



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Tonyglassion Community Home
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV-0007820
Fieldwork ID:	MON-0048556

About the designated centre

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

Tonyglassion Community Home is a centre made up of one house (with a self-contained apartment) and a separate apartment on the grounds of the property. It is based in a rural setting in Co. Monaghan and transport is provided for residents use. The service provides 24 hour residential care and support for up to five residents with disabilities who present with complex needs. The centre comprises of a entrance hallway, a staff office, four resident bedrooms (all of which have en-suite facilities), a central bathroom, a sitting room, a dining room, a kitchen and a utility facility. Within the main house there is also a self-contained one bedroom apartment. There is a separate apartment to the rear of the property which accommodates one resident. This building contains a kitchen/dining space, a main bathroom, store rooms, and a bedroom with en-suite facilities. The centre is staffed on a 24/7 basis by a person in charge, a team of staff nurses and care assistants. There is a qualified nurse on duty on a 24/7 basis in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 11 November 2025	09:30hrs to 16:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were five adults living in the centre. Overall, the inspection found that residents were in receipt of good care, however, governance and management and protection were found to be substantially compliant.

On arrival to the centre, the inspector was greeted by the person in charge and a resident. The resident welcomed the inspector and sat with them to have a cup of tea in the dining area. Two other residents were also present, one of which attended day service shortly after the inspector arrived. The second resident joined the inspector at the table and completed some colouring. A fourth resident was with staff on a bus drive as part of their morning routine, while the fifth resident was in their apartment on arrival. The inspector met both residents later in the afternoon as guided by staff members.

The centre comprised of a three bedroom house with a self-contained one bedroom apartment. In addition on the grounds of the property to the rear of the house, there was also a separate detached, one bedroom, self contained apartment. The inspector completed a walk round of the premises with the person in charge and later with a staff member of the self contained apartment. Overall the premises was clean and homely. Some adaptations were made to the property to support the well being of residents, for example soft covering on hard surfaces such as radiators and window ledges. Each residents' bedroom was personalised and some had recently been decorated and new furniture purchased. Two residents as noted previously has individualised accommodation, this was adapted and decorated to suit their needs. For example, one resident preferred minimal items stored in their apartment and for items not be moved when they were not there, this was respected and observed by inspector.

The residents were supported by a team of nurses and healthcare assistants. The centre also had designated housekeeping staff who were present on the day of inspection. The inspector found from a review of support levels in place, observations of care and conversations with residents and staff that there were appropriate staffing levels in place to meet the needs of the residents in the centre. Staff spoken with communicated that they were happy working in the centre and felt well supported. Staff were familiar with the residents' individual needs when asked.

Throughout the day of inspection, residents were observed engaging in activities both in the centre and the community. One resident choose to spend time with the inspector throughout the day. The resident demonstrated a like for stationary and appeared to like to collect items. They sat

The inspector spoke with three staff members over the course of this inspection and

found that they all spoke about the residents in a positive and person centred manner.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

There was systems in place for the training and development of the staff team, staff spoken to throughout the inspection had the necessary skills and competency to care for residents.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place between 01/09/2025 and 03/11/2025 and found that staffing arrangements were in line with the statement of

purpose.

The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. One staff nurse and three health care workers worked each day and, one staff nurse and one health care worker worked at night time. Additional staffing was made available at weekends and holiday periods to facilitate activities during the day.

On the day of the inspection, the inspector met with each staff member on duty. All staff members were seen to be knowledgeable in their roles and residents appeared content in their presence.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding, infection prevention control (IPC) and medication management. The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

For example staff had training in:

- Fire safety
- Manual handling
- Hand hygiene
- Safeguarding of vulnerable adults
- Children's First
- Managing behaviour of concern.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis within the organisation.

The person in charge was supported in their role by a senior management team consisting of a director of nursing (DON), an assistant director of nursing (ADON) and a clinical nurse manager III (CNM III).

The provider had systems in place to audit and monitor the quality of service being delivered to residents. These audits fed into an overall quality improvement plan for

the centre and were effective in bringing about change.

For example audits were completed in:

- incidents
- complaints
- Health and safety
- restrictive practices
- finances
- safeguarding
- medication management
- fire safety
- personal files
- IPC.

Improvements were required in the oversight of finances for one resident the provider did not have demonstrable oversight which impeded the providers ability to assure safeguards. This is discussed further under Regulation 8 : Protection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents were of a good standard.

The management and staff team were striving to provide person-centred care to the residents in the centre. This meant that residents were able to express their views, were supported to make decisions about their care and that the staff team listened to them. On the day of inspection, residents attended day service, went shopping and also relaxed in their home. It was evident that each residents' personal preference and individual likes were supported and facilitated. For example, individualised living areas were adapted as per residents wishes.

The premises was spacious and suitable for the needs of the residents living there. Improvements were required in storage arrangements. While there were allocated storage areas, the service received large volumes of bulk items such personal protective equipment, food items such as cereals, juices and incontinence wear which required storage. Due to an over supply of incontinence wear, numerous boxes of incontinence wear were stacked in en suite showers and bathrooms on the day of inspection. In addition, wear and tear was evident in the centre and TV brackets required review to ensure safety to residents.

While there were systems in place for the assessment, management and ongoing review of risks in the designated centre, improvements were required in the

appropriate rating and review of risk management plans.

As noted previously, improvements were required in the oversight of finances for one resident. The provider did not have demonstrable oversight which impeded the providers ability to assure safeguards.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and was generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom which was decorated in a tasteful manner and had personal items on display in line with the residents' wishes and preferences. Some residents had recently received new bedroom furniture.

As noted previously some improvements were required, for example chips were evident on kitchen cupboards, painting was required in high traffic areas, TV brackets required review as sharp edges were protruding which posed a risk to this resident group and additional storage arrangements required review.

While there were a number of dedicated storage areas in the premises, the centre received large bulk orders of stores. Such items included personal protective equipment, food items such as cereals and juices and incontinence wear. Due to an over supply of incontinence wear, numerous boxes were stacked in en suite showers and in residents' bathrooms on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). The inspector reviewed a sample of incidents to date.

The residents had a number of individual risk assessments on file so as to promote their overall safety and well being, where required. However, on review of individual risks, the risk rating had not considered the overall rating following the implementation of the named controls. For example, a risk associated with entering the kitchen was rated at 16, however, within the control measures in use, residents did not have access to the kitchen therefore the likelihood of occurrence was low. This was not reflected in the risk rating. The inspector reviewed a number of similar

risk management plans, such as health related risks and fire safety which had also not been accurately rated.

Judgment: Substantially compliant

Regulation 6: Health care

Residents in the centre were supported to manage their health. Some residents presented with healthcare needs and had access to daily nursing support in the centre. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, physiotherapy, neurology and mental health support and there was evidence of regular engagement with all of the residents general practitioners (GP's).

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 and risk management documentation evidenced clear rationale for their use. 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 observed to be safe and well cared for in this centre. The provider had systems in place for the detection, management and reporting of safeguarding concerns.

The inspector reviewed any safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented.

However, during the inspection, the inspector reviewed the management of residents' finances. While there were good local systems in place including daily checks and storage of receipts, improvements were required in oversight. For one resident the provider did not have demonstrable oversight of the resident's bank accounts which impeded the provider's ability to assure safeguards.

Judgment: Substantially compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members and from the inspector's observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner that was accessible to them allowed them to make a decision.

All staff spoke to residents in a respectful, supportive manner and care and support observed was completed in a caring and professional manner.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tonyglassion Community Home OSV-0007820

Inspection ID: MON-0048556

Date of inspection: 11/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to meet compliance with Regulation 17: Premises, the following actions have been undertaken,</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has contacted Maintenance Department and brackets have now been secured on the TV in the sitting room. This has been completed on 18/11/2025. • The Person in Charge is sourcing quotes for painting on areas identified within the designated centre, including the kitchen cupboards where chips were evident. • The Person in Charge will ensure all supplies of personal protective equipment, food items and incontinence wear will be monitored on a monthly basis to ensure adequate supplies are available from the HSE Stores Department. The PIC Will also ensure appropriate storage is available for supplies received. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In order to meet compliance with Regulation 26: Risk Management, the following actions have been undertaken,</p> <ul style="list-style-type: none"> • The Person in Charge will review all residents individual risk assessments and management plans. Each residual risk rating will be reviewed to ensure the rating accurately reflects the actual potential likelihood and impact and/or whether additional controls may be required. 	

Regulation 8: Protection	Substantially Compliant
<p data-bbox="172 208 1337 241">Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p data-bbox="172 286 1390 353">In order to meet compliance with Regulation 8: Protection, the following actions have been undertaken,</p> <ul data-bbox="172 443 1422 622" style="list-style-type: none"><li data-bbox="172 443 1422 622">• The person in Charge and the Director of Nursing met with one resident and their representative to address the service' oversight of the resident's finances/bank account. An assurance has been received that copies of relevant statements pertaining to the residents account will be provided on a bi-annual basis. This meeting took place on 26/11/2025.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/02/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/01/2026

	accessible to all.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	26/11/2025