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:	Glendale
Name of provider:	Orchard Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 September 2025
Centre ID:	OSV-0008986
Fieldwork ID:	MON-0047163

About the designated centre

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

Glendale is registered to provide shared care or long term care for up to four adults with varying conditions, abilities and disabilities. It is located in a scenic rural setting close to a busy town. Staffing is provided by a team of residential care workers and both waking and sleepover night time arrangements are in place depending on the needs of the residents residing at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Friday 19 September 2025	09:30hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of this centre that was registered as a designated centre by by the Chief Inspector of Social Services in May 2025. Its purpose was to monitor and review the arrangements the provider had in place since registration and to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). There were two residents residing at Glendale and two vacancies. One person was supported by a shared care arrangement. This meant that they spend some time at the centre and some time at home with their family. The inspector met with both residents living at Glendale and held conversations with both of their families. In addition, the inspector met with four staff members. From time spent with residents and from what the inspector observed, it was clear that residents were enjoying a good quality life, in a premises that was of high standard and suitable for their assessed needs. Overall, there were good governance arrangements in place. Where operational concerns arose, they were attended to in a proactive and collaborative manner and in line with the provider's policies. Examples of this will be provided throughout this report.

This inspection was facilitated by the person in charge and a team leader. It was clear that they were both skilled in their roles and had good oversight of the service provided. The inspector provided the residents with a 'nice to meet' you introduction sheet and requested that the person in charge contact resident's representatives and inform them of the presence of the inspector should they wish to speak with them.

The inspector completed a tour of the premises and found that it provided a very pleasant living environment which was modern, light filled and with adequate space for residents' wheelchairs and other mobility aides.

Later in the afternoon, the inspector observed two residents returning to Glendale for the weekend. Their arrival was cheerful and welcoming. Their family members were present around the same time which meant that room was busy. As the space provided was plentiful, the atmosphere was calm. There were a number of rooms which residents and their families could use if they wished to do so.

Staff told the inspector that one resident found transitions from day service to their home difficult at times. The inspector observed staff opening the large glass doors from the kitchen, so that the resident could sit on the patio and enjoy the fresh air and scenic view. A review of documentation completed noted that this was a recommendation on their positive behaviour support plan. Later, the inspector sat with them at the table where they were enjoying a home cooked and nutritious meal. They were supported kindly by the staff member on duty, who was attentive to the residents wishes. They were noted asking the resident if they were ready to hold their spoon and if they would like a drink. The resident did not converse

verbally with the staff member, however, it was clear that they knew what the resident wanted depending on how they responded to questions asked.

The second resident appeared cheerful and content. Staff told the inspector that they enjoyed music and the inspector saw them sitting at the kitchen island using a musical mat which they could operate with ease and independence. They had their lunch in a smaller room beside the kitchen. Staff explained that this was part of their support plan as a quiet low arousal environment was best for them during their mealtimes.

The inspector had the opportunity to meet with both residents' representatives at separate times during the day. They told the inspector that they were pleased with the design and layout of the centre and that was a lovely home environment. While in the main, the discussions about the capacity and capability of the provider and the quality of the care and support provided were positive, some concern was expressed relating to matters that occurred in July 2025. The provider's response to this will be expanded on under regulation 26 later in this report.

The next two sections of this report which will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

This service was well governed and lines of accountability were clearly defined. The person in charge was skilled and knowledgeable and met with the requirements of the regulation. They had effective oversight of the service.

While there were challenges relating to staff recruitment and retention, the provider had a plan to address this and consistency of care and support was maintained in the interim.

The provider had maintained good governance arrangements through routine audits and unannounced visits. Findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented and completed within a specific timeframe. This ensured that they were addressed promptly and the service was continually improved.

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 14: Persons in charge

The person in charge worked full-time and was employed at the centre since opening. They were skilled and experienced and had the capacity and capability to meet with the requirements of their role. They had responsibility for the oversight of one other centre which was located nearby.

Judgment: Compliant

Regulation 15: Staffing

The inspector discussed staffing requirements with the person in charge and the team leader. In addition, they reviewed the staff rota from 1 August 2025 to the date of inspection. Flexibility of staffing levels was required in order to meet resident's needs as one resident spent time at home.

In order to provide sufficient staffing for the service, eight staff members were required. At the time of inspection, there were four full-time core staff employed and one part-time staff member. While this presented an operational risk to for the service, the inspector found that the provider had arrangements in place to ensure that it did not impact on the care and support delivered to the residents.

For example; the provider had a team of relief staff who provided support to the service. These were experienced staff who were familiar with the assessed needs of the residents. In addition, the provider ran a recruitment campaign from which four staff were recruited. The inspector met with one of these on the day of inspection. They told the inspector that they commenced employment three weeks previous. They were observed completing daily tasks and checking in with the team leader for support if required.

Overall, while this was a challenging period for the provider, they had a plan in place to ensure a core staff team were employed. In the intervening period, the use of regular relief staff ensured that consistency of care and support was provided.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training folder completed by the inspector found that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

The inspector reviewed the service training matrix which provided clear information on the modules completed. It was well maintained and subject to regular review. A review of a sample of modules such as positive behaviour support, moving and handling, fire training and safeguarding and protection found that in the main, these were up to date.

Training specific to the needs of the service was provided if required. For example, following a safeguarding incident in July 2025, staff were provided with care plan and risk management training. This was documented on the staff rota on 7 August 2025.

The recently appointed staff member who met with the inspector had commenced training three weeks prior. They told the inspector that they had completed an induction process and in order to ensure that they were competent for the role, they completed induction shifts. When cross checked with the staff rota, the inspector found that this was clearly documented.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents that met with the requirements of the this regulation. It was available for review in the centre and included accurate and up-to-date information in respect of each resident. The person in charge was assigned responsibility for the directory and the inspector found that it was well maintained and as required.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, it was four months since this service opened and therefore the residents were in the process of settling into their new home.

The inspector completed a walk around of the property, met with two service users and their representatives, reviewed documentation and spoke with staff. They found that Glendale was well resourced in order to ensure effective delivery of care and support to the two residents living there at the time of inspection. The residents had a large, light filled home which met with their mobility needs. They had access to transport in order to attend their day services and spend time in the scenic surroundings of their local community. In addition, they were provided with the necessary adapted equipment such as profiling beds, hoists, shower chairs and mobility equipment if required.

The provider had good governance, management and oversight processes in place. The person in charge was familiar with the service and they were supported in their roles by a team leader. The inspector found that the management structure was clearly defined and that staff were aware of their lines of accountability.

The annual review of care and support or the six month provider-led audit were not yet due. The inspector completed a review of a sample of daily, weekly and monthly audits. They were well presented and easily accessed by staff. Those reviewed were completed in full and as required. Examples included fire safety checks, cleaning checks, medicines checks and checks of the financial management systems.

In addition, the person in charge had a specific monthly audit which was completed on 16 September 2025. The inspector found that this audit had a 90% compliance rate and where matters were outstanding there was a plan in place to address these. The inspector also reviewed the governance and management monthly oversight report. This was a comprehensive document which supported staff to identify key priorities for residents' health, safety and well-being and to initiate quality improvement actions.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since opening in May 2025, two residents were admitted to the service. The admissions process was clearly outlined and followed in line with the criteria in provider's policy and the statement of purpose.

On admission, the resident and their representatives were provided with a written contract both of which were reviewed by the inspector. These specified the terms on which people would reside in the centre and the terms under which the contract may end. The terms and conditions were clear and transparent and designed in a collaborative manner to account for the arrangements with the provider's funder.

Both residents and their representatives were provided with a plan for transition to Glendale which was completed prior to opening of the centre. Opportunities to visit and spend time in the centre were provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which was prepared in writing and available for review. It was updated on 17 September 2025 and met with the requirements of Schedule 1 of this regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of policies and procedures required under Schedule 5 of the regulations. These included the fire safety policy, safeguarding and protection policy, positive behaviour support policy and safe administration of medicines policy. All were in date and available to guide staff employed at the centre.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service in a suitable premises. 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 and supported. Staff were provided with clear streamlined information in order to support residents' assessed needs.

Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures 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. A review of the fire safety arrangements found that they were in line with regulatory requirements.

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

Regulation 17: Premises

The premises provided was of a high standard and in a good state of repair. While it was a two story property, there was ample accessible living space on the ground floor which met with the assessed mobility needs of residents.

It was located in a rural location but close to local amenities. The design and layout of the premises maximised the scenic surroundings, allowing residents to fully enjoy the outside environment as observed on the day of inspection. Adequate private and communal accommodation was provided. A tour of the house completed by the inspector found that it was clean, tidy and in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the assessment, control and prevention of risk. This included a risk management policy, a safety statement and service and centre based risk registers (9 September 2025).

Where incidents occurred and were reported, they were addressed. For example; the inspector completed a review of statutory notifications and incident reports and held conversations with a resident's representative and staff. This review found that two matters of significant concern relating to the care, support and protection of a resident were identified in July 2025. Both related to concerns regarding a lack of appropriate care, support and supervision for a resident who was reported to be left unsupervised and later to fall from their bed.

The inspector completed a review of the actions taken immediately after and subsequent to these events. This review found that the provider's response was prompt and in line with their risk management policy.

The person participating in management completed an un-announced visit that day to seek assurances on the quality of the service provided and additional supervisory checks took place over the weekend. Subsequently, care plans were reviewed and updated. Additional protocols on safe use of sleep support system were provided three days after the event (30 July 2025). These were reviewed by the resident's representatives. In addition, a photo tutorial was provided in the resident's bedroom with pictures of the step by step process to follow. Night-time safety checks were taking place every 30 minutes at the time of inspection. When asked, staff told the inspector that these checks did not disturb the resident's sleep. Bespoke risk management training for staff was provided and risk assessments were updated.

Overall, while the matters arising were of concern, the inspector was assured by the enhanced safety measures in place. The learning from the incidents was ongoing through a serious incident management process (SIMT) and a complaints process. Both of the above had the oversight of the provider's funder at the time of inspection and were pending outcomes.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the fire safety precautions at the centre found that they were adequate and met with the requirements of this regulation.

Suitable fire equipment was provided and a review of the service due dates found that they were subject to regular checks and reviews. As the house was empty on the morning of inspection, the inspector requested that a staff member activate the fire alarm. While they were new to the role, they were competent and aware of what to do. The alarm activated effectively and a check on the fire doors provided found that they closed correctly.

Fire drills were taking place at regular intervals in line with the provider's policy. Each resident has a personal emergency evacuation plan (PEEP) which outlined a range of evacuation considerations depending on what the resident was doing at that time. Both plans were updated on 6 September 2025. Evacuation routes were kept clear and there was ramped access around the building. The fire assembly point was clearly identified and a check of the fire evacuation pack found that it contained the basic requirement and was last checked on 22 August 2025. All staff were provided with fire training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal assessment and personal goals folder which contained assessments of their health, social and personal care needs.

The inspector reviewed two residents' assessments and found that they were well presented, well maintained, in date and subject to regular review. Residents enjoyed activities such as swimming, attending music concerts, visiting the beach and other local scenic areas. One resident had started to use a sensory communication approach through touch and music. Another liked the outdoors and farm animals and staff were planning a taster session at a local social farming experience to see if they enjoyed it.

Overall, the inspector found that staff were provided with clear information through support plans and activities of interest were arranged with the input of residents, their representative if appropriate and in line with their preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare support which took their personal plan into account.

All residents had the support of a general practitioner (GP) and where medical treatment was recommended this was supported by the staff team. In addition, residents had access to allied health professionals such as occupational therapy, speech and language therapy, physiotherapy, and a dietitican if required.

The inspector reviewed a care plan called 'My Personal Plan' which was updated on 28 August 2025. This documented how to support resident's needs and many of the recommendations were observed in action on the day of inspection. For example; sitting outside in the air on a good day, keeping hands busy by playing music and eating meals in a calm environment.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents at this centre had a range of behaviour support needs and access to a positive behaviour support specialist was provided. Where required positive behaviour support plans or individual protocols were provided.

The inspector reviewed a support plan for one resident that was updated on 17 September 2025. Recommendations as outlined previously in this report were observed in action on the day of inspection. This included a calm and relaxing environment, particularly during mealtimes where soft music was playing in the background. Staff were noted to use a calm tone and simple sentences. In addition, objects of reference, such as a small cup and saucer were noted on the counter top. Staff were aware that the use of these objects was a recommendation of the behaviours support specialist and were under trial at the time of inspection.

Restrictive practices were used at the centre and protocols were in place. If required, these were reviewed by an occupational therapist, and used only when necessary and to keep residents safe.

Judgment: Compliant

Regulation 8: Protection

The registered provider had safeguarding systems in place which met with the requirements of this regulation.

Where safeguarding risks were identified, the inspector found that they were addressed in line with local and national safeguarding policy. This included prompt assessment and submission of preliminary screening to the safeguarding and protection team. While one resident had a safeguarding plan, it was closed by the safeguarding team on the week of inspection.

All staff were provided with safeguarding training. When asked, staff were aware of the identity of the designated officer and knew what to do if they had a safeguarding concern and in accordance with residents safeguarding plans.

The inspector found that safeguarding was a standing item on the agenda for staff meetings. This meant that it was a current topic of conversation that was given regular attention in order to enhance learning, promote discussion and keep residents safe. While there was a trend in matters of concerns for a period of time, the inspector found that these were monitored closely and there were no issues since.

Residents had comprehensive intimate care plans which meant that personal care was completed in a respectful manner using a planned approach.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	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