



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

Issued by the Chief Inspector

Name of designated centre:	Cois Locha Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	21 May 2026
Centre ID:	OSV-0001773
Fieldwork ID:	MON-0045499

About the designated centre

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

Cois Locha provides a residential services to four adults. The service supports both male and female individuals with intellectual disabilities that present with associated complex needs such as physical and sensory disabilities and consequently have high support needs. The centre is a single-storey house on the outskirts of a rural village. All residents in the centre have their own bedrooms. The physical design of the building suits the needs of residents and there is suitable equipment available to support individuals with physical disabilities. Residents are supported by a staff team that includes the person in charge, social care workers and social care assistants. Staff are based in the centre when residents are present and there are both waking and sleep-in staff on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 May 2026	08:00hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The residents who lived in Cois Iocha residential service had a good quality of life and had choices in their daily lives, and were supported in line with their assessed needs, but improvement was required. The inspector found that the gaps were noted in staff training, and the annual review of the quality and safety was not completed in January 2026 as required for the previous year.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

As this was a home-based service, residents had flexibility around how they spent their days, and had options of spending time in the centre, doing activities in the community or attending day service activities. Although residents were out and about at various times during the day, the inspector had the opportunity to meet with all four residents during the course of the inspection.

The residents were supported to engage in activities of their choice in the centre and in their local community. The centre's staff team supported residents in a way that promoted their views and rights. Some residents enjoyed a home-based programme, while other residents enjoyed accessing day services at their choice and preference.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents' preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of one house in a residential area. It was situated in a rural area, close to a busy city. The house was spacious, well-equipped, and comfortably decorated with photographs. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belongings. There was adequate storage for residents' clothing and belongings in each bedroom.

Throughout the inspection, it was clear that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, consulting with them at all times, supporting their wishes,

ensuring that they were doing things that they enjoyed, and going out in the community. In addition, residents were observed to be at ease and comfortable in the company of staff, and appeared to be relaxed and happy in the centre.

In summary, based on what the inspector read, observed and discussed, this service was person-centred, with staff ensuring that the individuality and rights of residents were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service was delivered, but minor improvements were required in management and training that the provider was aware of but had yet to address.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for the residents.

Capacity and capability

Overall, the inspector noted that the staff team were very focused on residents' support needs, however improvements were required in training provision, supervision and completion of the annual review of the quality and safety of care in the centre. Further detail on the deficits found are provided in detail in regulations 23, and 16 in the report.

The provider had a range of systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, however the annual review of the service which included consultation with the residents, was not up-to-date on the day of the inspection. The inspector noted that this was overdue since January 2026. While reviewing documentation and records in the centre, the inspector could see that the provider was making provision to ensure that residents were safe. For example, individualised risk management plans had been developed for each resident to identify any risks specific to individuals, and plans to reduce and manage these risks were documented.

The centre was well-resourced to ensure the effective delivery of care and support for residents. These resources included the provision of suitable, safe, and comfortable accommodation and furnishing, transport, access to music, televisions, and equipment. Adequate staffing levels were in place and observed on the day of the inspection in line with the assessed needs of residents. Suitably skilled staff were also allocated to support residents' preferences and the assessed needs. Training had been provided to staff to enable them to carry out their roles effectively, however improvement was required as gaps were noted in three areas of training. This is outlined in detail in regulation 16.

Regulation 15: Staffing

The provider had ensured that appropriate staffing levels were being maintained in the centre to ensure that residents were being supported in line with their preferences and assessed needs.

Planned duty rosters had been developed by the team leader. The inspector viewed the rosters for January to May 2026. These showed that required staffing levels were being consistently allocated and that sufficient staff were being rostered to support residents. The rosters were being updated as required to provide actual rosters which were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider has not ensured that staff employed at the centre had received all required training and had not received formal supervision as prescribed by the organisation's policies

The inspector found that staff had not completed training as required by the provider to equip them with the skills to meet residents' needs, and no plan was in place for when the training would be completed. Records reviewed showed the following training was still to be completed :

- Four staff required refresher training in managing behaviour that is challenging.
- Six staff required wheelchair Clamping for residents.
- One staff required medication training, but worked with staff who had appropriate training in place.

Furthermore, the provider's policy stated that all staff should receive formal supervision from their line manager every three months The inspector found that this had not consistently taken place. Records showed that formal supervision had not been completed for staff since late 2025, and this was collaborated by the person in charge.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management arrangements at Cois Locha although ensuring that residents received a high quality of care and support, did however require some improvements.

As stated in regulation 16, the provider did not have effective arrangements in place to ensure staff received all required training as well as access to regular formal supervision. the quality and safety of the service in place in the centre, but minor gaps were noted on the day of the inspection this is outlined in detail below.

The inspector noted that audits were completed in the centre on either a weekly, monthly, quarterly or annual basis , with examples of audits including residents' finances, medication management, documentation, health and safety and fire safety. Actions were identified through such named audits and completion outlined. The person in charge was based at the centre and had an active presence and was both suitably qualified and experienced . She was very familiar with residents and focused on ensuring that these residents would receive a high-quality service.

However, the inspector noted that the provider had not completed the 2025 annual review of the quality and safety of care and support provided by centre by their target date of January 2026, and no plan was provided to the inspector on when the review would be available.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found it included the prescribed information and accurately described the service provided in the centre, for example floor plans, an accurate description of the service provided and current staffing in place. The statement of purpose was also provided in an accessible format if requested.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure and policy in place, which ensured an effective process in line with local policy was in place in the centre.

The provider had an up-to-date complaints policy, which was subject to regular review and a copy of the complaints process was available in the centre for residents and their representatives if required. A log was maintained of all

complaints received and this was monitored by the person in charge. On the day of the inspection, there was no active complaints in place.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge, team leader and staff in this service were very focused on ensuring the safety, community involvement and general welfare of residents. The inspector found that residents were supported to live lifestyles of their choice, to take part in activities that they enjoyed, and that residents' rights and autonomy were being supported. There was a good personal planning process in place in the centre to ensure that residents needs were being accessed and appropriately managed.

The centre comprised one house which suited the needs of the resident, and was clean, comfortable and well-maintained. The house was furnished and personalised to the resident's preferences. Laundry and catering facilities were available in the centre for the residents' use if they wished and there was a refuse collection service provided.

There was a holistic approach to the resident's health and social care, and staff in the centre worked closely with the resident's family and day care staff to provide suitable and consistent support at all times. These processes included clear health and social care plans, good interaction with the local community, exercise routines and safe medication management practices.

Regulation 12: Personal possessions

The provider had ensured that each resident in this centre was supported to manage their possessions in line with the requirements of the regulations and local policy for example, each resident had their own room and suitable storage for their belongings. Records were maintained of all residents' property, and this was monitored by the person in charge, in line with local policy.

Judgment: Compliant

Regulation 13: General welfare and development

Arrangements were in place to support the residents to engage in activities in the house and in their wider community. Residents enjoyed home-based activities, accessing day services, music therapy, individualised and appropriate activities based on residents' assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents.

The centre comprised one house in a residential estate in a rural area. The centre was also close to a busy city. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were well maintained, clean and comfortably decorated, and that all residents had their own bedrooms. There were gardens to the front and rear of the centre. Each resident had their own bedroom, and they had access to laundry facilities. A refuse collection service was provided by a private company.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in appropriate conditions.

The inspector saw how choice was being offered to residents. On the day of the inspection, the inspector observed residents receiving support in line with their assessed needs in relation to eating and drinking supports required. Residents had weekly meetings with staff at which they planned their main meals for the coming week. the inspector saw that the meal plan was clearly displayed to keep residents updated. Main meals were freshly prepared in the centre and the dinner that was made on the day of inspection appeared wholesome and nutritious. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that the resident and their representatives had access to the centre's resident guide in accordance with the regulations.

The guides information clearly informed them of the care and support they would receive as well as areas such as their 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.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the management of risk, which included a comprehensive personal risk management plan. Internal audits were taking place, and ensured that control measures identified were effective.

Overall, the inspector found good systems in place for the assessment, management and ongoing review of risk, including a system to responding to emergencies. Policies on risk management were available for review and safety statements were up to date. Risk assessments for service level risks were in place and each resident had a personal risk management plan in place to guide staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had effective arrangements in place for the assessment, monitoring and review of residents' needs and care plans. Residents had access to members of the Multidisciplinary team (MDT) to support and the development of plans of care, as required.

In this centre, the residents could access support with a positive behaviour support specialist as needed. The policy on behaviour support was up-to-date and staff had access to training in positive behaviour support as required by the regulations.

A record of restrictive practices was in place and, this was monitored and maintained by the person in charge. Where referrals to the organisation 'Human rights committee' were required, these were completed, and recommendations were recorded in the residents' personal plan.

Judgment: Compliant

Regulation 8: Protection

The centre was found to have good processes and procedures to promote the protection of residents. Safeguarding was a regular topic for discussion at team and resident meetings.

The inspector reviewed the policies and procedures and found that the provider had in place for safeguarding vulnerable adults and for the provision of intimate and personal care. These were available to staff in the centre and found to be up to date. In addition, the provider had information guiding staff on injuries of 'unknown origin' sustained by residents. This ensured that staff members had clear guidance on potential protection concerns.

Residents were also protected through policies and systems that were implemented to protect their finances and personal property. The inspector reviewed two residents' files and noted that 'contracts of care' were in place and residents' finances and property were agreed. The inspector also reviewed two intimate care plans that were in place. These were individualised and comprehensive, and included all necessary information to support residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Locha Residential Service OSV-0001773

Inspection ID: MON-0045499

Date of inspection: 21/05/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training: Managing Behaviours of concern: 3 staff completed the training on 23rd June 2026. The other staff is allocated a place on the training event on the 14th of July 2026. Wheelchair clamping: All staff that require the training have completed it on 24th June 2026. Medication training: 1 staff member is allocated a place on the training event on 6th of July 2026. Supervision: Staff receive support and feedback from the person in charge on a regular basis during shifts while working alongside them. With regard to formal supervision, the person in charge and the Area Manager are actively considering solutions that will ensure that effective measures are in place to enable supervision i.e. there is a proposal that the person in charge will drop one shift in every 3 weeks and this shift (12.5hrs) will be replaced with a social care worker, which will allow 12.5hours for the person in charge off roster to allow supervision to happen as per policy. This proposal is currently being costed with a view to get agreement and implementation. 31st July 2026.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual report will be completed on the 6th July 2026.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	14/07/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/07/2026

Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	06/07/2026
------------------------	--	-------------------------	--------	------------