to them.

Judgment: Compliant

Quality and safety

Overall the inspector found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents. It had a homely feel and was clean and warm. Some improvements were required to ensure the privacy of residents information.

Residents had opportunities to be part of their local community and were supported to do this through person centred planning. They were making decisions about how they wished to spend their time. Residents were supported to develop and maintain connections and spend time with their families.

From what the inspector observed, speaking with staff team and management, and from the documentation reviewed it was evident that residents were supported through individualised assessment and personal planning.

Residents were supported with their healthcare needs and to access ongoing support from multi-disicplinary professionals as required.

Regulation 13: General welfare and development

Residents were found to be very well supported to have active and meaningful lives.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Some residents chose not to attend a day service however, staff ensured that a number of recreational and social activities were made available to them.

Residents also liked activities such as:

- music sessions
- gym
- day service
- shopping
- meals out.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. Residents reported as being very happy with their homes.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight. Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). The inspector reviewed a sample of incidents to date.The provider was responsive and reviewed control measures to mitigate risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files which contained an up-to-date comprehensive assessment. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports.

Personal plans were found to be person-centred and driven by the resident. It was clear from discussion with the residents and review of their person plan and support plans that they were directing their care and support. The personal plans captured the residents well, they identified their needs and preferences and how they could be met.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in

charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

For the most part, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences. However, further consideration was required in relation to the storage of residents' personal information to ensure their privacy was respected. Office areas were located in the two living areas, one of which included a storage unit with open shelves for residents' folders which contained personal information.

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultation with staff. Residents were seen to be treated in a respectful manner by staff present throughout the inspection while choice was actively encouraged within the centre.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Renua Services OSV-0002618

Inspection ID: MON-0041958

Date of inspection: 25/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with Regulation 15: Staffing, the following actions have been completed. A full review of the staff roster has been completed by the Person in Charge and Senior Management. Going forward, staffing levels will be sufficient to meet residents' assessed needs. At nighttime when a staff nurse is required to support one resident. An updated risk assessment is in place in respect of all staffing vacancies and highlights the controls in place to ensure staffing levels are sufficient to meet residents' needs/ In the event of an unplanned leave for the staff nurse on duty, the Person in Charge will contact the senior management on call, and a staff nurse will be redeployed to the center, ensuring that the residents' assessed needs are met. An emergency protocol has been developed to ensure all staff are aware of this contingency plan. The Staff Nurse vacancies have been re-escalated to Senior Management for approval. This has been completed by 20.06.26.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: To come into compliance with Regulation 9: Residents' rights, the following actions will be completed. A storage unit with open shelving, which contains the residents' personal information, will be replaced by a closed storage unit to store the residents' personal information.	

Going forward, the Person in Charge will ensure all residents' information will be stored in a closed unit to ensure privacy for all residents.

The West/Northwest Audit for Person Centered plans has been reviewed and will now include the storage of personal information within the scope of the audit.

This will be completed by the 30/06/2026.

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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	20/06/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/06/2026