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:	Gweedore Service
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0005331
Fieldwork ID:	MON-0043539

About the designated centre

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

Gweedore Service is a service run by the Health Service Executive and provides a residential service for up to 13 male and female adults with an intellectual disability. The centre comprises of three houses located within close proximity of each other on the outskirts of a town in Co.Sligo. Each resident has their own bedroom and access to both communal, kitchen and dining areas. There is transport available for residents to access their local community and public transport links such as bus stops and taxis are readily available. Staff are on duty during the day and waking night-time support is available for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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 6 May 2026	14:30hrs to 20:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Gweedore were happy in their home and felt safe. This was a good quality service where all regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

This was an unannounced inspection. On arrival, the inspector met with a health care assistant who told the inspector that the person in charge was on leave. They facilitated the opening of the inspection and demonstrated competence in their role. Soon after a person in charge from another centre attended to provide support.

The inspector visited all three houses during the course of the inspection and met with nine of eleven residents. The residents living at Gweedore were noted to have a range of support needs, some of which were changing as they aged. While the properties were observed to provide good quality living accommodation, all were two storey buildings and some had steep staircases. The registered provider was aware of the risks associated with residents' homes. Staff told the inspector that the overall layout of the service was under review to ensure that it continued to provide a safe service for the residents living there.

Where suitable, the inspector sat with and spent time with residents in accordance with their preferences. In the first house, the inspector met with a resident who was enjoying a day off. They were completing household chores independently and later they met with the inspector while relaxing in their bedroom. They showed the inspector their electronic tablet which they enjoyed using, and they told the inspector that they were happy in their home.

Three more residents returned from their day service. The house was noted as busy, with residents and staff moving about and preparing for the evening, however, the atmosphere was friendly with residents observed joking and laughing with the staff on duty. Another resident offered to show the inspector their bedroom. It was a pleasant space with items of interest to the resident displayed. This person told the inspector that they would like a new wardrobe and to have their room painted. They said that they liked their room and their home and that they did not was to move anywhere else. Later they were observed sitting with their peer at the table while practicing their lines for a forthcoming theatre show. Their peer told the inspector that their bedroom was downstairs, however, the inspector noted that there was a downward step near the entrance of their room. They cheerfully spoke about their plan to go on an overnight trip to Galway with a staff member where they would have their own room. When asked about this, they clearly said that 'it's my choice'. The staff member smiled and agreed that they had secured interconnecting hotel rooms in order to meet with this request.

There were three people living at the second house and one vacant bedroom. The inspector met with a resident who was preparing their lunch for the following day. The kitchen was well-equipped with a good supply of fresh food and the resident was observed completing their task with competence. A second person was sitting on their bed while watching soap operas on their television. They showed the inspector their rollator which they used while walking. The inspector noted easy- to-read information posted on the wall which reminded the resident to wear safe and correct fitting footwear. This also provided guidance to staff. When asked, the resident said that they loved their room, had no worries and if they did, they said they would speak with staff. A walk around of this house found that it provided a comfortable home. There was a small desk for staff use in the dining room, which appeared to work well as it did not encroach on the overall homelike presentation of the house. In addition, there was a range of easy-to-read information for residents displayed. These included the complaints policy, a visual schedule of activities and a visual roster.

A visit to the third house found that likewise, it was welcoming, well-equipped and homely. The inspector met with a resident who had a desk at the window. They were using their laptop and tablet and appeared very content with the space provided for this. A second resident was relaxing in their bedroom. The inspector provided them with a picture based 'nice to meet you' document which provided easy read information on the inspector and the inspection. The resident said that remembering meeting with the inspector previously at a resident's forum and in addition, they spoke about a visit to the office of the Health Information and Quality Authority the previous autumn. They said that they enjoyed this very much and would like to return if the opportunity arose.

The inspector observed that all houses had sufficient staff. Those spoken with told the inspector that they enjoyed their work, they spoke about the rights of residents and of their active lives. They said that they were familiar with residents' family member and visits to and from home were facilitated in line with each person's preference. There was a new staff member on duty on the day of inspection. When asked, they told the inspector about their induction process, training completed and arranged and of their experience completing fire drills. All staff were aware of what to do if a safeguarding concern arose and in addition they said that they were supported by the person in charge and the management and leadership team.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Sufficient numbers of staff were employed and the roster arrangements were based on the needs of the residents. The person in charge was skilled, experienced and competent. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their homes.

Each of the three houses in this designated centre maintained their own roster. The inspector reviewed the rosters in two of three houses. This review found that the roster was well maintained, with clear indications of who was on duty and what their role was. Where additional staff were required, consistent and experienced agency staff were employed.

The provider and the person in charge were proactive in ensuring that staffing arrangements met with residents' needs. In two of the three houses, a twilight arrangement was used. This meant that residents could go evening time events such as line dancing, theatre shows or out for a walk in the evening. In addition, due to falls risks, a waking night-time support was provided in all houses.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, the person in charge was not at the centre on the day of inspection. A healthcare assistant facilitated the opening meeting and later, the person in charge from another designated centre attended and took over. The inspector found that the cover arrangements were effective. When asked, staff were clear on the reporting structures that day. Overall, the inspector found that as the governance arrangements were clear, comprehensive and established, the absence of the person in charge did not impact on the quality of the service.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six monthly provider-led audit found that it was completed in November 2025. The annual review of care and support was completed in September 2025. Actions identified were documented on a quality improvement plan. This listed 29 actions, with 21 completed and 8 not yet due. This was reviewed and updated by the person in charge on 28 April 2026.

A keyworker system was used to support residents with their assessed needs and to ensure that documentation was correctly maintained. Some residents spoken with told the inspector who their keyworker was and pointed to their picture on the noticeboard.

Staff meetings were taking place on a regular basis. Discussions were minuted and staff told the inspector that the meeting schedule was arranged to ensure that all staff had an opportunity to participate on a regular basis.

In addition, a review of the roster found that they person in charge provided 'senior cover' at weekends in accordance with the provider's schedule. This meant that they spent time at Gweedore Services during the week and at weekends. This was an indicator of good governance as the person in charge was familiar with all elements of the service provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had two new admissions since the last inspection. A review of one admissions process found that it was completed in line with the provider's admissions policy (30 March 2026) and statement of purpose.

The resident's needs were assessed prior to admission and a support plan was put in place. Compatibility risks were considered and managed if required. The resident and their family had opportunities to meet with the other residents and visit their new home during a phased transition plan.

On admission a contract of care was provided dated 1 August 2024. A review of this completed by the inspector found that it provide clear outline of the fees to be charge and of other contributions if relevant. On occasions when the resident was not residing at the centre, no fees were charged.

Overall, the inspector found that the process proceeded in line with the preferences of the residents and their representatives, and was determined on the basis of fair, equitable and transparent criteria.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose for the service which was also available in accessible format for residents' use.

It was updated on 25 February 2026 and provided an accurate reflection of the services and facilities at Gweedore. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found that if required, matters arising were reported to the Chief Inspector of Social Services in line with the requirements of this regulation

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for residents at the centre and found that it was updated on 25 Nov 2025. It was available in easy to read format for residents' use and a copies were displayed in each of the houses.

There were no open complaints from residents at the time of inspection. Residents were supported to understand the process as it was discussed at residents' meetings.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection and where addition planning was required, this was in progress.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familiar with residents' communication needs and this had a positive impact on their day to day life at the centre and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant inspection, were a good quality and safe service was provided for residents.

Regulation 10: Communication

This service recognised that the ability to communicate effectively is fundamental to each resident's wellbeing, social relationships and quality of life.

The inspector observed residents communicating freely or with support if required. Staff interacted kindly with each person and it was clear that they were familiar with each persons' individual communication style.

Where required communication assessments were completed and recommendations were made. This meant that residents had access to a range of easy to read guidance in the form of posters, plans, rosters and schedules. In addition, social stories were used to support residents with behaviour support needs or to support residents attending medical appointments. Where suitable, residents were encouraged to review their information and to sign documents with their name which meant that they were empowered to be part of the process.

Some residents had smart phone and tablet for their personal used. Residents were supported to use these independently and where required, monitoring and support was provided.

Overall, the inspector found that were listened to and supported to express their thoughts, feelings, needs and wants in relation to their personal care and their service.

Judgment: Compliant

Regulation 13: General welfare and development

Residents at Gweedore services were actively supported and encouraged to connect with their families and friends and to feel included in their communities. Choices were based on residents' wishes or on their interests.

During the day, resident attended day services if they wished to do so. Some travelled by planned transport and others used public transport services. In the evenings and at weekend, people were reported to enjoy outdoor exercise, trips to the cinema and theatre and outings for dinner or coffee. Other were involved with community groups in their area. Each resident took part in a goal planning process which afforded opportunity to plan overnight trips, plan the steps and then complete each task in the process.

Overall, the inspector found that residents were living good lives, which allowed them to achieve their preferred levels of social integration and individual development.

Judgment: Compliant

Regulation 17: Premises

A review of the three properties comprising this designated centre found that they met with the requirements of this regulation.

As outlined, there were some risks relating to the changing needs of residents, however, the inspector found that the provider was aware of these and risk control measure were working well at the time of inspection. In addition, from conversations held with members of the leadership team, the inspector was assured that there was ongoing review of the premises and plans to support residents with their assessed living needs were in progress.

Overall, each house provided a comfortable home with individual bedrooms provided. They were clean, tidy and suitably decorated. Some houses had new accessible showing facilities fitted since the last inspection. In addition, new carpets were fitted and painting was completed. Where additional maintenance was required a plan was in place to progress this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and the person in charge had good risk management arrangements at this centre.

The inspector reviewed the risk management folder which held provider level, service level and centre level safety statements. The person in charge had an ancillary safety statement for each house and a review of the statement in one of three found that it contained the information required and was up to date.

The inspector also read the emergency evacuation plan (September 2025) and when spoken with staff were aware of the process to follow and of the emergency evacuation location for each premises. The risk management and emergency planning policy was available to guide staff and subject to regular review.

Each resident had a risk screening assessment. This provided information on how to manage risks identified and if a care plan, nursing intervention or risk assessment was required.

For example and as outlined, some residents at this centre were at risk of falling. One resident had a balance scale assessment completed by their physiotherapist on 28 April 2025. A nursing intervention was provided as it was recommended that the resident take walks to support their mobility. The provider had additional staff provided in the evenings to support this. Others had individual risk assessments which when reviewed found that they were risk rated appropriately and had clearly documented controls measures which staff were aware of.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector held discussions with residents, completed a tour of the centre and reviewed documentation. They found that the centre met with the assessed needs of residents and good arrangements were in place to support the needs identified.

As outlined, a keyworker support system was used and residents were aware of this. All residents had personal plans which provided clear information on residents' circles of support and of their monthly plans. For example, some planned to go out for dinner, others planned to go swimming. Activities were planned, updated and once achieved, they were marked as complete.

The inspector reviewed the arrangements for a resident admitted since the last inspection. This found that their assessment of need was completed with the time-frames prescribed under this regulation.

Overall, residents were provided with person-centred assessments and personal plans which respected the unique likes and dislikes of each person. The provider and the staff team supported the autonomy of each person and positive risk-taking was considered part of fulfilled life.

Judgment: Compliant

Regulation 6: Health care

Residents at Gweedore Services had the support of a general practitioner (GP), pharmacist and allied health professional in line with their assessed needs. A review of the arrangements completed by the inspector, found that each person participated actively in making healthcare choices and these choices were respected.

Residents had support of a speech and language therapist for swallow assessment, and physiotherapy to support those at risk of falling. Chiropody appointments were scheduled regularly. If required, access to consultant-led care was provided. This included neurology and cardiology.

The inspector reviewed annual health check documents which were completed for some residents by their named nurse. This provided information on a prescribed diet to support a medical diagnosis. This was discussed with the resident who was very clear on their dietary restrictions and the reasons for this. In addition, information relating to national screening programmes and onward referrals was provided. Where the resident choose not to attend, this was respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and behaviours of concern.

The policy on positive behaviour support was available to guide staff and in addition, all staff had access to training.

Where required the support of a behaviour support specialist was provided. The inspector reviewed two positive behaviour support plans. This review found that they were reviewed in April 2026 and provide clear behaviour support strategies. One resident required support with appropriate communication. The inspector noted a 'nice language' options list displayed in the kitchen for the resident's used.

There were no restrictive practices in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

From a review of documentation and from conversations held, the inspector found that residents were assisted and supported to develop safeguarding skills.

Safeguarding was discussed at residents' meetings and each person had a section on personal safety in their person centred plan. This included pictures of people that could help them feel safe, such as their family, staff member, doctors and nurses. All residents had an intimate care plan.

Where safeguarding incidents arose, local and national policy was followed. For example, a concern which arose in September 2025 was documented and a preliminary plan was submitted to the Safeguarding and Protection team. This matter was now closed and signposted by provided for staff so that they would review the residents updated positive behaviour support plan.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was assured by the findings under this regulation. It was clear from observations made, that residents were aware of how to express their likes, dislikes and concerns. In addition, it was clear that the person in charge and staff team had a rights focused approach to service delivery and residents' wishes were respected.

One resident told the inspector about their human rights and said that if they did not want to go to their day service that they did not have to. In one of the houses, the residents did not want to have residents meetings on a weekly basis as they already had busy lives. These were not held on a monthly basis and the resident said that this was working well.

All resident had a communication profile as part of their assessment of need. This provided guidance on how to make choices and guided staff on allowing sufficient time, breaking tasks down into simpler steps and empowering residents to use their voice.

In addition, staff were observed as a background support in each of the houses. This meant that they were available if and when required but that residents had the freedom to made decisions and complete tasks independently. The inspector observed staff moving from one house to another and noted that in the main, they stopped and rang the doorbell of each house before being invited into the house.

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 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 10: Communication	Compliant
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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant