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:	Glenbow Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	29 July 2026
Centre ID:	OSV-0003364
Fieldwork ID:	MON-0042557

About the designated centre

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

Glenbow Services is run by the Health Service Executive and is located a short distance from a town in Co. Sligo. The centre provides residential care for up to three residents, who are over the age of 18 years and have mild to profound intellectual disabilities. The centre is based on a campus setting and comprises of one bungalow dwelling. Residents have access to their own bedroom, some with en-suite facilities, shared communal areas, bathrooms and the bungalow provides residents with level access to a green area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 29 July 2026	08:30hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspector found that the residents in this centre received a good quality, person-centred service, homely and provided age appropriate care in line with residents assessed needs and aging profile. This inspection was announced and was conducted to inform a registration renewal application for the centre.

Staff had received training in areas that were relevant to the care and support of the residents. Staff were provided with clear information through support plans, risk assessments and information from relevant healthcare professionals. The inspector found the assessments had detailed information for staff about the supports needed by residents in relation to their communication.

Residents were supported to engage in activities in the centre and in the wider community that were in line with their interests, choice and abilities. The rights of residents were respected in this centre. The provider maintained good oversight of the quality of the service.

The centre consisted of a bungalow in a housing estate. It was located in a rural area with a short drive to shops, supermarkets, cafes, restaurants and other amenities. Each resident had their own bedroom. There was a large bathroom with a level-access
shower. The house also had a kitchen-dining room with a comfortable sitting area. There was an additional separate sitting room. The centre had a utility room, kitchen and sitting area, another sitting area, and staff office. Outside, there was a small lawn and transport was available for residents as needed.

The house was clean, tidy and in a good state of repair. It was nicely decorated. It was warm, bright and comfortable. Residents' photographs were on display in the communal rooms and in the residents' bedrooms. Residents' bedrooms were decorated in different styles in line with their tastes.The house was fully accessible to all residents. The inspector noted that the house was well maintained, suitably decorated and furnished throughout the centre.

The inspector met and spoke with most of the residents as part of this inspection process to get their views on what it was like to live in this centre. They also observed staff interactions with residents over the course of the inspection and it was observed that residents were relaxed, comfortable and enjoying the company of staff members. Staff were seen to be warm in their interactions with residents and attentive to their needs.

The management team and staff prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation, conversations with residents, staff

and information viewed during the inspection, that residents had a good quality of life and had choices in their programmes.

The inspector sat with the residents and staff, and observed, participated in discussion with everyone present. The residents were observed to be very relaxed and comfortable with the staff team and their environment on the day of the inspection.

The premises was nicely decorated throughout inside and outside. The outside area included space to the front and back of the centre, which was fully accessible and well-maintained. Residents had access to a shared kitchen and separate laundry facilities which was clean and suitably decorated.

Processes were in place to support residents and staff to communicate with each other, and there were clear and detailed communication plans to support this. The inspector saw several residents communicating effectively with staff during the inspection and in their preferred way of communicating.

In addition to the person in charge, the inspector met with two members of staff. The staff spoke about the residents respectfully. They were knowledgeable on the needs and preferences of residents. Staff gave clear examples of how residents were offered choices throughout the day and how these choices were respected. They spoke about supports that they provided to residents in daily activities in the centre and in the wider community. Staff were knowledgeable on the procedures that should be followed should any safeguarding concerns arise.

Overall, the inspector noted that residents received a good quality service in this centre. The governance and management arrangements ensured that areas for service improvement were identified and addressed. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management impact the quality and safety of the service provided.

Capacity and capability

The service was well governed and lines of accountability were clearly defined. The provider maintained the quality of the service through routine audit. Staffing numbers and skill-mix were suited to the needs of residents.

The provider had maintained good oversight of the service through routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audit were identified and completed within a specific timeframe. This ensured that any issues identified were addressed and that the service was continually improved. The

provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of residents. Staff had received training in modules that were relevant to the care of the residents and this training was largely up to date.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector read this documentation and found that it had been suitably submitted. This ensured that that the required information available to the Chief Inspector to assess the fitness of the provider and to inform the registration renewal decision.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that staffing arrangements were suited to the needs of residents.

The inspector reviewed the rosters in the centre from 29 June to 30 of August 2026. These indicated that the required number of staff with the necessary skill-mix were available at all times to assist residents. The staff were consistent and familiar to the residents. Flexibility was built into the roster to ensure that staff were available to assist residents in line with their needs. For example, on the day of inspection, the rostering arrangements had been changed to support a resident to attend a medical appointment.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as

training in manual handling and people movement, basic first aid, epilepsy awareness and rescue medication, infection control and hand hygiene. Training in restrictive practice, personal outcomes and code of practice were also being delivered to staff. The range of training provided to staff ensured that staff had the knowledge and skills to support residents appropriately and safely.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place, in date as required for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed. This ensured that a good quality and safe service was being provided to residents who availed of respite breaks there.

An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The centre was suitably resourced to ensure the effective delivery of care and support to residents. The inspector saw that these resources included the provision of suitable, safe and comfortably furnished and equipped accommodation, transport, and adequate staffing levels to support residents. Clear informative and up-to-date records and documentation were being maintained in the centre, to guide practice. The provider was also mindful of addressing any required improvements in the centre. For example, since the last inspection of the centre, the provider had strengthened the arrangements for supporting personal care, for providing additional choice at these times.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. While the statement of purpose was generally suitable, it required minor amendment on the day of inspection.

The inspector read the statement of purpose and found that it met most of the requirements of the regulations, and was being reviewed annually by the person in charge. The required information was clearly stated and updated since the reduction in the number of houses attached to the centre.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted.

The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff had been given the necessary information in order to support residents appropriately.

The safety of residents was promoted in this service. Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures in place to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks.

Regulation 13: General welfare and development

The residents were supported to engage in activities that were in line with their wishes.

This included activities within the centre and in the wider community. The inspector reviewed the notes for two residents. These indicated that residents were supported to engage in activities that were enjoyable and in line with their interests. These included social activities; for example, meeting family, going out for meals, and day trips. Within the centre, residents were supported to engage in activities that they enjoyed; for example aromatherapy and reminiscence therapy. Residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs. A residents' guide had been developed to provide information to residents.

The inspector read this document and found that it met the requirements of the regulations. The inspector saw that other information that was relevant to residents was displayed in user friendly format in the centre. This included information about advocacy, details of the designated safeguarding officer and the confidential recipient, and recognising abuse. A visual information sheet had also been developed to inform residents of the finding of the most recent inspection of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk.

The inspector reviewed the centre's risk register. This was comprehensive and the risks identified were specific to the service. They had been recently reviewed by the person in charge. The inspector also reviewed the risk assessments that had been developed for two residents. These gave clear guidance to staff on how to reduce risks to residents. They had been recently reviewed. Residents needs were paarmount to the development of all risk assessments in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety arrangements ensured residents could evacuate safely in the event of a fire.

The inspector reviewed fire safety procedures in the centre. The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to alert residents and staff if a fire occurred. The exits were clearly identified. Fire extinguishers were serviced annually. All staff had training in fire safety. A personal emergency evacuation plans (PEEPS) was available for all

three residents. There were good wide corridors and all residents were accommodated on the ground floor.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well managed in this centre.

The inspector reviewed the health records maintained for two residents. These indicated that residents were supported to attend medical appointments, as required. Referrals were made to medical and health services when needed. Information from medical and health professionals was available to guide staff. Residents had a named general practitioner (GP). Staff had received training in specific areas that were relevant to the care and support of the residents in this service. They were knowledgeable of the supports needed by residents in relation to their healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

Staff had received training in how to support residents to manage their behaviour. The inspector noted that due to the aging profile behaviour support services were not required at present in the centre, but the team had access should this become a requirement for any of the residents. Advice and information from these professionals was shared with staff at a team meeting.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from abuse.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing agenda item on all monthly team meetings.

The inspector reviewed the intimate care plan for one resident. This plan was detailed and comprehensive and gave clear guidance to staff on how to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes of the residents' meetings held in April and May 2026. The minutes recorded the residents' responses, comments and remarks. Residents were offered choices in relation to their meals and activities in the coming month. There was evidence that residents had input into the running of the centre through
these meetings.

The voice of the resident and their views were considered in relation to their care and support. Residents and their representatives had input into their own risk assessments and personal plans as required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant