



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

Issued by the Chief Inspector

Name of designated centre:	Lakeside Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	30 April 2026
Centre ID:	OSV-0001757
Fieldwork ID:	MON-0041339

About the designated centre

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

Lakeside Residential Services is a service which is run by Western Care Association. The centre comprises two bungalow dwellings which are located on the outskirts of a town in Co. Mayo. The centre provides residential and respite care for up to seven male and female residents, over the age of 18 years who present with physical and intellectual disabilities. Both houses are comfortably furnished and provide residents with their own bedroom, shared communal areas and external garden spaces. Staff are on duty both day and 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:	7
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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 30 April 2026	16:00hrs to 20:00hrs	Mary McCann	Lead
Friday 1 May 2026	09:00hrs to 14:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The registered provider of Lakeside Residential Services is the Western Care Association. This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations to inform the registration renewal of this centre.

The centre comprises two bungalows located on the outskirts of a town in Co. Mayo. Bungalow A provides care and support to five residents and Bungalow B provides care and support to two residents. The inspector met with four staff the assistant manager and the area manager who was also in the role of person in charge and six residents. The staff members met with had good knowledge of the residents' care and support plans and were aware of the nutritional care needs of residents, their behaviour support plans and the things they liked to do for example go shopping, go bowling or visiting local scenic areas. There was a wheelchair accessible vehicle and a car available which could be used for outings or any activities that residents chose to support residents in engaging in meaningful activities or attend medical appointments. Staffing levels in the centre ensured that each resident was supported by staff to do activities of their preference.

The inspector observed staff were attentive to residents and spending time with residents, chatting with them and being caring and kind to them. Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector. Staff assisted some residents to assist them to express their views and they indicated to the inspector they were happy living in the centre. All residents were well dressed and looked well cared for. One resident told the inspector that they loved living in the centre and they were well cared for by staff. They stated they had full control over how they spent their days. They stated that would like an extension added to their bedroom as they did not have enough space to store their belongings. They stated they did not want to move out of the centre. This had been brought to the attention of the estates manager and discussions were occurring regarding this matter.

The area manager was the person in charge at the time of the inspection. They displayed a good knowledge of the residents and was known by residents. A consistent staff team was available in the centre and all staff spoken with voiced the view that they wanted the residents to enjoy life and do what they wanted to do.

Residents were observed to be coming and going went in and out of the centre with staff and seemed happy to be accessing the community. In the evening staff were observed to be assisting residents with nutritional care and sitting at the table with them and chatting with them. Food was home cooked by staff who stated they could obtain any ingredients they wished. Residents told the inspector that everybody got to choose a favourite dish and the food was good. Residents also confirmed that they go out for food sometimes of get a take away. Five residents

attended day services five days per week, one resident attends part-time and one resident has a bespoke individual service. Both houses provided a comfortable home to residents and had gardens. In house B, one of the goals of the residents was to have a raised bed and this was planted with vegetables. Both houses were accessible with ramps on entry. Both house provided a comfortable home to residents and was clean and bright. Further information regarding the premises is discussed under regulation17. The inspector found from observation in the centre, interaction between staff and residents, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next 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 and quality of life of residents.

Capacity and capability

The findings from this inspection supported that this was a good centre which was well-managed and offered a good service to the residents accommodated.

The previous inspection of this centre was carried out in January 2025. Two areas were identified for improvement at this time. Both these areas had been reviewed by the registered provider and were in compliance at the time of this inspection. There was a decrease in restrictive practices and a generator switch had been installed to ensure a generator could be attached to ensure electricity was available to prepare special diets for residents to ensure residents safety.

The person in charge had a good knowledge of the residents and was familiar with the running of the service. The person in charge was supported by an assistant manager. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre. Regular staff meetings and regular governance meetings were taking place. An auditing system was in place and an overarching plan was in place and post audits, areas for service improvement were identified and actioned.

Registration Regulation 5: Application for registration or renewal of registration

This inspection was to review the renewal of registration of this service. Information is required to be submitted to the Chief Inspector of Social Services by the registered provider to complete this process.

The registered provider had submitted all the required information to renew the registration of this designated centre. There have been no changes to the foot print or registered provider of this centre since it was registered.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge was in post. They had the required qualifications and experience to meet the requirements of the regulations. They worked full-time and also held the post of regional manager. They told the inspector that they had tried to recruit a person in charge but were unsuccessful, but further interviews for this post were scheduled. Regular meetings were held between the person in charge and their line manager. These meetings provided updates and discussion around appointing a new person in charge. The person in charge was supported in the post by a competent assistant manager.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose.

The inspector reviewed the planned and actual rota from the 1 April 2026 to the 31 May 2026 was reviewed by the inspector and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Due to the increased changing needs of a residents a higher staffing level was required Consistent agency staff were used for this.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of a continuous professional development programme. Staff training was managed by an on line system and a rolling programme for staff training was in place.

Staff could book themselves onto the relevant courses and the person in charge had verification of staff members attendance in the centre. Training in addition to mandatory training included first aid, medication management and safe nutritional care.

From the sample reviewed all staff mandatory training was up to date. Staff were in receipt of formal supervision and the person in charge described how staff can meet with them to discuss any issues in between these meetings. Staff confirmed that the person in charge regularly attended the centre and in their absence the assistant manager was available. Staff meetings were held on a regular basis and minutes were available of these meetings. An organisational on-call system was in place from Monday to Thursday from 5pm to 9 am daily. An-additional on call system was in place to cover weekends.

Judgment: Compliant

Regulation 22: Insurance

The registered provider has submitted a certificate confirming appropriate insurance is in place. This was submitted as part of the documentation for renewal of registration.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate governance arrangements in place to manage this centre. These included auditing systems and a clear organisational structure with processes in place which staff were aware of as to who to report concerns to.

A comprehensive review of accident and incidents was completed by the person in charge and any trends identified were discussed. This was included in the overarching quality improvement plan.

Six-monthly unannounced visits were being completed by personnel nominated by the provider. The inspector reviewed the report from September 2025 and the most recent annual review. These were comprehensive and detailed the safety and quality of care and support provided in the centre. There was evidence of

involvement of residents and residents' questionnaires supported that residents were happy living in the centre. Families' views were also sought

Regular team meetings were occurring and there was good attendance at these meetings by staff. Minutes were available for staff who were unable to attend. The inspector reviewed the minutes from the meeting of 1 April 2026. Discussion included safeguarding, staffing, residents' changing needs. The inspector also reviewed the audits folder and seen that audits completed included infection prevention and control, medication management and resident individual personal plans.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An individual service level agreement was in place for all residents. These detailed the fees to be paid by the resident and included the care and support that would be provided to the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised on the 2 February 2026 in preparation for this inspection and has been submitted as part of the documentation for the renewal of registration.

It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. The inspector reviewed one closed complaint which had been well managed. The complaint initiator was recorded as happy with the outcome of the complaint.

The registered provider had a complaints policy in place. An easy to read version was also available. This clearly detailed the process for making a complaint. This

meant that if residents or their loved ones wished to make a complaint they could do so

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies as required by Regulation 4 of the regulations were in place.

The inspector reviewed a sample of policies to include the medication management policy, the risk management policy and the safeguarding policy and found that these had been reviewed at three yearly intervals to make sure they were up to date and in keeping with best practice

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection was that the residents reported that they were happy living in the centre and the safety of the residents was promoted through the provider's risk assessment systems and safeguarding measures.

The needs of the residents had been assessed and support plans were enacted to ensure resident's needs were met. This included supports in relation to the residents' nutritional needs, meaningful activities and support attending medical appointments. The premises were warm and clean and provided a nice home to residents. In the house that accommodated two residents the inspector observed that one of the residents spent a lot of time in the sitting room with staff while the other staff member was preparing the evening meal. Access to the kitchen to observe the evening meal being cooked and experience the aroma of cooking could have been offered to this resident.

Residents accommodated in this centre enjoyed a good quality of life and were assisted to engage in meaningful activities.

Residents were supported with warmth and kindness and the staff engaged in a friendly encouraging way with the residents. Residents meetings were occurring and residents were involved in deciding how to live their day-to-day lives. These choices were respected.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes.

A communication policy was in place. Some residents could clearly articulate their views and wishes and others were assisted by pictorial symbols to aid communication and some used an iPad(digital tablet)

There was a consistent staff team in place and staff were good at interpreting resident's cues to assist them with communicating their views. A communication passport was in place for all residents to assist them and staff should residents have to attend services outside the centre. Staff were aware of the contents of these plans.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed and an open policy was in place to facilitate visiting.

There was space for visitors to meet their loved ones in private in each house, separate to their bedrooms

Judgment: Compliant

Regulation 17: Premises

Lakeside residential services consists of two spacious bungalows which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was clean and well maintained. All residents had their own personalised bedroom and the houses were comfortably furnished and tidy and provided a nice home to residents.

The centre was decorated with lots of residents' personal items which enhanced the homeliness of the centre. It was bright and a garden area was available to the front and back of the premises. There was adequate communal space to allow resident to have time on their own. Plans were in development to turn a spare room into an activity room for residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre.

The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy-to-read version was available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk management policy was in place and this has been submitted to the Chief Inspector. All incidents were reviewed by the person in charge or whoever was deputising for them in their absence and documented at the time of the incident.

This ensured there was an accurate account recorded of the incident. Regular quarterly audits of accident and incidents were undertaken by the person in charge and any deficits identified were actioned. This included a discussion at staff meetings to ensure staff were involved in the improvements which assisted in providing a safe service for residents. One area of risk that required review related to lone working. The guidance was confusing. The person in charge and assistant managed stated they would action this immediately.

Staff were aware of who to contact out of hours to assist staff where an incident occurred.

Personal risk management plans were in place with regard to individual risks to residents for example nutritional care guidance or falls prevention and staff displayed a good knowledge of these. The action regarding risk management from the last inspection had been actioned.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to protect residents in the event of a fire.

All staff were trained in fire safety. A fire alarm system was in place. Regular fire evacuation drills, provision of fire extinguishers, exit signage, emergency lighting and regular fire safety checks. Personal evacuation plans were in place for all residents and these had been reviewed regularly to ensure they were fit for purpose.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place to ensure safe management of medication in the centre.

A medication management policy was in place to guide staff in safe prescribing, storage and administration of medication. Staff had completed safe administration of medication training. All medication was prescribed by the general practitioner and dispensed by the pharmacist. There was a locked cupboard specifically available for safe storage of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of three residents and found that files were very well maintained and it was easy to access information.

Care and support plans were in place for each resident and these were developed following a comprehensive assessment.

Circle of support meetings were occurring and family members were invited to these and health and social care staff who were involved in the residents care. Each resident had a specific named staff and link staff person who were primarily responsible for assisting residents to achieve their goals. Personal goals were reviewed regularly and included activities chosen by residents for example going to an agricultural show or a music festival. The personal plans focused on resident's choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement.

Judgment: Compliant

Regulation 6: Health care

There was evidence of very good monitoring of the health care needs of residents.

All residents were registered with a general practitioner (GP) and had access to screening programmes. The registered provider was responsive to the changing health and personal needs of residents and where additional supports were required, these were provided. One resident has a significant change to their health resulting in a hospital admission for observation and investigations and frequent follow-up appointments and investigations and access to specialist services.

From speaking with staff and reviewing documentation, it was clear that the resident was supported to attend medical appointments and meetings with other health and social care professionals. This meant that they received appropriate care and support which was in line with their needs. Both residents were registered with a GP service and had regular access to health and social care staff as required

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had good systems in place to ensure responsive behaviour was managed with a strong emphasis on ensuring the resident was protected and the behaviour was managed with an emphasis on supporting the resident and having as minor an impact on the resident as possible.

Consistent staff were observed to be very kind and caring to residents and the inspector did not witness any responsive behaviour incidents. The inspector reviewed a sample of positive behaviour support plans which staff had good knowledge of. These were reviewed regularly and the centre had access to positive behaviour support specialist services and psychology services. Staff were aware of antecedent behaviour and were good at noticing this. Staff were supporting the residents so an incident did not occur, for example supporting a resident who had ritualistic behaviour to go to a dental appointment. A policy was in place to guide staff.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding plans in place in the centre at the time of this inspection.

The inspector reviewed the practices in place with regard to safeguarding residents and spoke with staff and the person in charge regarding these procedures. These

procedures included ensuring all staff had undertaken training in best practices of safeguarding residents, safeguarding incidents are reported to the office of the Chief Inspector. Contact information of the designated officer was displayed in the centre.

The person in charge and staff spoken with displayed a good working knowledge of the needs of residents and there was a focus on person-centred care. Residents indicated that they were happy living in the centre and were well cared for by staff. The premises was found to be comfortable. Staff were observed at various times during the day chatting and engaging in a pleasant light hearted way with residents such as chatting with them on their return to the centre about what happened when they were at days services and encouraged residents to speak with the inspector about their experiences. There were good risk management and fire safety procedures in place which also safeguarded residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that this was a good service with management systems in place to support staff to ensure residents' rights were protected. A review of residents' personal plans confirmed that personal plans were person centered.

Residents' dignity and privacy was respected with each resident having their own bedroom and shower/toilet facilities were located in close proximity to their bedrooms. In house B residents did not have their clothes in their bedrooms. The person in charge explained that this was to allay anxiety but no protocol was in place to support this and this practice should be regularly reviewed. Residents clothes were stored in another room which was located near to their bedrooms. Staff were observed to be spending time with residents in a relaxed and calm manner.

The residents were offered choice in their food and daily activities. The inspector reviewed the minutes of some of the residents meetings and saw that activities, menus, and changes to the running of the house. For example, one resident requested an electric stove to be obtained for the sitting room and this had been completed which showed that residents were able to be involved in the running of the centre. Easy-to-read guides were available on areas such as, safeguarding, advocacy and making a complaint. A wheelchair-accessible vehicle was available exclusively to this centre to support residents to attend activities of their choice and to facilitate any medical appointments. A car was also available to house B and one resident went to meet their mother regularly. Staff were quick to respond when residents asked for help, this also assisted with respecting the dignity and respect of residents. The resident who had activities arranged from the centre attended reflexology fortnightly, and also accessed the community on a daily basis going for walks, going out for lunch going to local towns.

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	
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 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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