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:	Cheile Creidim Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0003917
Fieldwork ID:	MON-0045347

About the designated centre

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

The designated centre provides a respite service to 28 identified residents on a shared basis. The service can accommodate a maximum of 3 residents at any one time and residents who use this service have a primary diagnosis of intellectual disability. Residents using this service have mild to moderate care needs and may have additional needs such as behaviours of concern, autism, diabetes and epilepsy. The staffing allocation in the centre varies depending on the needs and number of residents in the centre and residents are supported by a combination of social care assistants and social care workers. There is also a sleep in arrangement to support residents during night time hours and additional night duty staffing is facilitated to meet the care needs of some residents. Each resident has their own bedroom for the duration of their stay and the service operates on average for 26 nights per month. The centre is a single storey building which is located in a suburban area of a large town and transport is provided to facilitate residents to access the community. The centre has an appropriate number of bathrooms and kitchen and dining facilities are also provided. There is one sitting room which is comfortably furnished for residents to relax and additional outdoor and garden space is also available.

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 12 March 2026	08:30hrs to 15:45hrs	Catherine Glynn	Lead
Thursday 12 March 2026	08:30hrs to 15:45hrs	Nan Savage	Support

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor regulatory compliance in the centre. As part of this inspection, the inspectors met with all residents who were availing of respite breaks at the time, spoke with staff on duty, and also viewed a range of documentation and processes. Minor actions were required in governance and management and contract of service provision, which is outlined under each regulation later in the report.

This is a respite service where residents, who live mainly with their families in the community, can avail of short residential breaks, usually for one to two nights.The centre had the capacity to accommodate up to four residents in the centre at any time. The person in charge explained that when planning respite placements, consideration is given to the compatibility of residents, which enhances the enjoyment of the breaks for all residents. At the time of inspection the service was providing respite breaks to three individuals.

The inspectors on arrival met were invited in by a resident and then met the staff on duty. Residents were receiving support to prepare for attending their day services. The inspectors sat in the kitchen with one resident and chatted for 30 minutes and then met with the person in charge. Inspectors heard and observed the residents moving about the centre, chatting with staff during this time. Later inspectors met briefly with some of the residents that were relaxing in the living room watching television together. Inspectors chatted with one of these residents separately who spoke about their interest in technology and plans for their upcoming birthday celebration.

Inspectors also observed friendly interactions between staff and residents and saw that the person in charge and staff were well known to the residents. The person in charge had created a culture of openness and it was evident that he had a clear understanding of the service outlined in the statement of purpose. Inspectors also noted that the staff were very responsive, supportive and kind in their interaction. Residents were observed coming and going, and at all times were observed smiling and interacting with staff in a very positive and respectful manner. Staff were focused on supporting residents to ensure they received a person-centred service, with appropriate activities reflecting their abilities and choices at all times.

As part of the annual review, the provider sought the views of the resident living in the centre, and support was provided by a staff team who knew the residents' needs well.

Easy-to-read versions of important information were made available to residents in a format that was easy to understand. This included information about safeguarding, complaints, fire safety and human rights.

Overall, residents attending for respite in Cheile Creidim service had meaningful days, and support was provided by a staff team who knew the residents' needs very well.

The next two sections of the report outline the findings of the inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered to the resident living in the centre.

Capacity and capability

On this inspection, arrangements were in place for the management, and oversight, of the care provided in the centre. However, some improvement was required. This related to admissions and contracts for the provision of services and is described under regulation 24 below, and some minor works were identified, which is outlined under regulation 23.

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of the resident living in this centre.

The provider had maintained good oversight of the service through a schedule of routine audits and unannounced visits, however the inspectors noted that gaps were evident in the regulations reviewed. Improvements were required to the contracts of service, and governance and management. The issues identified are outlined in detail later in the report.

The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of the resident. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place. The inspector reviewed rosters from 10 January to 15 March 2026 . The rosters showed that the planned numbers and skill mix were maintained throughout and that there was a consistent staff team known to the residents during this time period.

The inspector met with two staff members and the person in charge during the inspection. This included the support staff present in the centre. Staff were found to be knowledgeable about the support needs of the resident and could readily answer questions relating to the safeguarding of the resident. Staff were also knowledgeable about the ways to respond to behaviours of concern, where required.

During the inspection, the inspector observed staff interacting in a caring and professional manner, and in accordance with their assessed needs. It was evident that the residents were comfortable with staff supporting them and that they were familiar with them.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had recorded the required information in relation to the resident as outlined in the regulations.

This included a recent photograph, the name, address and contact details of their general practitioner and a record of all belongings for a resident as outlined in schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service. The inspectors noted minor areas for improvement in residents' contracts for the provision of services. The inspectors noted improvements were required in a bathroom facility.

Inspectors were informed by the person in charge that parts of the centre had been renovated since the last inspection and plans were in place to complete further works. This was evidenced in audits carried out by the management team. such as the recently completed unannounced visit to the centre. For example, inspectors saw that new flooring had been fitted in the living room and hallway, while plans were in place to upgrade the fitted kitchen. However, inspectors found that a

section of the bathroom was worn and not easily cleanable, and this had not been identified as an area for improvement on documents reviewed.

There were clear lines of accountability in the centre. Staff knew who to contact should any issues arise. Information was shared with staff at scheduled team meetings. Team meetings happened every four to six weeks, and the inspector reviewed a sample of meetings completed since the commencement of the year. These meetings covered issues specific to the residents' care, such as activities preferred when they attended the centre. Issues relating to the service were also discussed, for example rostering arrangements.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were procedures in place for the admission of residents, and residents were supported prior to and during transition to Cheile Credim Respite Services. However, the provider's policy on referral, admission, transfer and discharge of residents did not include guidance on emergency admissions. As outlined in the statement of purpose and confirmed by the person in charge, crisis emergencies can be supported in the service.

Inspectors viewed four residents' files and noted that there was a contract for the provision of services in place on two files. While one of these contracts had been signed by all relevant parties, the other contract had not been signed by the provider. At the time of inspection, contracts were not available for the other two residents.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector for periods when the person in charge was absent from the centre. The inspectors found that there was no gaps evident at the time of this inspection.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had suitable arrangements and procedures in place should the person in charge become absent from the centre for time periods as specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements for the effective management of complaints in this centre, that was effective, and ensured that complaints raised by residents and or their representatives were dealt with in an appropriate and swift manner.

The provider had an effective complaints policy and procedure in place, which guided staff effectively on complaints management in the centre.

The person in charge maintained a log of all complaints and ensured that a record of the outcome of each complaint was recorded. The record showed types of complaints submitted and the actions completed against each complaint where required. At the time of the inspection, there was a minor complaint which was being dealt with by the management team and the relevant multidisciplinary team in place.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, the provider had good measures in place to ensure that the wellbeing and health of residents was promoted and that residents were kept safe during respite breaks. There was evidence that a good quality and safe service was being provided to residents.

During a walk around the centre, the inspector found that both houses were comfortable, and were decorated, furnished and equipped in a manner that supported the needs of people who received respite breaks there. The inspector saw all the bedrooms in the centre and these were comfortable and suitably furnished. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained.

The provider had measures in place to safeguard residents from risks associated with fire. Fire safety measures included staff training, development of personal evacuation plans for each resident, and completion of fire evacuation drills, all of

which had taken place in a timely manner. Fire doors were fitted throughout the building to limit the spread of fire.

There was a personal planning process in place to ensure that residents' care needs were identified and were being met during respite breaks. Individualised personal plans had been developed for residents based on a combination of assessments of their their healthcare, personal and social care needs needs and information supplied by their families. Although residents' medical and healthcare appointments were mainly being managed by their families, they were supported with healthcare needs as required during respite breaks. The inspector also found that there were safe and appropriate medication management practices in place in the centre.

Overall, inspectors noted that Cheile Creidim respite service was person centred, and supported residents' rights when they attended for respite breaks.

Regulation 12: Personal possessions

The provider had ensured that appropriate arrangements were in place for the safekeeping of residents personal possessions when they attended the centre for respite breaks.

The centre had suitable space for each resident that provided for the secure storage of residents' personal belongings. The centre had suitable arrangements and laundry facilities for residents' clothing.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were facilitated with activities in line with
their assessed needs, choice and preference when they attended Cheile Creidim respite service.

The provider had ensured that access to suitable transport was in place, which ensured they could access their
local community and places of interest when residents attended for respite breaks in the centre. Staff spoken with on the day of inspection were clear about the residents' preferences and choices when they attended.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to the residents about the care and support provided in the centre, which included staff support and facilities provided. During the inspection, minor updates were made to the guide on activities that take place and fees paid by the resident.

The centre's residents guide was found to include a range of information for the resident on the service provided, how to make a complaint, how to access an inspection report and the visitor arrangements at the centre. Other information that was relevant to the resident was also provided such as photographs of staff working in the centre and the safeguarding officer.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place for risk management in the centre that included procedures for risk management, ongoing monitoring of incidents and the implementation of centre specific emergency plans.

The risk management procedures included procedures for the development and monitoring of the centre’s risk register. An inspector viewed a sample of risks recorded on the register that covered a range of risks throughout the centre including rights and diversity, housekeeping and driving vehicles. Specified risks such as protection from accidental injury and self-harm were also included.

An inspector viewed a sample of incidents that had occurred in the designated centre. Appropriate information had been recorded by the relevant staff and good oversight arrangements were in place. There was evidence that where learnings had been identified, this informed practice.

Additionally, an inspector reviewed personal risk management plans for three residents. Individual risks that could cause harm to each resident were described along with strategies to reduce the risk of any harm. From discussions with the person in charge and review of residents’ files, inspectors noted that some residents needs had changed recently and associated risks were being reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate precautions against the risk of fire in the centre.

This included appropriate fire doors, intumescent strips, emergency lighting and signage and an appropriate fire panel to alert staff to a fire in the centre. Fire drills were completed as scheduled by the organisation and a record was maintained of the effectiveness of the all evacuations. Evacuations were also noted to be completed at various times with different staff to ensure all staff were aware and familiar with the procedures in place. All residents had a personal emergency evacuation plan (PEEP) in place, which was update should any changes occur.

The provider also ensured that all fire safety equipment was monitored regularly and a record maintained of the service completed. Areas for improvement when identified were addressed in a timely manner if required. Fire audits were also completed monthly by the staff team in the centre.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Cheile Creidim Respite Services OSV-0003917

Inspection ID: MON-0045347

Date of inspection: 12/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has reviewed the identified issue relating to the bathroom facility. A maintenance request has now been submitted to address the bathroom surface and to be fully replaced. A timeline has been put in place for this surface to be replaced by July 2026.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The provider's policy on referral, admission, transfer and discharge is currently under review and will be updated to include clear guidance and procedures relating to emergency and crisis admissions to the designated centre. The provider has also undertaken a review of residents' contracts for the provision of services within the centre. Contracts have now been completed, and arrangements are in place to ensure all contracts are signed by the resident and/or their representative and the provider. A tracking system is implemented in the IP audit to ensure all required documentation remains current and fully completed at all times.	

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 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	31/07/2026
24 (3)	On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/07/2026