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:	Slieve Rua Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	29 June 2026
Centre ID:	OSV-0003916
Fieldwork ID:	MON-0045181

About the designated centre

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

Slieve Rua provides a residential and respite service to 12 adults in three separate houses. This centre supports residents with low to high needs and can also facilitate residents with reduced mobility. One house is dedicated to respite and one resident uses this house for planned breaks. Two houses provide can residential care to up to five residents each. Each house in the centre is warm and comfortably furnished and residents' bedrooms are decorated with items of personal interest and photos of family and friends. The centre is located within walking distance of a small town in the West of Ireland. Some residents are offered an integrated service and some residents attend day services external to the centre. There is a staffing allocation to support residents during the day and there is a either a sleep in arrangement or waking night in place during night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 29 June 2026	09:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The residents living in this centre had a good quality of life, they kept in contact with friends, had good involvement with the local community, and they were supported to take part in their preferred activities and attending local day services.

This inspection was unannounced and was completed on behalf of the Chief Inspector of Social Services to monitor the provider's compliance with the regulations and was an unannounced inspection. The inspection was completed over one day and as part of this inspection, the inspector met and talked with seven residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, and four members of staff on the day of the inspection. The inspector viewed a range of documentation and processes relevant to the resident's care and support needs required in the centre.

On arrival to the centre, the inspection was completed over one day. The inspector was met by staff on duty and seven of the residents who were enjoying activities and community activities as scheduled. The person in charge was not present due to leave, but an assistant manager was notified of the inspectors' arrival in the centre and attended shortly after to facilitate the inspection. The inspector observed residents to be busy engaging with staff and completing tasks as planned. The inspector also noted that staff from arrival were professional, warm and welcoming and were observed engaging with residents as per their assessed needs.

The inspector met and spoke to 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. Some of the residents were very clear that they did not wish to engage in conversation with the inspector and this preference was respected.

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 residents spoken were observed to be very happy with the service provided and engaging with their staff team at different times during the inspection. They said they got on well with management and staff and loved living in the centre.

There were multiple sitting rooms, a large kitchen/dining area, a separate dining room and large well-maintained gardens to the rear and front of the property's. All of the residents had their own bedroom and access to ensuite or shared bathroom

facilities. The inspector noted that the houses were well maintained, suitably decorated and furnished throughout the centre.

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. Actions from the previous inspection were almost completed and the inspector saw evidence of the work underway at the time of this inspection.

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.

Overall, the centre appeared to be welcoming, warm and well-maintained and over the course of this inspection residents were observed engaging in household and leisure activities of their choosing with the support of the staff team where required.

The next two sections outline the capacity and capability of the provider, and describes how this impacts on the quality and safety of care provided to residents living at this centre.

Capacity and capability

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of the resident living in this centre.

The provider had maintained good oversight of the service through a schedule of 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 audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also 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 the resident. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place. The inspector reviewed rosters from 10 January to May 2026 . The rosters showed that the planned numbers and skill mix were maintained throughout and that there was a consistent staff team known to the residents during this time period.

The inspector met with six staff members and the assistant manager during the inspection. This included the support staff present in the centre. Staff were found to be knowledgeable about the support needs of the resident and could readily answer questions relating to the safeguarding of the resident. Staff were also knowledgeable about the ways to respond to behaviours of concern, so as to ensure the safety of the resident living in the centre.

During the inspection, the inspector observed staff interacting in a caring and professional manner, and in accordance with their assessed needs. It was evident that the resident was comfortable with staff supporting them and that they were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records from 01 January to April 2026 and found that the training provided reflected the assessed needs of the resident in line with the statement of purpose and the size and layout of the centre.

Training records showed that mandatory and bespoke training was provided in the centre, which the inspector found to be up to date. Examples of staff training included; Trust in care, Children's First and positive behaviour support. This ensured that staff were staff were knowledgeable.

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

Judgment: Compliant

Regulation 23: Governance and management

The centre was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of residents living in this centre.

The provider had maintained good oversight of the service through a schedule of 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 audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also 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 the resident. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality person centred service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted effectively and information was available to the staff supporting to ensure they were informed at all times.

The residents received a person-centred service in this centre. The residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included clear and comprehensive guidance on the residents' communication needs and supports required in the centre.

The safety of residents was paramount in this service. Staff were aware of the systems in place to protect the resident from risk. Risks to the resident and the service as a whole had been identified and control measures were put in place to mitigate those risks.

Regulation 13: General welfare and development

The provider had appropriate supports in place in this centre to ensure that residents took part in a range of social and developmental activities and age appropriate activities.

The inspector noted that suitable staffing was also in place from a review of the roster and from speaking with the person in charge, resident's were also supported in activities of their choosing, for example, gardening, and age-related activities. Activities were planned and facilitated based on residents' mobility needs, age and personal preferences. Several residents were also provided with enhanced home-based activities due to their changing needs, while some residents enjoy attending local day services and spending days out in their local community with staff support.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, well maintained and designed and laid out to meet the needs of residents.

The provider had ensured that the premises throughout the centre was well maintained, suitably laid out and in a good state of repair. Adaptions and suitable communal facilities were available to residents in line with their assessed needs. Each house had access to suitable media devices, such as internet, televisions and radios for residents in communal areas as well as their private roooms. The provider had also ensured that appropriate arrangements were in place for waste disposal in all areas of the centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided about the care and support provided in this centre, which included staff supports and facilities provided.

The centre's residents guide was reviewed by the inspector and was found to included a range of information for residents on services provided, how to make a complaint, where to access inspection reports and visitor arrangements at the centre. Other information relevant to residents was also provided such as

photographs of the centre staff and who the centre's designated safeguarding officer was.

Judgment: Compliant

Regulation 26: Risk management procedures

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

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 and reflected current risks evident in the centre.

The inspector also reviewed the risks assessments developed for a resident. This showed clear guidance on how to reduce the risks to the resident. They had been recently reviewed. Staff spoken with discussed the positive outcomes of the effective risk management in the centre.

Judgment: Compliant

Regulation 6: Health care

The health needs of the resident were well managed in this centre.

The inspector reviewed the health records maintained for one resident. These indicated that the resident was supported to attend medical and health services appointments, as required. Referrals were made to medical and health services when needed. Information from medical and health professionals was available to guide staff. The resident had a named general practitioner (GP). Staff had received training in specific areas that were relevant to the care and support needs of the residents in this centre. They were knowledgeable of the supports needed by the resident 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 the resident to manage their behaviour. The inspector found that on reviewing a residents' personal plan that appropriate referrals and guidelines were in place to ensure all staff were guided on supporting this resident. Advice and information from these professionals where required was shared with staff and reviewed regularly to ensure the effectiveness of the plans in place.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from harm or abuse in the centre.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. At the time of the inspection, there were no active safeguarding incidents in the centre. Safeguarding was included as a standing item on the staff agenda items on all monthly team meetings.

The inspector reviewed the intimate care plan for the residents. The plans were detailed and comprehensive and gave clear guidance to staff on how to support the 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant