



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

## Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	09 January 2026
Centre ID:	OSV-0002619
Fieldwork ID:	MON-0041939

## About the designated centre

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

Shalom provides both full-time and shared care residential services to male adults with a mild to moderate intellectual disability. The centre is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. The centre has its own mode of transport to enable residents to access the community, if required. This centre comprises of a bungalow dwelling and accommodates up to three residents at any one time. Residents have their own bedroom and also have access to a communal kitchen dining area, utility room, shared bathroom and sitting room. Residents also have access to a well-maintained garden space both to the front and rear of the centre. The centre is staffed by a team of care assistants and a staff nurse, under the supervision of the person in charge. This includes active night-time staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Friday 9 January 2026	10:20hrs to 15:35hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

The service in this centre was of a good quality. Residents in this centre led busy lives and had many interests. They were supported by a familiar and consistent staff team who respected the residents' rights and promoted the residents' autonomy. The provider had systems in place to maintain oversight of the quality of the service and to share information with staff. Some improvement in relation to residents' individual risk assessments was required.

This was an unannounced inspection that formed part of the routine monitoring of the centre during its registration cycle. The inspection was facilitated by the person in charge. The person in charge divided their time between three designated centres that were all within short walking distance of each other.

The centre consisted of a bungalow on the edge of a town. Three residents lived in the centre. Each resident had their own bedroom. One bedroom had an en-suite bathroom. There was also a shared bathroom with level access shower. The centre had a kitchen-dining room and a separate sitting room. There was also a staff office and utility room in the centre.

The centre was warm and welcoming. It was clean and tidy. The house was nicely decorated. Overall, it was in a good state of repair. The kitchen and furniture was new, modern and free from any damage. The person in charge reported that new windows had been fitted to the front of the building and that there was a plan to replace the windows in the back of the building. Outside, the grounds were well maintained. There was a lawn to the front and rear of the house. There was also a patio area to the back of the building.

The centre was registered to accommodate three residents. Two residents lived in the centre on a full time basis. The inspector had the opportunity to meet with these residents on the day of inspection. The third resident spent a number of nights per month in the centre. This resident was not in the centre on the day of inspection. Residents told the inspector that they were happy in their home. They said that they felt safe in their home. Residents said that staff were 'very good' and that they respected the residents' rights. Residents spoke about the activities that they enjoyed and their interests. They spoke about trips that they had taken the previous year, sporting events they had attended and the plans that they had for the year ahead.

In addition to the person in charge, the inspector had the opportunity to meet with two other members of staff. Staff spoke about residents warmly and with respect. The staff members were knowledgeable on the needs of residents and the supports that the residents required to meet their needs. They gave specific examples of how they supported residents with their nutritional needs. They knew the steps that should be taken should any safeguarding incident occur. They spoke about the

systems to report any incidents that might occur and how relevant information was shared between staff members.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how this impacts the quality and safety of the service provided.

## Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. The provider maintained oversight of the service through routine audits that were completed by staff in the centre. Information was shared with staff through regular meetings.

Staffing numbers and the staff skill-mix were in line with the needs of residents. The staff in the centre were consistent and familiar to residents. They had received training in areas that were mandatory for all staff and that were specific to the needs of the residents in this centre.

The provider had written agreements with residents that were in line with the regulations. The provider submitted all notifications to the Chief Inspector of Social Services in line with the regulations.

## Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of residents. This meant that residents were supported by a team of staff who were consistent and familiar to the residents.

The inspector reviewed the rosters in the centre from 1 August 2025 to the day of inspection. This showed that the required number of staff with the necessary skill mix was on duty at all times. The staff members were consistent and had worked with the residents for a number of years. Where support was required, this was provided through consistent agency staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff training in this centre was up to date. This meant that staff had been given the opportunity to acquire the necessary skills and knowledge to support residents as necessary.

The inspector reviewed the training records maintained in the centre. These showed that staff had up to date training in 35 modules that were identified as mandatory by the provider and 11 modules that were specific to the care and support of residents in this centre. These modules included training in fire safety, safeguarding, infection prevention and control and promoting human rights-based care.

Judgment: Compliant

## Regulation 23: Governance and management

There were good systems for the oversight and management of this centre. This meant that the provider could ensure that the service was safe and of a good quality so that it met the needs of residents.

There were clear lines of accountability and responsibility outlined in this centre. Staff knew who to contact should any issues arise. Outside of business hours, there was a rota of senior managers who could be contacted by staff if any issues arose. The rota from November 2025 to the end of January 2026 was reviewed by the inspector. Information was shared with staff in the centre through staff meetings every three months. The minutes of the three most recent staff meetings were reviewed by the inspector. This showed that information relevant to residents and the running of the centre was shared with staff and that staff could bring issues to the attention of management. The inspector also reviewed minutes of meetings in November 2025 between persons in charge within the service. This showed that information was shared between centres to allow for shared learning.

The provider maintained oversight of the service through regular audits of the quality of the service. The provider had outlined a schedule of audits that should be completed a various times throughout the year. The inspector reviewed the audits for 2025 and found that they were completed in line with this schedule. These audits showed a good level of adherence to the provider's policies and procedures to ensure a safe and good quality service for residents.

There was a low number of incidents in the centre. The inspector reviewed the incident recorded in 2025 and this had been processed appropriately. Staff and the person in charge demonstrated good knowledge of the types of incidents that should be recorded and how they should be escalated, if required.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider had developed a written agreement with residents that was in line with the regulations.

The inspector reviewed the written agreements that had been developed for all three residents. These outlined the terms and conditions of residency and the fees that the residents would have to pay. The agreements had been signed by a representative on behalf of the provider and by the residents. The agreements were in date and due to be renewed in 2027.

Judgment: Compliant

## Regulation 31: Notification of incidents

The provider had submitted all notifications to the Chief Inspector in line with the regulations.

The inspector reviewed the records of incidents and the restrictive practice logs in the centre. These showed that the provider has reported all information to the Chief Inspector in line with the timelines specified under the regulations.

Judgment: Compliant

## Quality and safety

The service in this centre was person centred and of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports had been put in place to meet those needs. Residents' healthcare and nutritional needs were well managed in this centre.

The rights of residents were promoted in this centre. Residents received the necessary supports in relation to their communication to make informed choices and these choices were respected.

The safety of the resident was promoted in this centre. Staff had up-to-date training in safeguarding. Risks to the resident had been assessed and control measures to reduce risks had been implemented. Some improvement in relation to residents'

individual risk assessments required improvement to ensure that staff had clear information to guide practice.

### Regulation 10: Communication

The provider had arrangements to support residents to understand information and to express their needs and wishes.

The inspector reviewed the guidance documents for staff relating to the communication supports required by two residents. These documents outlined how to present information to residents to ensure that they fully understood it. The documents also outlined the strategies used by residents when expressing their thoughts, needs, wishes and preferences.

Residents' notes also outlined incidents where information was presented to residents in easy-to-read formats so that they could make informed decisions. The notes also documented how staff had assured themselves that residents understood the information that was presented.

Residents had access to media and the internet through devices within the centre and their own personal media devices.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents had access to a variety of wholesome meals that were in line with their

The inspector reviewed the notes of two residents in relation to their nutritional needs. These outlined the special dietary requirements of residents and the supports they needed at mealtimes. The care plans were developed within the previous 12 months and were regularly updated.

The inspector noted that food in the centre was stored in line with the recommendations outlined in the residents' notes. In addition, staff were very clear on the steps that they took to prepare residents' meals and snacks. This was in line with the information contained in the residents' notes.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place to identify and reduce risks to residents. Some improvement was required in relation to residents' individual risk assessments to ensure that they gave clear information to staff.

The inspector reviewed the centre's risk register. This outlined the physical, biological and chemical risks within the service. The risk assessments were developed within the previous 12 months and regularly updated. The risk assessments were specific to the centre. For example, one risk assessment related to an identified trip hazard at the front and back door. Appropriate control measures to reduce risks to residents, staff and visitors had been identified and were recorded.

The inspector also reviewed the risk assessments that had been developed for two residents. While some risk assessments were clear and specific, this was not the case for all assessments. In some cases, the specific risk to the resident had not been fully assessed and clearly defined. As a result, the subsequent control measures were not specific and instead listed general policy documents. This meant that staff did not have clear guidance on how to appropriately support the resident to mitigate risks.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The provider ensured that an assessment of the residents' needs had been completed in the previous 12 months and that the necessary supports to meet those needs were put in place.

The inspector reviewed the assessments that had been completed for two residents. The residents' health, social and personal care needs had been assessed within the previous 12 months. Where a need was identified, a corresponding care plan was devised to guide staff on the supports that should be offered to residents. These care plans were updated regularly or when there was a significant change to the residents' needs; for example, after an appointment with a healthcare professional.

An annual review of the residents' personal plans had taken place. The inspector reviewed two reports that were developed after these review meetings. These showed that the previous year's goals were reviewed and new personal goals set for the year ahead. The inspector reviewed the residents' personal plans and noted that there was evidence of progress towards the achievement of these goals. In addition, further goals were added to the plans throughout the year as new opportunities arose for the residents.

Judgment: Compliant

## Regulation 6: Health care

The healthcare needs of residents were well managed in this centre. This meant that residents had access to healthcare services as needed, there was up-to-date information to guide staff and that residents' rights relating to their healthcare were respected.

The inspector's review of two residents' files showed that residents had access to a wide variety of healthcare professionals. Residents attended annual health check-ups with their general practitioner (GP). Where there was a change in a resident's health condition, there was evidence to show that staff contacted relevant health services to arrange appointments as required. Following appointments, information relating to the residents' healthcare needs was recorded and care plans were updated.

The inspector noted that the residents' right to refuse medical treatment was also respected. The inspector noted an incident where a resident declined a medical assessment and that this had been respected. In addition, the resident had been provided with information relating to the assessment in an easy-to-read format so that they could make an informed decision. Further, staff documented that they had checked the resident's understanding of the information and had given assurances to the resident that they could access the assessment in the future, if they wished.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider ensured that staff had the necessary information to support residents in relation to their behaviour. The provider had also taken steps to identify any practices in the centre that were restrictive to ensure that they were the least restrictive options in use for the shortest duration of time.

There were no formal behaviour support plans in use in this centre. However, guidance was available to staff through care plans and risk assessments on the supports required by residents in relation to their behaviour.

There was one restrictive practice identified in the centre. The provider had implemented systems to assess this practice to ensure that it was the least restrictive option in use for the residents. The inspector reviewed the protocol document that outlined the rationale for the restrictive practice and how it should be implemented. The protocol was reviewed by the provider's human rights committee

in December 2025. The provider also completed quarterly audits of the centre to identify any practices that may be restrictive.

Judgment: Compliant

### Regulation 8: Protection

The provider ensured that residents were protected from abuse.

There were no open safeguarding plans in the centre on the day of inspection. The inspector reviewed a closed safeguarding plan. This showed that the provider had followed their own procedures in relation to the incident and had reported the incident appropriately. The provider had put steps in place to ensure that there was no reoccurrence of the incident.

All staff in the centre had up-to-date training in safeguarding vulnerable adults. When speaking with the inspector, staff demonstrated good knowledge of what steps should be taken in the event of safeguarding incident. The provider regularly audited the staff's knowledge of safeguarding. This meant that the provider had systems in place to identify, report and address any safeguarding incidents that might occur and to promote the safety of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted and respected in this centre.

Staff had completed training on the human rights-based approach to the delivery of care and support to residents. Staff spoke about how they offered choice to residents in relation to their daily lives and how these choices were respected. Residents told the inspector that their rights were respected in the centre. The inspector's review of residents' care plans and daily notes identified numerous examples of times when residents were offered choices, when residents accepted or declined these choices and that this was respected by staff.

Residents met with staff on a weekly basis to make decisions about the week ahead. The inspector reviewed the minutes from two of these meetings. These showed that residents were supported to make choices about their lives, have input into the running of the centre and that they were informed of their rights.

The provider was proactive in promoting positive risk taking with residents. This meant that supports had been put in place to protect the safety of residents whilst promoting the residents' autonomy and right to choose. This was evident through

the risk assessments that had been devised for residents and through conversation with staff.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shalom OSV-0002619

Inspection ID: MON-0041939

Date of inspection: 09/01/2026

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To ensure compliance with Regulation 26 the following actions have been completed;</p> <ul style="list-style-type: none"><li>• Each resident's risk assessments have been reviewed and updated.</li><li>• Each risk identified has now been described in detail and personalised to ensure the resident and all staff are aware of the risk identified and the control measures in place.</li><li>• The control measures address the specific risk identified and details the actions in place undertaken by the service to ensure this risk is minimised.</li><li>• To ensure all personal risk assessments are maintained specific to individual residents the PIC will monitor this monthly through the Person-Centred Care plan audit. From a senior management perspective this will also be monitored through unannounced six-monthly site visits.</li></ul> <p>Completed -20-1-26 ]</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/01/2026