



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

## Issued by the Chief Inspector

Name of designated centre:	Glenhest Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	27 March 2025
Centre ID:	OSV-0006701
Fieldwork ID:	MON-0037889

## About the designated centre

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

The designated centre comprises two separate houses which are located in a town in the West of Ireland. The centre is registered to support up to six residents with an intellectual disability and can support people who may have some mental health and mobility needs. The service can provide full-time residential placements to those who live there. One house can support residents with reduced mobility. A combination of nurses, social care workers and care assistants are employed to support residents during both the day and night-time hours.

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

Number of residents on the date of inspection:	5
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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 27 March 2025	10:00hrs to 18:00hrs	Mary McCann	Lead
Friday 28 March 2025	09:00hrs to 12:00hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

This centre offered a safe quality person centred service to residents and ensured they had a good quality of life. This finding was based on what residents told the inspector and what the inspector observed, coupled with reviewing documentation and speaking with staff. Residents told the inspector they were listened to by staff and got to live a life of their choosing and engaged in meaningful activities they were interested in. Residents were supported by a consistent staff team who had worked with them for considerable periods of time and where residents could not verbally communicate with the inspector staff could read the residents behaviours and their cues as to what the residents wanted to communicate. The inspector engaged with the five residents and 5 staff, the area manager and the director of services. Staff spoke with the inspector as to how residents' lives had changed since they moved into their respective homes. Some residents had never engaged in community activities prior to moving into Glenhest, as residents had been in the care of a large institutional setting prior to moving to Glenhest in 2019. The centre had developed positive relationships with neighbours who were kind and welcoming to residents many of whom knew their families who had lived in the local community some years ago. Residents who could converse with the inspector spoke of how they loved their home, they enjoyed life and staff assisted them to do whatever they wanted. They told the inspector that they were happy with everything. The inspector observed staff accompanying residents to the local market and going for coffee in the town. Staff spoke about how incidents of responsive behaviour had decreased since admission and there was no active behaviour support plans in place. Staff spoke warmly about residents and with a sense of great comfort towards residents whose lives had been transformed since moving into their new homes. Staff also noted that some residents who had no visitors or family involvement for years were now receiving visitors and contact with loved ones was re-established. Staff voiced the view of the importance and ensuring residents were happy and how their choices were respected. Staff were clear that if they witnessed any safeguarding incidents they would report and document and were confident that the management team would investigate, support residents and ensure residents were protected. The centre comprises of two houses which were named after town lands residents came from.

House A is a three bedroom detached bungalow which is located in close proximity to the library, the church, cafe,s and shops. This house is home to three residents had been specifically designed and renovated to meet the needs of residents. There is one bedroom with an en-suite bathroom and two bedrooms with access to two large accessible bathrooms. This house is fully accessible with ramps and the bedrooms are equipped with tracking hoists. There is a kitchen/dining room and sitting room. There is an enclosed patio area to the rear of the property. Parking is available for visitors to the front of the house. House B is a large 3 bedroom house located in a pretty town in the west of Ireland. This house has two living areas, on the ground floor there are two individual bedrooms, a large shared bathroom, a sitting room, kitchen/living room and utility room. This floor is accessible for

individuals experiencing reduced mobility and there is also a wheelchair accessible bathroom on this floor. On the first floor there is an apartment consisting of sitting room, bedroom, bathroom, and kitchenette and storage space. There is also an office and a spare storage room. Parking is available to the front and rear of the property for visitors and a nice garden with a patio with garden furniture and a gazebo for those who wish to smoke. This house is located within the town and is easily accessible to local amenities including shops, cafe's and the train station within walking distance of many local amenities such as shops, restaurants, pubs, clubs, and train station. Transport was available to both houses and regular trips were facilitated by staff meaning that residents could access the community, be supported to attend medical appointments and have access to meaningful activities. One resident in house B had a keen interest in gardening and proudly explained what work they had done in the garden. There was a homely relaxed feel and pleasant atmosphere in both houses and staff and residents were very welcoming and hospitable to the inspector. Both houses were warm, bright, clean, and tidy and were very nicely decorated. All residents had their own personalised bedrooms. Each house had good kitchen and dining room space, utility rooms and provided a very pleasant home to residents all residents told the inspector or indicated to the inspector that they were very happy living in their new homes. Residents' personal photographs were on display in their rooms and throughout the house. There was a pleasant gazebo for one resident to Residents told the inspector that staff were nice and that they could tell the staff if they talk to staff if they had any worries or complaints. Residents appeared very comfortable in their interactions with each other and with staff. Each resident had their own television in their bedrooms. Some residents had tablets or a mobile phone to assist them with communication and engage in some activities. All residents had received a questionnaire from The Chief Inspector of Social Services which had been sent to the centre in advance of the inspection. The inspector received three completed questionnaires. Two residents had required assistance from staff to complete these questionnaires on 'What it is like to live in your home' and one resident had answered it himself. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Examples of comments included 'like living here', 'I have my own bedroom' and 'I am happy with the people I live with'. Overall, residents appeared very happy in their home. They reported that they enjoyed activities in the home and in the community. They said that they were happy with the staff and the service they received in the centre.

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

## Capacity and capability

Overall, the inspector found that the provider had good governance and management systems in place which ensured a high level of compliance with the regulation and the delivery of a safe quality service to residents. The last inspection of this centre was carried out on the 22 June 2023 and was an unannounced inspection to monitor compliance with infection prevention and control. The inspector reviewed the compliance plan from this report. Two actions relating specifically to infection prevention and control were identified as requiring improvement. The inspector found good infection prevention and control procedures were in place at the time of this inspection. The last audit of the centre relating to infection prevention and control had been carried out on the 23 March 2025 and the centre was found to be fully compliant with all areas reviewed. Staff meetings were occurring at regular intervals. The inspector reviewed a sample of minutes of these meetings. These meetings had an education and briefing focus where any changes to policies were identified, an update of all residents was discussed. Minutes were available for staff to review who were unable to attend. The person in charge had bi weekly meetings with the area manager to discuss the running of the centre and any accident and incidents that had occurred. Regular person in charge meetings were also occurring. Outcomes of HIQA inspections were discussed at these meetings and the area manager explained that after each inspection any non compliance's were discussed at these meetings to ensure learning for all centres.

#### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre prior to the inspection. all required documentation has been submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector reviewed the documents submitted in relation to the person in charge as part the application to renew the registration of this centre. The person in charge worked full-time and had the required qualifications, skills and experience and had completed relevant academic training. This gave them the required knowledge and experience to fulfil the post of person in charge and to meet the requirements of regulation 14. The person in charge displayed a good knowledge of the process and procedures in place to run a safe quality service. They divided their time between the two houses.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff was suitable to meet the needs of the residents at the time of inspection and on review of the staffing rota. The inspector reviewed the rota from the 1st March 2025 to the 13th April 2025 and found that the staffing levels ensured that the resident's individual support and preferred activities were provided. The inspector observed how staff had time to do individual activities with staff, for example one resident went to the farmers market and another resident went to see the chiropodist.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix from the 1 January 2024 to the 31 March 2025 and found that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. A staff training matrix was maintained which included details of when all staff had attended training and those that required training and time lines thereto. From the sample reviewed all staff training was up to date. In addition to mandatory training, training in safe nutritional care, safe moving and handling, safe medication management was provided.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was available in the centre. The inspector reviewed this and found that it included the information required under Schedule 3 of regulation 19.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted a valid contract of insurance as part of their application to renew the registration of this centre. the inspector reviewed this and found that it was in compliance with the regulations. a valid contract of insurance in place that



met with the requirements of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that effective governance and oversight arrangements were in place which resulted in the needs of residents being met and ensuring a safe, quality, rights-based service was delivered to residents. There were clear lines of accountability and staff told the inspector that if they had any concerns they would report to the person in charge or whoever was the senior person on duty. The inspector reviewed a sample of recent accident and incidents which had occurred in the centre and found that they were well documented, had been reviewed by the person in charge and had been reported on the centre's incident and management system. quarterly audits were been completed to check for any trends. These systems protected residents to try and ensure that residents were provided with safe care. It was evident from talking to some residents that their independence had been enhanced since moving into this centre, for example one resident could independently access the local town amenities. The inspector reviewed the previous two unannounced visits of the centre by an independent of the service and nominated by the registered provider. These visits were carried out in February 2025 and August 2024. The last annual review had been completed by the person in charge 24 July 2024 The inspector found that an action plan was developed to address areas identified for improvement; for example, development of easy to read guides for the statement of purpose and the residents guide. These had been completed at the time of the inspection and staff were developing different ways of how they might use these to make them meaningful for residents. The auditing calendar included a infection prevention and control, safeguarding knowledge of staff post training, and accident and incidents. There was an overarching quality improvement plan in place and any deficits in auditing fed into this plan. This ensured that all areas for improvement were kept together and made it easier for staff to have oversight of all areas identified for improvement and what areas had been addressed.

Judgment: Compliant

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

The inspector spoke with the area manager regarding how admissions and contracts for the provision of services are managed. The inspector reviewed the contracts of care for three residents. All residents had a compatibility assessment prior to moving into this centre. All residents had lived together prior to moving into the centre. A contract for the provision of services for each resident was in place , which included

the support, care and welfare to be provided to the resident and the fees to be charged.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose (SOP) had been prepared in writing and was submitted by the registered provider as part of the application to renew the registration of this centre. The inspector reviewed the SOP and found that it accurately reflected the service provided and contained all of the information as required by regulation 3 and schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
A complaints policy was in place and this was prominently displayed in the centre. The inspector spoke to the person in charge regarding complaints management in the centre. One complaint had been recorded since the last inspection. The inspector reviewed the management of this complaint and found that it was managed in accordance with the centre's policy. It was recorded that the complaint initiator was happy with the outcome of the complaint. The person in charge told the inspector that they remind residents of their right to make a complaint at the voices and choices meetings. There were some compliments also recorded from external staff and from relatives. These related to the staff and the care provided to residents.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The inspector reviewed the policies required to be in place by the provider under the regulations and found that all of the required policies were available at the centre. these had been reviewed in the last three years. A process was in place for the renewal of policies.
Judgment: Compliant

## Quality and safety

The inspector found residents' in Glenhest were well cared for and their lives had been greatly enhanced by moving into small community dwellings. They had integrated well into the community and staff described how they had got to know the neighbours by name and when any person locally passed away they would organise a mass card from the residents. One resident attended a local day service for the community and they were aware of his nutritional care and ensured he had dessert that he liked and was appropriate to his needs. Resident told the inspector they were happy and didn't want anything in their lives changed. Some residents told the inspector they were happy they had moved back to their own locality and were getting re acquainted with it. For example visiting the church they used to attend with their parents, or visiting their family's graves. The inspector reviewed three residents care files and found that assessments of care needs for all residents were in place with corresponding care plans. Care plans were person-centred and demonstrated a good level of knowledge of the support needs of residents and how they liked their care delivered.

## Regulation 17: Premises

The inspector walked around both houses. In House B one of the residents showed the resident around the house. The inspector found that the premises provided a very pleasant environment to staff and there was ample space for residents to have private time on their own and the access communal space as they wished. The premises had been specifically designed to meet the needs of person with disabilities. Both houses were decorated to a high standard and were homely, bright and well-furnished. Comfortable chairs were available in the sitting rooms and both houses had accessible gardens or patios. Each resident had their own personalised bedroom and there were adequate shower and toilet facilities in close location to the bedrooms. This assisted to maintain the privacy and dignity of residents as they required to use the communal corridor for short distances. The centre was future proofed to assist the changing needs of residents. All bedrooms in House A had a tracking hoist.

Judgment: Compliant

## Regulation 18: Food and nutrition

Staff spoken with were aware of the nutritional care needs of all residents. There was good access to the speech and language therapy services and the inspector met with the speech and language therapist in |House A. All meals were cooked fresh by

staff and there was a voices and choices meeting each week where menus were discussed. Residents attended the shops to assist with food shopping as they wished. The inspector observed there was good nutritious food served to the residents during the inspection. Residents who could communicate with the inspector told the inspector that the food they received was of a good quality, they chose their meals and enjoyed meal times. Staff were aware of the importance of making modified food look appetising and the importance of a varied diet for all residents. Care plans for residents on modified diets were in place. These included personal risk assessments that informed care.

Judgment: Compliant

### Regulation 20: Information for residents

An up to date residents guide had been submitted with the application to renew the registration of this centre. This was reviewed by the inspector and was found to be in compliance with regulation 20. The provider had ensured that residents and their representatives had access to a resident guide in accordance with the regulations. The guide clearly informed them of the care and support they would receive. It included all regulatory requirements including residents' right to make a complaint, be involved in the day-to-day running of the centre, and how to access inspection reports about the centre. It was available in an easy to read version to assist with resident understanding.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies and a comprehensive accident and incident management system. The centre was well maintained and custom built to support the current residents which assisted with risk management. The staffing levels sanctioned by the provider also contributed to the safety of residents. Risk management arrangements in place at the centre ensured that risks were identified, acted upon to safeguard residents from harm. The inspector spoke with the person in charge regarding the risk register. On reviewing the register the inspector found that risks were identified with controls in place to mitigate the risks. Personal risk management plans for example falls risks, moving and handling risks were in place for residents as required. A risk management policy was also in place to lead and guide staff on good risk

management practices.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
<p>The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the residents. Exits were clearly identified. Fire extinguishers were serviced annually. All staff had training in fire safety and fire drills were completed regularly. Personal emergency evacuation plans (PEEPS) were in place and staff spoken with confirmed that they were aware of the mobility needs of all residents and the PEEPS. Records of fire drills including night time drills were available for review. The effectiveness of the PEEP was reviewed after each fire drill.</p>
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
<p>The inspector found that the provider and person in charge had ensured that the residents' health, social and personal needs had been assessed. The inspector reviewed the records of three residents and found that an assessment of these needs had been completed within the previous 12 months. An annual review of the residents' personal plans had been completed. These meetings included a review of the previous year's goals and goals for the following year. While goals were identified and residents told the inspector that they had achieved some of their goals this year, for example, going on a train on a day trip, the progression of goals was not always clearly recorded. This was discussed with staff on the inspection. The inspector could see from observing on inspection and talking with a resident and from daily records of resident's activities that residents had access to meaningful activities and had a good quality of life.</p>
Judgment: Compliant
<b>Regulation 6: Health care</b>
<p>The provider and person in charge had ensured that the health needs of residents were well managed. The inspector reviewed the health records maintained of three</p>

residents. These showed that residents were supported to attend medical appointments, as required. Referrals were made to health and social care staff as required. The rationale for residents been referred and the outcome of appointments was recorded in residents care files. Residents had a named general practitioner (GP). Staff had received training in specific areas that were relevant to the care and support of the residents in this service. Where residents required nursing care this was provided.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector spoke with the person in charge regarding the management of positive behavioural support plans. There were no active behaviour support plans in place at the time of this inspection. The person in charge confirmed that if the residents required access to specialist behaviour support services this was be freely available. The centre also had access to mental health services and psychology support . Restrictive practices were in place in the centre. These were generally in place on the recommendation of medical advice and where a risk assessment had been completed. The inspector reviewed the daily log of all restrictive practices in place. This detailed all restrictive practices in place and the time lines they were in place for.

Judgment: Compliant

### Regulation 8: Protection

There was one active safeguarding plan in place in House A at the time of this inspection. The inspector did not observe any safeguarding issues throughout the inspection all staff working in the centre staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. A policy on safeguarding residents was available which all staff had read. Details of the designated officers were clearly displayed in the centre. The provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant