



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

Issued by the Chief Inspector

Name of designated centre:	Glenwood
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2026
Centre ID:	OSV-0009020
Fieldwork ID:	MON-0048636

About the designated centre

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

Glenwood is currently a single-storey house located in a housing estate on the outskirts of a town. The house is divided up into two separate apartment areas. One apartment has a kitchen, a sitting room, a staff office and an en suite resident bedroom. The other apartment has a resident bedroom, a shower room, a utility room and a kitchen-dining-lounge area. The centre can provide a residential service to residents of both genders and over the age of 18 years, who have a diagnosis of intellectual disability, acquired brain injuries, physical and/or sensory disabilities which may include adults presenting with behaviours of concern and/or mental health difficulties. Residents are to be supported by the person in charge, team leaders, and support workers. At the time of this inspection, the centre is registered for a capacity of three residents but the provider has applied to vary the centre's registration conditions to add a second similar house to the centre and to increase the capacity to four residents.

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
Tuesday 9 June 2026	10:00hrs to 18:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was the first inspection carried out for this centre since registration and was done to assess compliance with regulations and inform an application to vary the centre's registration conditions. Both residents living in this centre were met during the inspection. The inspector also spoke with a relative of one of these residents, three staff members and the person in charge. Overall, this inspection found a good level of compliance. Some regulatory actions were identified though relating to personal plans and contracts for the provision of services, but these did not pose a high risk to residents.

At the time of this inspection, this centre was made up of one house only which had been unoccupied for a period until one of the two current residents moved into the centre during April 2026. The other resident moved into the centre during the following month. Neither of the residents were attending day services at the time of this inspection but applications had been sent for residents to avail of day services. When the inspector arrived at the centre, both residents were initially present in the centre which was divided up into two separate apartments for one resident each.

The inspector was introduced to both residents as he arrived at the centre. Both of these residents were in their own apartments at the time with each having two staff members with them. The inspector was informed that the residents did not interact with one another. Upon initially being introduced to the first resident, this resident asked about a visit from a relative with the person in charge indicating that they would check this for the resident. The other resident was listening to some music in their apartment and vocalised when introduced to the inspector.

During the inspection, this resident was heard to regularly vocalise while in in their apartment but the inspector was informed that such vocalisations did not impact the other resident. Shortly after the inspector first met the resident who vocalised, they were seen to be supported to do a puzzle with staff in their sitting room. The resident again vocalised but was also seen to smile which suggested to the inspector that they were enjoying doing the puzzle.

Various signs and pictures were on display in this resident's apartment with some of these indicating the resident's activities for the day. These activities included going to a park and during the afternoon of the inspection, the resident was supported by their staff to go there. This was aided by the resident having access to their own transport. The resident had returned to the centre before the end of the inspection with a staff member informing the inspector that the trip to the park had gone well.

The other resident also had their own separate transport with the inspector informed that this was used to bring the resident swimming and to see trains. It was indicated to the inspector that going to see trains was very important to this resident and that because of this they were facilitated to visit a train station twice a

day. The inspector spent some time with this resident and their staff in the resident's apartment area. During this time the resident was heard to mention trains with staff supporting the resident reassuring them that they would be going to a train station later in the day.

This resident appeared to be very comfortable in the presence of the staff supporting them. For example, the resident was seen to sit right beside one of the staff members and put their feet on the staff member's lap for a foot massage. Such staff also appeared to have a good understanding of how the resident communicated with staff responding appropriately to certain phrases used by the resident. During the inspector's time in the resident's apartment, the resident was listening to music on a smart television with staff changing the song that was on when requested by the resident.

Before the end of the inspection, this resident received a visit from a relative before later being brought to a train station with their staff. This inspector had an opportunity to speak with this relative who indicated that the resident had settled well into their current home. They did highlight though that this settling period took longer due to the resident also moving between two other centres recently before moving to the current centre.

The relative outlined how they tried to visit the resident twice a week in the centre but regardless of this they would text the centre every morning to see how the resident was doing. The relative said that they always go a response to such texts and that staff working in the centre were approachable. It was further indicated by the relative that the resident always had two staff members with them when they visited and that such staff helped prepare home-cooked meals for the resident.

In summary, two residents were living in this centre at the time of this inspection. Both of these residents were supported to leave the centre during the inspection day. One of these residents went to a park while the other was brought to visit a train station. A relative of one resident visited the centre during the inspection and provided positive feedback.

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

Capacity and capability

An overall good level of compliance was found during this inspection. This indicated that the centre was being appropriately operated and resourced at the time of this inspection.

This designated centre was first registered in June 2025 as a children's centre with a capacity for three residents in one house. While one resident was supported in the centre for a period post registration, the centre was vacated in December 2025. The provider then applied to vary a condition of the centre's registration to make it an adults' centre which was granted by the Chief Inspector of Social Services. The two current residents had moved into the centre in April and May 2026. In April 2026 the provider again applied to vary the centre's conditions of registration. This was intended to reflect some layout changes to the existing house of the centre, add a second house to the centre and increase the capacity of the centre from three to four residents.

As the centre had not been inspected since its initial registration, the current inspection was conducted to assess compliance with the regulations and to inform the current application to vary. Overall, the current inspection found a good level of compliance with the regulations. There was evidence that the centre was being appropriately resourced to support residents. For example, each resident was provided with the support of two staff members by day. The provider had put in place arrangements for staff to receive out-of-hours support if required. Monitoring of the centre's operations was also being undertaken by the provider with an unannounced visit to the centre recently carried out based on a report provided.

Regulation 15: Staffing

Staffing in a centre must be provided in a manner that supports the needs of residents living in that centre. The inspector was informed that each resident was to receive the support of two staff members by day and one staff member by night in order to support their needs. Based on observations during the inspection along with discussions with staff and the relative of one resident, such staff arrangements were being provided. This was further evidenced in staff rotas reviewed from April 2026 on. These rotas were being maintained in planned and actual formats in keeping with the requirements of this regulation. During the inspection, the inspector was also informed that staffing numbers for the centre would increase once a second house was added to the centre.

Judgment: Compliant

Regulation 22: Insurance

Based on documentation seen, the provider had ensured that appropriate insurance arrangements had been put in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

The overall findings of this inspection indicated that the centre was being appropriately resourced. For example, the existing centre had been provided with two vehicles for transport and, as discussed under Regulation 15 Staffing, appropriate staffing arrangements had been provided. Arrangements had been put in place for staff to receive out-of-hours support if required. This was done via on-call support and night supervisors. The provider was also ensuring monitoring of the services provided in the centre. As part of this an audit schedule was in place for the centre setting out specific audits that were to be done each month in areas such as fire safety and medicines. A representative of the provider had also conducted an unannounced visit to the centre in May 2026 which was reflected in a written report. Conducting such unannounced visits is required by this regulation which also requires the provider to conduct an annual review for the centre. At the time of this inspection, an annual review for the centre had yet to be completed but the inspector was informed that feedback was currently being sought from residents' relatives as part of this.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Under this regulation, the provider is required to agree with residents (or their representatives) upon residents' admissions to a centre, a contract for the provision of services. During this inspection, the inspector saw contracts for both current residents. It was noted though that neither contract were indicated as having been agreed to by the resident (or their representatives). Given that the current residents had been admitted into this centre in April and May 2026, these contracts had not been agreed to upon these residents' admissions to this centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre which contained information required under this regulation. This included details of the centre's staffing arrangements and all of the information outlined in the centre's registration certificate. The statement of purpose for the centre was marked as being reviewed in May 2026.

Judgment: Compliant

Quality and safety

The premises provided for residents to live in was seen to be well-presented on the day of inspection. Fire safety systems had been provided for the centre while both residents had personal plans. Parts of these plans had not been fully updated to reflect residents' move to this centre.

Residents had assessments of needs completed before their moves to the current centre. Personal plans were also in place for both of these residents which did provide guidance on supporting their needs. It was noted though that parts of these personal plans had not been updated to reflect residents' move to Glenwood. Each resident though did have a key-worker (a staff specifically assigned to support an individual resident) appointed who supported residents in identifying and achieving goals. Staff working in the centre had been provided with training in fire safety and in the area of positive behaviour support. Three of the four staff working in the centre on the day on inspection had completed safeguarding training, but a safeguarding training record was not provided for a fourth staff member.

Aside from this, no safeguarding concern was identified during this inspection. The existing centre had also been provided with fire safety systems to ensure the safety of residents. Such systems included a fire alarm, fire extinguishers and fire doors which help contain the spread of fire and smoke in the event of a fire occurring. The premises of the existing centre was seen to be well-presented on the day of inspection. As the centre was seen to be divided up into separate apartments, each resident had their own bedroom and living area to spend time in and to receive visitors in. It was seen that the centre was well-furnished on the day of inspection and had been equipped with appropriate media including Wi-Fi Internet and smart televisions for residents to avail of.

Regulation 10: Communication

The inspector was informed that the centre was provided with Wi-Fi Internet with the centre also seen to have smart televisions in place. During the inspection, it was observed that one apartment had various signs and pictures on display which were intended to support one resident with their communication. When reviewing documentation relating to the other resident, it was noted that guidance was available on how the resident communicated. For example, a list of phrases that were used by the resident was present with this list outlining what each phrase

meant. Staff supporting the resident were observed to know what such phrases meant during a period of observation.

Judgment: Compliant

Regulation 11: Visits

Based on the layout of the existing centre with two individual apartments for one resident each, space was available for these residents to receive visitors in private. During the inspection, one resident was observed to receive a visit from a relative. Documentation reviewed for the two residents confirmed that both had received visitors to the centre since they had moved in. Such evidence provided assurances that residents were facilitated to receive visitors. It was highlighted to the inspector that the provider was engaging with the family of one resident to change the arrangements of their visits to better suit the needs of the resident.

Judgment: Compliant

Regulation 17: Premises

The premises that made up the existing centre was seen to be divided into two separate apartment areas for one resident each. Each apartment was provided with bathroom facilities, a kitchen area, a sitting room or lounge and a resident bedroom. Both apartments also had facilities for laundry to be done with storage provided such as wardrobes. Overall, the premises provided was seen to be clean, well-furnished and well-maintained on the day of inspection. It was highlighted though that the provider was seeking to install a new external gate for the centre and to get some new furniture to better support the needs of one resident.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place for this centre which included all of the information required by this regulation. This included details of the arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

As mentioned earlier in this report, some layout changes that had been conducted in the existing centre since the centre was first registered. Due to these changes, a letter was provided dated January 2026 which indicated that these changes had been carried out to a certain standard from a fire safety perspective. This letter was signed by a competent person in this area. The existing centre was seen to be equipped with appropriate fire safety systems on the day of this inspection. These included a fire alarm, fire doors, fire extinguishers, fire blankets and emergency lighting. Fire exits had also been provided for both apartments if a fire evacuation was required. Since the current residents had moved into the centre, personal emergency evacuation plans had been completed for both residents. These plans outlined the supports that residents needed to evacuate the centre if required with the inspector informed that neither resident presented with any issues in this area. The four staff working in the centre on the day of inspection had all completed training in fire safety based on records provided.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

To comply with this regulation, any resident newly admitted to a designated centre should have a comprehensive assessment of needs completed before their admission and have a personal plan created within 28 days of their admission. Both residents had transitioned into Glenwood from other designated centre operated by the provider and at the time of this inspection had been living in the centre for 28 days or more. Prior to their admissions the two residents had assessments of need completed based on the documentation provided during this inspection. Both residents also had personal plans in place which provided guidance on how to meet their assessed needs. However, while parts of these plans had been reviewed since residents had been admitted to the centre, others not had with such parts referencing residents as living in other designated centres. In addition, records reviewed indicated that one resident had some sensory needs but at the time of this inspection, the inspector was informed that the resident had no current guidance in place for this area.

It was highlighted though that an occupational therapist was due to conduct a sensory assessment for the resident. In addition, residents were being supported to access other multidisciplinary input including a dietitian and a behavioural specialist. Each resident had also been appointed a key-worker as part of the personal planning process. Since both residents had moved into the centre, their key-workers had held meetings with residents individually based on documentation provided. These meetings were used to identify a short-term goal, a long-term goal and a monthly goal for each resident with responsibilities assigned for supporting residents

with these. The records provided indicated that one resident had completed their monthly goal for May 2026 of eating out in a restaurant.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Given the particular needs of each resident, positive behaviour support plans were in place for both residents. These plans had been reviewed in recent months by a behavioural specialist and outlined various strategies on how to encourage the residents to engage in positive behaviour. Staff spoken with demonstrated a reasonable knowledge of such positive behaviour support plans. Training records provided for the four staff members on the day of inspection confirmed that all four had completed relevant training related to positive behaviour.

Judgment: Compliant

Regulation 8: Protection

Since the two current residents of this centre had moved into this centre, the Chief Inspector had not received any notification of a safeguarding incident or allegation occurring. Based on incidents records reviewed since April 2026, discussion with staff and observations on the day of inspection, no safeguarding concerns were identified during this inspection. This was important and positively noted given that this regulation requires the provider to ensure that residents are protected from all forms of abuse.

This regulation also requires that all staff receive appropriate safeguarding training. During the inspection day, the inspector requested to see the safeguarding records for the four staff members on duty at the time. Only records of safeguarding training for one of these staff was presented on the day of inspection. Given that centre management were insistent that the three other staff members had completed this training, the inspector afforded the provider an opportunity the day following the inspection to submit safeguarding training certificates for the three outstanding staff. Communication was subsequently received on 10 June 2026 but only safeguarding training certificates for two of the three requested staff was provided. As such, the inspector was not assured that one staff member had completed safeguarding training.

Judgment: Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Glenwood OSV-0009020

Inspection ID: MON-0048636

Date of inspection: 09/06/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All Residents Contract of Care have been reviewed and signed by family and returned to designated Centre on the 15/06/2026. PIC will ensure contracts of care are signed immediately for all new admissions within the Centre.	
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: All documents pertaining to ISP / Healthcare / Care plans to be updated with relevant details and will be reviewed monthly as live documents and updated as required. Occupational Therapist assessment for residents booked for 21.07.26 to review and update sensory profile.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding of Vulnerable Adults Training has been completed by all staff. PIC has followed up with training department to ensure all training certificates for staff in the Centre are on Seams Cloud system for review at any time of inspection all uploaded by the 10/06/2026.	

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/06/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/07/2026
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate	Substantially Compliant	Yellow	10/06/2026

	training in relation to safeguarding residents and the prevention, detection and response to abuse.			
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