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:	Pearse Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	28 May 2026
Centre ID:	OSV-0005282
Fieldwork ID:	MON-0043650

About the designated centre

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

The centre was run by the Health Service Executive, which provided residential care for up to eight male and female residents, over the age of 18 years with an intellectual disability. The centre comprised of two houses located within close proximity to each other in a town in Co. Sligo. In each house, residents have their own bedroom and have communal access to a kitchen, dining room, sitting room, utility room, bathrooms and garden area. Staff were on duty both day and night to support the residents who lived here. A waking night support system was in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 28 May 2026	15:00hrs to 19:00hrs	Catherine Glynn	Lead
Friday 29 May 2026	08:30hrs to 11:00hrs	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.

This inspection 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 two days 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, 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 evening and the following day. The inspector also met by staff on duty and three of the residents who were enjoying homebased activities and community activities as scheduled. One resident interacted with the inspector after they had settled on return from their activity. The person in charge arrived shortly after commencement of the inspection and was available throughout the inspection.

The inspector met and spoke with all 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 person in charge 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 were 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 house. One resident made a coffee for the inspector and invited them to view the house, which was observed to be a welcoming, well-maintained and homely environment. 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. The resident's bedroom was observed to be decorated to their individual style and preference and they informed the inspector that they loved their room and own personal space.

The inspector noted that residents and staff reported that they enjoyed going for drives and walks and spending time chatting with staff in the centre or engaging in age appropriate activities. The inspector observed that all these activities were being facilitated on the day of this inspection. Residents were also supported to continue to engage in community-based activities and outings, drives and walks where being facilitated as requested.

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.

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

Overall, the inspector found that there was very effective governance and management systems in place in this centre.

The centre had a clearly defined management structure in place consisting of an experienced person in charge. The person in charge worked on a full-time basis in the organisation and was supported in their role by a full-time, qualified person in charge. The person participating in management also provided support to the operational day-to-day management of the centre.

The staffing arrangements were adequate in meeting the assessed needs of residents and where required, one-to-one staffing was provided to support residents to achieve their health and social care goals. From speaking with staff members over the course of this inspection, the inspector was also assured that they had an adequate knowledge of the residents' personal plans so as to meet their assessed needs and ensure continuity of care. Staff also reported that they felt supported in their role and said they could raise concerns or talk to their manager at any time.

Systems were also in place to ensure the centre was monitored and audited as required by the regulations.There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Action plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame.

Regulation 15: Staffing

The inspector found that there was adequate staff on duty to meet the assessed needs of residents and residents spoken with stated 'there was always someone around to help them'.

The inspector reviewed the staff rota from the and found that there were four staff on duty during the day and one waking night staff. The rota was easy to read, well maintained and an actual and planned rota was in place. The inspector spoke with three staff on duty during the inspection, and the person in charge. Staff displayed a very good knowledge of resident's needs and were aware of their likes, dislikes and life history so could chat freely with residents about their life.

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 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 residential services. 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.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre as required, which provided guidance to staff on complaints management in the centre.

There was a log of complaints maintained in the centre with actions evident when required of the actions evident of the response to the complainant. Followed by the outcome of the complaint as required by the regulations. The provider had information displayed in the centre, should a resident or relative become unhappy with the outcome of the complaint, showing the appeals process available and other support persons available if needed.

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 was put in place to meet their assessed needs. The residents' safety was promoted effectively. There was information available to the staff supporting residents to ensure they were informed at all times. 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 the resident 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 10: Communication

The provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

As some of the residents did not communicate verbally, the person in charge and staff were very focused on ensuring that they communicated appropriately with residents. Throughout this inspection, the inspector saw staff communicating with residents in line with their assessed needs. Staff used photos, objects of reference and verbal prompts. The inspector reviewed two communication plans and found that the plan provided a range of information to guide staff effectively to support the residents. Plan's showed a range of information to guide staff, such as information about the resident's likes, dislikes and preferences. On the day of the inspection, the inspector noted that there was up-to-date communication plans and policy in place to guide staff effectively.

Judgment: Compliant

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.

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 programmes, work experience 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 premises was suitably laid out and designed to meet the needs of residents. This promoted residents' safety, wellbeing and protection.

The house promoted accessibility for all residents. Each resident had their own bedroom with en suite facilities where they had ample space for storing personal belongings. This promoted residents' privacy and rights. In addition, communal areas were spacious, comfortably furnished, and provided in a homely space for residents to relax together and have visitors in their home. The design and decor of each house included residents' artwork, photographs and personal effects, all of which reflected a homely and warm atmosphere.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had appropriate systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. This meant that risks to residents were identified and measures put in place to reduce the risks.

A review of incident and risk management procedures from the start of the year and the inspector found that staff were supported and guide in their practice with appropriate policies, procedures and effective risk management in the centre. This was reviewed on a quarterly basis by the person in charge and more frequently as required, should a residents' needs change. The inspector noted that the management team were very responsive and proactive in the risk management systems in place 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. There was adequate staff on duty during the day and one waking night staff. Staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to protect residents from abuse.

The systems in place to protect residents included staff training, ensuring all staff were aware of the contact details of the designated officer and the confidential recipient, and ensuring adequate staff were on duty. Staff who spoke with the inspector stated that if they had a safeguarding concern, they would report this to senior management, and they were clear it was their responsibility to do this. The inspector reviewed the safeguarding policy on safeguarding residents and found that it was comprehensive and provided staff with knowledge of safeguarding issues and how to report safeguarding issues should these occur. The person in charge confirmed that the provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant