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:	Realta
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0002616
Fieldwork ID:	MON-0049423

About the designated centre

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

Realta Services is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo. It provides both residential and shared care for up to six male and female residents over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling. Residents living here have own bedroom, some with en-suite facilities, sitting rooms, kitchen and dining area, utility and enclosed garden. Staff are on duty both day and night (waking night) to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 January 2026	10:30hrs to 18:10hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced risk inspection. Its purpose was to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). It followed the receipt of information which was submitted for the attention of the Chief Inspector of Social Services.

The inspector found that overall, the residents were provided with a good quality care and support by an experienced person in charge and consistent staff team. Where matters arose, they were addressed in line with the provider's processes. Improvements to staff training, governance of actions required, and oversight of documentation systems would further enhance the quality of the service provided.

During the course of the inspection, the inspector spent time with all four residents living at Réalta. One resident was admitted in April 2024 and since the last inspection. They had high support needs which were adequately catered for as nursing care was provided. In addition, they had returned to a centre which was close to their childhood home. This was a well-managed transition plan.

From time spent with other residents, it was clear that they had a range of support needs. These included supporting residents with nursing and dementia care while also supporting younger active adults with positive behaviour support plans. The systems in place were working well at the time of inspection.

A walk around of the centre found that the premises provided was suitable for this range of needs. It was spacious and accessible. Some people liked to spend time with others, while others enjoyed time alone. The inspector found that there was a range of spaces provided to meet this need. For example, one person was listening to music on a handheld speaker in the kitchen which was a busy area of the house. They moved around independently and were observed interacting with staff and answering some questions asked. A second person was relaxing in a quiet and comfortable room at the front of the house. Staff said that they like to sit at the window and a chair was provided for this them.

Another resident rose from their bed later in the day, and were observed relaxing in a comfortable chair which was provided by the occupational therapist. While they did not interact verbally with the inspector or staff, they appeared to enjoy listening to a staff member who spoke with them about their home community and the neighbours they would have known as a child. While simple in nature, this was observed as a pleasant and person-centred experience for the resident.

The inspector met with three staff and held conversations with them about safeguarding of residents, supporting responsive behaviours and the reporting of complaints and concerns. All those spoken with had a good knowledge of

safeguarding risks, the identity of the designated officer and how to act promptly if they had a concern. One staff member spoke of residents' human rights and referenced human rights FREDA principles. In addition, they spoke of the challenges in hearing the voices of residents who did not communicate verbally and of the importance of supporting them to participate in activities that they might enjoy.

Overall, from observations made, conversations held and review of the documentation, the inspector found that the residents in this centre received a good quality, person-centred service. Where matters arose in the past, they were addressed and a plan was in place to support the residents and to support shared learning with staff. While the centre was registered for six beds, there were two vacancies at the time of inspection. From discussions with the registered provided, the inspector found that they were cognisant of the unique needs of the individuals at this centre and the fact that careful consideration was required prior to the admission of additional residents.

The next two sections of this 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 to each resident living in the centre.

Capacity and capability

This service was well governed and lines of accountability were clearly defined. There was a sufficient number of consistent staff employed with the relevant skills required to meet with resident's needs.

The provider had maintained good governance arrangements through routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented and completed within a specific time frame. Improvements with the completion of some actions would further enhance the governance of the centre.

Residents and their representatives were provided with a system through which they could raise concerns if required. Information on this was readily available in the centre.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 15: Staffing

A review of the staffing arrangements completed by the inspector found that while there were vacancies at the service, the provider had measures in place to ensure that this did not impact on the residents living at the centre. For example, a staff nurse vacancy was covered by an agency nurse who was consistently employed by the service for a number of years.

A review of the planned and actual staff rota found that it was well maintained and provided an accurate account of the people employed on the day of inspection. The inspector viewed documents specified in Schedule 2 of this regulation for a sample of staff named on the roster. This cross check included both core and agency staff, and both healthcare assistant and staff nurse grades were reviewed. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were up to date. An issue relating to evidence of qualifications for one staff member will be reviewed under Regulation 23 in this report.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for the centre with the person in charge. This was a comprehensive document which was well maintained and subject to regular review. However, not all training modules were completed as specified on the matrix and this required improvement.

The person in charge told the inspector that there were issues with access to the provider's online training platform and in some cases, issues with securing in-person training slots. For example; online training in infection prevention and control, hand hygiene and flu prevention was required for nine staff. In-person training in positive behaviour support was overdue for one staff member. The person in charge had a plan in place to progress this.

Where required, bespoke training was arranged. In response to matters arising at the centre, the provider and the person in charge had scheduled training in human relations, sexuality and safeguarding. In addition, the person in charge had completed supervision meetings with staff and had a schedule in place for the coming year.

Judgment: Substantially compliant

Regulation 23: Governance and management

From observations at the centre, discussions with staff and a review of the documentation, the inspector could see that there was a clearly defined management structure at the centre. The person in charge was readily available and staff were aware of the reporting structure. Some gaps were identified in the management processes which required review in order to further enhance compliance. These will be outlined below.

The annual review of care and support was completed in March 2025 and was available for review. The six-monthly provider-led audit was completed in September 2025. Actions were clearly documented and closed once completed.

The person in charge had a quality improvement plan which was last reviewed on the day of inspection. In addition, regular audits were completed which were in line with the provider's schedule.

Where matters arose at the centre, a review of the actions taken found that the provider acted in line with local and national policy to ensure that residents were safe and to prevent recurrence.

However, improvements were required which would enhance compliance under this regulation.

While most documentation was well presented and streamlined, a review of some written information was required to ensure that records were current, accurate and relevant. For example; a resident was described at risk of interacting negatively with members of the public, however, when asked, the person in charge said that this had not occurred for four years. A resident described as at risk of absconding had not engaged in this action since 2018. The inspector found that there was a risk that outdated written information would not uphold the rights, dignity and respect of the person.

·As outlined, this centre had a number of regular and consistent agency staff employed. A gap was identified in the information management systems relating to agency staff qualifications. For example; one agency staff member had a qualification certificate which was not legible as it was not translated.

In addition, in July 2025, the provider had identified issues with access to the provider's online training platform which was impacting on the completion of mandatory training. However, it was yet to be resolved.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector completed a review of the complaints system used and found that it met with requirements.

The provider had a complaints policy and a copy of the complaints process for residents was displayed on a notice board. There were no open complaints at the time of inspection. However, a review of a compliant made since the last inspection found that it provided a good example of how a resident was supported to make their wishes known, that it was acted on effectively and that the compliant was closed out in accordance with the provider's policy.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs.

The registered provider ensured that a person-centred service was provided in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place.

Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures in place to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 26: Risk management procedures

The inspector reviewed the risk management systems used and found that were relative to the risks identified.

The provider had safety statements at provider, service and centre level. In addition, a risk summary sheet was available for review. This recorded 31 risks for the centre and included the risks associated with lack of access to online training as outlined under regulation 15 above.

Where required residents had individual risk assessments, a sample of which were reviewed by the inspector. In addition, where matters arose at the centre, the inspector found evidence that appropriate action was taken to prevent the risk recurring.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of four residents' assessments. Residents had comprehensive assessments of need completed which were reviewed annually. The outcomes of these assessments informed the need for any additional assessments or support plans, including risk assessments, nursing interventions or support plans.

The inspector completed a review of residents' support plans and found that the needs of residents were identified and arrangements were in place to meet those needs. Actions required were reflected in practice. For example; residents that liked to spend time alone had adequate space to do so.

In addition, residents had person centred plans which were available in picture format in order to support residents understanding. Individual goals set included spending time with a therapy dog or going to a hotel for a concert and an overnight stay. Where residents had a change in their support needs, this was reflected in the goals set. For example; one resident was reported to enjoy relaxing reflexology sessions and this was planned for.

Judgment: Compliant

Regulation 6: Health care

Residents at this centre received appropriate healthcare that took their personal needs and personal assessments into account. This was enhanced by a nurse-led model of care which included access to advanced nursing care when required.

A review of the documentation and a discussion with the person in charge found that residents were supported to participate in decisions about their care where possible. For example, the person in charge provided an example where a resident was facilitated to attend a national screening service, however, they choose not to proceed with the process and this was respected.

The inspector also found that where medical treatment was recommended it was facilitated. As outlined, a resident with a deterioration in their health and wellbeing had a good circle of support in place. This included their general practitioner (GP), consultant-led care where required, and access to allied health professionals. The person in charge told the inspector that an occupational therapist visited their home in December 2025. Following this, the resident was provided with a bespoke wheelchair and a new mattress. A chair suitable for use on the centre's transport

was ordered and a plan was in place to ensure that the correct showering and bathing aides were provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were provided for residents with behaviours of concern or those at risk from their own behaviours or that of others.

The inspector reviewed two behaviour support plans which provided guidance for staff on how to support residents. The inspector observed staff interacting with residents on the day of inspection and found that the proactive strategies recommended were followed. When asked, staff were aware of what to do if a resident was upset. For example, one resident had access to a handheld speaker which played music that they enjoyed. A second resident had access to a quiet room in their home, which the inspector found them relaxing in a low arousal environment.

While some restrictions were used for some residents, they were therapeutic interventions such as seating support straps and belts. The provider had a human rights committee who was available to review restrictions when required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and processes in place to protect people from abuse.

Safeguarding measures included the provision of intimate care plans which provided guidance for staff on how to support residents with their personal needs. The inspector reviewed a sample of these and found that they were up to date.

Where safeguarding concerns or allegations arose, the inspector found that they were addressed in line with local policy and national guidelines. For example, a number of concerns arose during the period October to November 2025. The inspector reviewed four incidents and found that they were appropriately addressed. Where required, additional supports such as access to a psychologist was provided promptly.

In addition, it was clear that the provider had a good system of safeguarding audit in place at the centre. This was documented and when the inspector reviewed with

safeguarding scenarios with staff, they knew who the designated officer was, were aware of residents' safeguarding plans and of what to do if required.

While there was some delay in statutory reporting of some matters arising, this is addressed under regulation 31 in this report.

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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Realta OSV-0002616

Inspection ID: MON-0049423

Date of inspection: 14/01/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
In order to ensure compliance with Regulation 16: Training and Staff Development the following actions have been completed.

• The Sligo Leitrim Disability Service training matrix is in use within the designated centre.

• All staff now have access to the online training platform in order for them to complete required mandatory, site specific and any additional training required as per the agreed training schedule.

• Infection prevention and Control, Hand Hygiene and Flu Prevention online training has now been completed by all staff.

• In person training in Positive Behavioral Support for has been staff was completed on 20-1-2026.

• The Person in Charge monitors the centres training matrix on a monthly basis.

• In addition, CNM3 in Quality and Service user Risk completes a quarterly compliance report and identifies areas where improvements are required. Actions required are transferred to the Centre s Quality Improvement Plan to be monitored and completed within agreed timeframes.

Action Completed 20-1-2026

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In order to ensure compliance with Regulation 23: Governance and Management the following actions will be completed.

• The Person in Charge has reviewed all residents' individual risk assessments. Where there is no longer a risk present, due to sufficient control measures in place, the risk assessment has been closed and archived.

• Risks that are greater than five years old and do not present as a current risk have been archived as per the HSE Risk Management Policy.

• Primary Risk Screenings are updated annually to ensure all risks are reviewed.

• Individual Risk assessments are reviewed every quarter or sooner if required as per policy.

This was completed by 3-2-26

• The Person in Charge completes a Schedule 2 audit annually.

• A copy of all Agency Staffs relevant qualifications is now on file within the centre. All qualifications are now legible.

This was completed on 3-2-26.

• Issues identified regarding access to the HSE Training Platform have now been resolved.

• All staff now have access to the online training platform in order for them to complete required mandatory, site specific and any additional training required as per the agreed Sligo Leitrim Disability Service training schedule.

This was completed by:8-2-26

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	20/01/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	08/02/2026