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:	Glendalough
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0005553
Fieldwork ID:	MON-0043544

About the designated centre

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

Glendalough Service provides 24 hour residential care to meet the needs of 10 female and male adults with moderate to severe intellectual disability who require support with their social, medical and mental health needs. This designated centre comprises three houses located close to each other, in a residential area, in a large town. Residents with moderate intellectual disability and low level support needs reside in one house. Residents with moderate intellectual disabilities, and who require dementia care reside in the second house, where palliative care can be delivered if necessary. In the third house, care is provided to residents who have a diagnosis of autism, with behavioural support needs and who require a high level of support. It is intended to offer a lifelong service for residents from 18 years to end of life. Residents at Glendalough Service are supported by a staff team that includes nurses and care staff. Staff are based in each house in the centre when residents are present, including at night.

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
Thursday 30 April 2026	09:30hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The inspector found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team. All regulations reviewed were found to be compliant on the day of inspection.

On the day of the inspection, ten residents were supported within the centre. The inspector met with seven residents on the day of the inspection, other residents were either attending day services or resting at the time of the inspectors visit. Each resident reported to and appeared content and comfortable in the centre. Engagements between staff and residents was seen to be respectful and engaging.

Residents were supported in a kind and gentle manner in line with their assessed needs. Residents were observed completing their morning routines on the arrival of the inspector. Some residents enjoyed their breakfast and then returned to bed for a rest, while other residents were supported to attend day service and engage in recreational activities supported by the centre. One resident spoke to the inspector about their plans to attend an advocacy group , it was evident this was very important to them and something which they enjoyed. Residents' schedules were adapted as per their preference for example, one resident was supported to have a lie as they had chosen not to attend day service. Residents were observed to be offered a variety of choices for breakfast with the inspector observing thoughtful engagement and interactions. The inspector met with residents throughout the day as residents returned from planned activities such as shopping and massage. It was evident that residents participated in busy schedules.

Residents were supported to engage and be part of their local communities, there was strong evidence of residents participating in community groups, socialising and being present in their local area. Residents goals were thoughtful and clearly driven by the residents.

The designated centre comprises houses located close to each other, in a residential area, in a large town. The designated centre was decorated in a homely manner. Each resident had access to their own bedroom which was decorated according to their personal tastes and assessed needs. On the day of inspection, residents enjoyed showing the inspector their bedroom where they had pictures and knitting on display.

There was evidence of effective oversight of the centre. There was a full-time person in charge. The person in charge was on leave at the time of inspection, the inspection was therefore facilitated by a person in charge from a neighbouring centre who provided oversight when the person in charge was leave. The staff team

appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of 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.

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 15: Staffing

The inspector reviewed rosters between 6/04/26 and 3/05/26. There was an appropriate number and skill mix of staff present in this centre. There was 24 hour

nursing support which was based in one house and available to the others for support ,each house was allocated staff as per the assessed needs of the residents. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

At times there was agency usage in the centre, however this was kept to a minimum and were possible were familiar to the residents. The centre had local arrangements to ensure appropriate supervision and verification of agency staff in the centre.

The presence of an appropriate number and skill mix of staff ensured residents' needs were consistently met in a timely and safe manner.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability.

Good levels of professional oversight were demonstrated. For example, audits, reviews, management meetings, team meetings, consultative engagement with residents and families were reviewed. The most recent unannounced audit had been completed prior to the inspection, however the report was not yet available for review. The inspector reviewed the previous audit completed 29/10/25. It was found that where improvements were required action plans were developed in response ensuring identified actions were addressed in a timely manner.

Local audits were also completed in areas such as:

- finances
- safeguarding
- medication
- pharmacy
- staff knowledge
- Infection control
- personal care plan

The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed.

Information was available to residents about how to complain and residents were aware of and supported to raise any complaints.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans and risk documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the risk management arrangements and found the provider ensured that risks were appropriately managed. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to.

The residents were observed to appear comfortable and content in their home.

Regulation 13: General welfare and development

Residents were found to be very well supported to be active and engage in meaningful activities.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. While some

residents attended days services others were supported by staff who ensured that a number of alternative recreational and social activities were made available to them.

Residents engaged in activities such as:

- drama group
- knitting
- community social groups
- day services
- holidays
- advocacy groups
- massage
- GAA and football support

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 each 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. All residents had their own bedroom which were decorated to reflect their individual tastes. Residents homes had also been accommodated to support individual needs such as dementia and behaviours of concern. In addition, the provider was aware of changing needs for residents and was proactive in ensuring appropriate assessment to ensure accommodations were planned for in advance. For example, the installation of a ramp was currently under review where a residents mobility was likely to decline.

The homely, well maintained environment positively supported residents' comfort, privacy and overall well-being.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. For example, were there had been an increase in falls this had been reviewed and

discussed at staff meetings. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, physiotherapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

Residents who were eligible, were made aware of and supported to access preventative and national screening services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

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.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion. A review of resident meetings showed they were occurring regularly and the following topics were reviewed:

- Advocacy
- Human rights
- complaints and compliments
- goals
- health and safety
- finances
- keeping safe
- national consent policy
- decision making

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 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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant