



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

Issued by the Chief Inspector

Name of designated centre:	Gleneden
Name of provider:	Daffodil Care Services Unlimited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 August 2025
Centre ID:	OSV-0007981
Fieldwork ID:	MON-0047889

About the designated centre

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

Gleneden comprises a large two storey dwelling in a scenic rural area in Co. Tipperary, with access to the local community and amenities. The centre has a capacity for two residents at any one time and services are provided through a bespoke residential service. Services will accommodate for persons aged 18 or younger with the exception of young person's currently completing their final year of second level education. Residents have their own bedrooms. Gleneden provides social care disability services to those requiring support for complex physical or cognitive needs as a result of ADHD, intellectual disability, autism spectrum disorder or other related disability. Staffing levels will be reflective of individual support needs of service users; staff team will be a combination of support and senior support workers. Emergency admissions may be facilitated if the premises is otherwise unoccupied.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 7 August 2025	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of this inspection was to monitor the centres levels of compliance with the regulations reviewed. Overall, good levels of compliance were noted during the inspection, with two minor areas in need of improvements found.

The centre was registered to accommodate two children. On the day of inspection, the centre was at full occupancy with two young people present. The inspector had the opportunity to meet with the two young people living in the centre, who were on their summer holidays from school on the day of inspection. One young person was relaxing in the living room watching television as the inspector did a walk around. They greeted the inspector and communicated they were keeping well and that they had no big plans for the day. The inspector met with the second young person on the morning of the inspection while they were having their breakfast and they also reported that they were keeping well and spoke about their plan to attend art therapy. The inspector then had the opportunity to speak with this resident one to one later in the day. Overall, the resident was complimentary of the staff and management, however they expressed a high level of dissatisfaction with their care placement and the high levels of staff and restrictive practices in place to support them. It was noted that these were in place due to identified risks.

The designated centre is a two-storey house set on a large site in a rural area in Co.Tipperary. The home comprises of two resident bedrooms, three office/staff sleepover rooms, a sitting room, four bathrooms, a kitchen-dining area, utility and a sun room. The young people also had access to a converted garage outside the main house which was used for storing toys such as boxing equipment. One resident had converted a part of this building into a gaming room. The young people had access to a large garden area where the inspector noted play equipment. Overall, the centre was well maintained and decorated in a homely manner, with residents personal belongings such as toys and pictures observed around the home.

The inspector also had the opportunity to speak with the centre staff and the management team and reviewed documentation that related to the care and support provided to the young people. The inspection was facilitated by the centre's person in charge and also by the team leader who was involved in its running and operation. The staff team were a mix of social care workers and support workers. High staffing levels were in place in the centre at all times. Staff spoken with appeared familiar with the residents needs. Regular staff were used in the centre with minimal use of unfamiliar relief staff. Kind and familiar interactions were observed between the staff and residents throughout the inspection day.

The young people attended full time education and during their summer holidays, they were supported to attend a range of individualised activities including trips to the beach, meeting friends, going to the cinema, meals out, shopping and a trip to the zoo. One resident was attending art therapy on the day of inspection and the

other resident was observed heading out for a cycle with a staff member. Residents both had individual social goals in place and staff were supporting them to achieve these.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality level of care, although one resident was not happy with their placement in the centre. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service to the children.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response and addressed in a timely manner.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill-mix of staff was appropriate to the assessed needs of the residents, the statement of purpose and the size and layout of the centre. High staffing levels were in place at all times in the centre in line with the needs of the children. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection.

The provider ensured continuity of care and support for the children. The centre had a consistent team in place and there was minimal use of unfamiliar relief staff. Staff spoken with were knowledgeable about the children's individual needs and preferences and positive interactions were observed between staff and residents throughout the inspection day. There was a full time team leader in place Monday to Friday who was supernumerary to the staff rota and available to support staff with resident care when required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to facilitate and monitor staff training and development. A review of a sample of staff training records demonstrated that in general, the staff team had up-to-date training in areas including fire safety, safe administration of medication and Childrens First. However, from this review it was noted that one staff member was due refresher training in Childrens First.

A clear staff supervision system was in place and the staff team in this centre took part in formal one to one supervision with their line manager. The person in charge and team leader had a supervision schedule. The inspector reviewed a sample of the supervision records and found that while staff supervisions were occurring regularly, this was not happening in line with the service policy which was six weekly.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there was a well defined management structure in place with clearly identified lines of authority and accountability. There was a full time person in charge who shared their role with one other designated centre and divided their time evenly between the two centres. They were supported by a full time team leader and two deputy team leaders in the centre. The person in charge and team leader had detailed knowledge of the service and also of the two children's individual needs and it was evident that there was a regular management presence in the centre.

Regular audits and reviews were completed to monitor the quality and safety of care and supported provided to the children. The person in charge had completed an annual review in 2024 and this had appropriately self-identified areas in need of improvement. An improvement plan had been developed as part of this review which outlined clear actions, timelines for completion and persons responsible. A six monthly audit had also been completed in the centre by management which reviewed the standards of care and support in the centre. The team leader and staff team were completing regular checks in areas including fire safety, health and safety and medication management.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured there was an effective complaints procedure in place. There was a designated complaints officer within the organisation and an accessible complaints procedure available to the residents. One resident had availed of this procedure a number of times. Any complaints or feedback provided by residents, were treated in a serious manner. Measures required for any improvements were addressed. It was noted that the complaints procedure was not prominently displayed in the centre on the morning of the inspection, however this was amended by staff before the end of the inspection day.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure the residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety.

The children were found to be in receipt of individualised care and support, relative to their needs and associated risks. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the aims and objectives of the services and the needs of the resident. Overall, the centre was well maintained and decorated in a homely manner, with residents personal belongings such as toys and pictures observed around the home.

The premises comprised of two resident bedrooms, three office/staff sleepover rooms, a sitting room, four bathrooms, a kitchen-dining area, utility and a sun room. The young people also had access to a converted garage outside the main house which was used for storing toys such as boxing equipment. One resident had converted a part of this building into a gaming room. The young people also had access to a large garden area where the inspector noted play equipment.

Judgment: Compliant

Regulation 26: Risk management procedures

There were clear systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required.

A number of restrictive practices were in use and rationale for their use was clear in the residents individual risk assessments. The centre maintained an accident and incident log as a record of any adverse incidents in the centre and incidents were appropriately addressed with follow up actions and supporting documentation such as referrals, when required. A health and safety audit was completed monthly in the centre which included a review of any environmental risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector completed a review of the systems and practices in place for the administration of medication in the centre. Only one resident had regular prescribed medication. There was a safe, locked storage system in place to store this residents medicine. The inspector reviewed the residents medication kardex and administration records and found that these were well maintained and signed by the residents General Practitioner (GP). Storage facilities were clean and all medications reviewed were in date.

Staff were completing regular medication stock checks and it was found that stock records matched medication stock in place on the day of inspection. The centres monthly health and safety audit included a review of medication management in the centre and identified any areas in need of improvements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Documentation was in place to review and support residents health, personal and social care needs and this was subject to regular auditing and review. The centre was in the process of transitioning some documentation from hard copies to an online system and it was found that information pertaining to one residents assessment of need and personal plan was not easily accessible on the day of

inspection. The residents full assessment of need was not available for review. However, the information contained in this document was reviewed through other assessments and documents completed during his admission to the centre in recent weeks.

The young people attended full time education and during their summer holidays, they were supported to attend a range of individualised activities including trips to the beach, meeting friends, going to the cinema, meals out, shopping and a trip to the zoo. One resident was attending art therapy on the day of inspection and the other resident was observed heading out for a cycle with a staff member. Residents both had individual social goals in place and staff were supporting them to achieve these. Social stories and charts were used at times to guide residents and staff.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behavioural support plans and guidelines were in place which appropriately guided staff in supporting the young people. The residents were facilitated to access appropriate multi-disciplinary professionals to support them with behavioural needs when required and residents had access to a number of therapeutic interventions to support them to manage their behaviours.

Restrictive practices were in use in the centre on the day of the inspection. From a review of records, it was evident that these were in place secondary to identified risks. Restrictive practices were appropriately reviewed regularly and individualised risk assessments were in place with clear rationale for their use. Management were aiming to eventually reduce and remove some of these practices.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of children in this centre. The inspector reviewed Garda vetting records for staff working in the centre and found that all staff had up-to-date Garda vetting in place. All staff had completed training in Children First and Child protection. One staff member was due refresher training in this area, as detailed under regulation 16.

Residents support plans were guided by their assessed needs and these included intimate and personal care plans. These were subject to regular review. Measures

were in place to ensure that the childrens access to online platforms were monitored closely by staff secondary to identified risks. Clear procedures were in place, should a safeguarding concern arise. There were no open safeguarding concerns in the centre on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed the young people being treated with dignity and respect during this inspection and staff were observed to respect the residents privacy through knocking on doors and providing residents with personal space when requested. Staff also engaged with young people in fun activities or sat with them during quiet activities like gaming or watching a movie.

Choice and control was offered to the residents daily. The inspector noted weekly shopping lists and menu's where both resident decided what they would like at mealtimes on a weekly basis. During the summer holidays, the children were consulted daily regarding their plans and preferences for the day ahead. Residents were seen heading out to various activities throughout the day, in line with their individual choices. Both residents had gone out on a number of day trips in recent weeks. Residents had been consulted about their bedroom preferences and it was evident that their bedrooms were decorated and maintained to suit their choices.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gleneden OSV-0007981

Inspection ID: MON-0047889

Date of inspection: 07/08/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Training audits to be completed bi-monthly with training needs escalated to senior management in an appropriate timeframe, PIC to ensure completion of same. • Supervision schedule to be adjusted to ensure all staff receive formal one-to-one supervision in line with the six-weekly policy.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Ensure all assessments of need and personal plans are uploaded to the online system and accessible in real-time. 20/9/2025 completed by Team Lead / PIC to ensure oversight with the completion of a file audit by 20.9.2025 Monthly Individual file Audits to be completed by Team Lead/ Deputies and reviewed by PIC on the 30.09.2025 and monthly from there.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2025
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	30/09/2025