



**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:	Fairview Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0004058
Fieldwork ID:	MON-0049882

About the designated centre

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

A maximum of six residents can live in this centre where the provider aims to ensure that each resident receives quality support and services consistent with their assessed needs. Residents living in Fairview Services have a primary diagnosis of intellectual disability but some may also have other needs such as physical and medical needs. The centre is open seven days a week and provides a full-time residential service to individuals. Residents are male and female from the age of 18 upwards. Each person attends a day service, or supported employment outside of the centre. While residents may have medical needs the model of care is social and the staff team is comprised of social care and care staff supported and managed by the person in charge. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 June 2026	15:00hrs to 20:00hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. Prior to this inspection the Chief Inspector of Social Services had received a high level of notifications in relation to safeguarding concerns in the centre. A Provider Assurance Report had been requested and received in relation to these notifications. This inspection followed specific lines of enquiry in relation to safeguarding. The service was home to five residents on the day of inspection, with one vacancy. The inspector also met the person in charge, two staff members, spent time observing interactions between peers and viewed a range of documentation.

Although safeguarding concerns were present in the centre, with two active safeguarding plans in place, on the day of inspection these plans were effective in ensuring all residents were free from all forms of harm and abuse. Residents were supported to have choices in their daily lives, achieve best possible health, and partake in their preferred activities.

The centre comprised of a two-storey house located close to busy city. The design and layout of the centre provided sufficient space for residents to spend time privately, host friends or family, or to engage in preferred activities. The centre was welcoming, nicely furnished and personalised to residents' preferences. During a walk-around of the centre, the inspector observed that resident's bedrooms were personalised and all residents had access to wardrobes and drawers to store their personal items.

Staff who spoke with the inspector were very knowledgeable of resident's care and support needs and discussed resident's preferences and interests, and how their specific support needs were being met. Where a resident had an identified progressive cognitive condition, their assessed needs were changing frequently and the inspector observed the provider was responsive to these changing needs. Throughout the inspection the inspector could see that residents' wishes were respected and that individualised care was being provided. The provider had reviewed the environmental layout of the centre in response to negative peer-to-peer interactions and had supported all residents to have preferred dining and relaxation areas. The inspector observed this layout was supportive to ensuring residents did not impact on one another. The provider had engaged in future planning with all residents and had actively sought to support residents to discuss their wishes for end-of-life.

Upon the inspectors arrival, residents were out of the centre attending day services and supported employment. Throughout the afternoon and evening residents returned to the house and some were happy to spend time with the inspector and discuss life in the centre. One resident spent time with the inspector showing them their bedroom and later their personal file. This resident did discuss having some

negative interactions with a peer and told the inspector 'we all get along sometimes'. This resident said they were satisfied with the actions taken by the provider to keep everyone safe, including the specific allocation of staff and the layout of the centre. They described their understanding of how to raise a concern and spoke about having met senior management in response to issues they had raised. This resident happily chatted about plans for new wardrobes and a television in their room, and about upcoming plans for a meal out on the day following inspection. Staff support to manage areas such as finances were well understood and agreed by this resident. They also described to the inspector their supported employment and the nature of the work they partake in. The inspector also had the opportunity to meet with another resident who along with staff discussed plans for an upcoming concert and described making plans for an upcoming birthday. Another resident happily chatted to the inspector as they relaxed watching television, they were closely supported by a staff member and were observed to appear relaxed and content.

The inspector found that residents had opportunities to engage in a wide range of activities. These included community-based activities such as attending shows, local events, concerts, trips to the cinema, and going to the local library. Residents also engaged in home-based activities such as music, watching television, writing, and knitting. Staff described accessing local events seasonally, such as the Galway arts festivals. Residents were supported to plan special events, such as birthdays.

Throughout the inspection, the inspector had the opportunity to meet staff working in the service. Staff were observed to engage in a friendly manner with residents, offering choices and supporting communication. Staff described the person in charge as frequently present in the centre with regular meetings taking place. Overall this was a very positive inspection that found many good examples of care and support. Where improvement was needed in relation to peer-to-peer interactions, the provider was proactive in responding to this and had both short term and longer term plans in progress.

The next two sections of this report present the inspection findings in relation to the governance and management in the service, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard.

There was a clear organisation structure in place to oversee and manage the centre. The person in charge had worked in the centre for many years. They were regularly present in this centre and were well known to staff members and residents. The person in charge was supported in maintaining and managing oversight of the

service by a team leader. The centre had an on-call arrangement for out-of-hours support and this was accessible to staff in the service.

The inspector observed the centre was adequately resourced to meet the needs of residents. These resources included transport, access to Wi-Fi, comfortable accommodation, televisions, and equipment. Sufficient staff were allocated to support residents' assessed needs and on the day of inspection, this ensured that residents received care and support in line with their assessed needs. Training records reviewed found that all staff has completed all mandatory training.

The provider had ensured that the centre was subject to ongoing monitoring and review to maintain oversight of the quality and safety of care. These systems included provider unannounced audits undertaken every six months and an annual review of the service. The person in charge also showed the inspector a range of audits that were completed frequently to review areas such as fire safety, medicines management, restrictive practices, and resident finances. These audits indicated a high level of compliance. The inspector read the most recent annual review and found that there was evidence that residents and their representatives were consulted as part of this process. Good internal communication was evident, regular team meetings were taking place. In addition, service review meetings were also held regularly to discuss matters relating to the operation, quality, and safety of the centre.

Documents reviewed during the inspection were well organised, informative, and up-to-date. The records reviewed by the inspector, such as personal planning documentation were accessible to residents and had been prepared in an easy to understand format.

The provider had suitable arrangements in place for submitting required notifications to the Chief Inspector. Although one notification was submitted outside the required timeframe, the provider had responded appropriately to the incident, was aware of its regulatory responsibilities, and this did not impact the resident.

Regulation 15: Staffing

There were sufficient numbers of staff on duty to meet the assessed needs of residents.

An actual and planned roster was available in the centre and was well maintained. The inspector reviewed the roster for June 2026 and found that the centre was consistency staffed with regular staff and that staffing levels were maintained in line with residents' assessed needs. Where the provider had identified residents required 1:1 support, this was in place on the day of inspection. Nursing supports were available, and records evidenced regular nursing input as required for residents.

No agency staff were employed in the centre, and where the centre had vacant shifts these were covered by regular relief staff.

The inspector spoke with three staff during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed to deliver care in a caring respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received mandatory and refresher training appropriate to their role and the assessed needs of residents living in the centre.

The inspector reviewed the training records for all staff and found that staff had received mandatory training in fire safety, adult safeguarding, and positive behaviour support. Staff had also received training in areas such as medicines management, Feeding Eating Drinking (FEDs), dementia, and epilepsy. On the day prior to this inspection, the provider had facilitated a workshop for all staff. This workshop was designed to support the team overall as they work with residents changing needs and encounter complex situations. This was facilitated by the multidisciplinary team, including psychology and positive behavior support. Staff spoken with said this was beneficial and they had taken learning from this event.

The person in charge had ensured that formal supervision meetings were taking place regularly, and a supervision planner was available to view for all staff for 2026. Staff confirmed that they frequently attend supervision meetings and have the opportunity to raise any areas they wish to discuss.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place to oversee all aspects of the service and to ensure the provision of a good quality, safe service to residents.

There was a clearly defined management structure, and staff spoken with were aware of this structure and the specific roles and responsibilities held in the centre. The inspector observed the centre was adequately resourced in terms of staff that were suitably trained and other resources such as transport, Wi-Fi, televisions, access to music devices, and comfortable living arrangements.

There were oversight and monitoring arrangements in place, such as an annual review of the service and six-monthly provider unannounced audits. The inspector read the most recent provider unannounced audit that was undertaken in February 2026. Where improvements were identified, time bound plans were put in place to address these areas. For example, the inspector observed that actions identified in the action plan such as future planning due to changing needs was in progress with records available to view that evidenced this. The annual review of the service for 2025 had been completed. This had sought the views of residents and their families. Feedback from residents was positive with residents saying they liked living in the centre, however, some residents referred to day-to-day issues that had occurred in the service. In response to supporting ongoing compatibility in the centre, the provider had since March 2026 repurposed a television room to also have dining facilities. These arrangements were found to be working well on the day of inspection. The person in charge carried out audits on a frequent basis, in areas such as safeguarding, finances, infection prevention and control, and fire safety. The inspector reviewed these audits and found a high level of compliance to the regulations.

Regular team meetings took place in the centre, the inspector read a record of the most recent team meeting from June 2026. Health and safety matters, safeguarding, medicines management, and individual resident updates were standard agenda items. Records reviewed indicated the person in charge chaired these meetings and there was a good level of attendance from the staff team.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had maintained a record of all incidents and accidents occurring in the centre.

The inspector reviewed incidents and accidents that had occurred in the centre for April, May, and June 2026. Fourteen incidents and accidents had occurred during this period. One incident involving a resident exiting the centre unsupervised had not been notified to the Chief Inspector within the required timeframe. However, it was evident that the provider had responded appropriately to the incident, was aware of their regulatory responsibilities and submitted the required notification in the days following inspection.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to how residents who lived in the centre were protected from all forms of abuse. The person in charge and staff were aware of potential safeguarding concerns and were diligent in ensuring agreed safeguarding plans were in place and were supportive to residents assessed needs.

The centre was made up of one house, which could accommodate up to six residents. On the day of inspection, five residents were living in the centre. The centre suited the needs of residents, was safe, suitably decorated and equipped throughout. The centre was equipped with Wi-Fi, televisions and music devices.

Residents were actively supported and encouraged to access to their local communities and regularly enjoyed attending local events. Skills development was found to be proactively supported with residents attending training courses and also one resident in this centre was a representative on the local advocacy group.

The provider had systems in place for the identification, assessment, management and review of risk. These were found to be effective in the management of identified risks in the service. Contingency arrangements were in place in the event of emergencies and staff were aware of these plans. Comprehensive personal, health, and social care plans were in place for each resident. These plans had been developed collaboratively with residents, their representatives and their key workers. Residents were actively supported to maintain good health through exercise, nutrition, health monitoring and assessing national health screening services.

The provider had arrangements in place to safeguard residents from all forms of harm and abuse. There were two active safeguarding plans in the centre and these were found to be effective on the day of inspection. The provider had ensured that residents were supported to protect themselves, with information available to residents to support their understanding of safeguarding. Residents had access to complaints and advocacy processes.

The provider had systems in the centre to manage and reduce the risk of fire. These included staff training, emergency evacuation drills, personal evacuation plans, and servicing of fire safety equipment by external experts. Fire doors were fitted throughout the building to limit the spread of fire. In response to previous inspection findings, the provider had undertaken fire drills during periods of no staff support for one resident and in addition, had also supported a resident in making good food choices during periods of reduced staff supervision.

Regulation 13: General welfare and development

Residents had good access to their local communities and had opportunities to participate in activities in line with their interests and wishes.

All residents were engaged in day services or supported employment. Where a resident choose to remain at home one day a week, there were suitable supports in place. The inspector saw records of training provided to residents to support them in their employment. A resident who spoke to the inspector proudly showed their training certifications and described having ongoing education and training as part of their employment.

The inspector observed residents partake in activities on the day of inspection that they enjoyed. This included walks locally, going to local shops, and home-based activities such as watching sporting events. Residents described attending events such as concerts, shows, and a variety of formal balls. The centre was located close to a bus stop and this allowed residents to access public transport, with good access to the city and other preferred activities.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house, located on the outskirts of a busy city. The centre was suitable for the care and support needs of residents. The design and layout met the individual needs of each resident. For example, residents had access to three communal rooms, where they could watch television, meet with family or friends, or partake in activities they enjoyed such as knitting. The provider had responded to residents needs and added additional dining space to one communal room. The inspector observed this to be working well on the day of inspection.

During a walk-around of the centre, the inspector observed the centre to be visibly clean and well maintained. All residents had their own bedrooms and these were personalised to their preferences. All bedrooms had adequate storage, and one resident told the inspector they were currently planning new wardrobes for their room.

Recent refurbishments had been undertaken by the provider, this included bathroom upgrades, new carpets, and other works were planned such as painting throughout and the installation of new blinds.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had arrangements for the identification, recording, investigation and learning from accidents and incidents in the centre. The inspector reviewed the risk

register, which was updated regularly and in response to learning identified through incident reporting. It was evident that there was effective oversight of risks within the centre.

Records reviewed evidenced that the risk register was reviewed on a monthly basis. Risk management was found to be dynamic and responsive to residents' changing needs. For example, the inspector noted that the highest risks identified varied from month to month, reflecting incidents reported and the overall presentation of residents' needs. These risks included slips, trips and falls, compatibility, safeguarding, and positive behavior support.

This inspection also found that the person in charge maintained effective oversight of all accidents and incidents in the centre. This was evidence through discussion with the inspector and the actions taken in response to incidents. An on-call system was in place to support staff in responding to emergencies outside of office hours.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was regularly reviewed and was based on a detailed assessment of need.

The provider had ensured that each resident had plans of care in place in relation to personal, social, and healthcare needs. The inspector reviewed a personal plan alongside a resident, this described the residents liked and dislikes, gave guidance on preferred activities and demonstrated this resident's progression towards their personal goals. Pictures were used to evidence the progression of some goals, it was clear the resident found this beneficial and chatted to the inspector about the pictures and their enjoyment in the activities they had undertaken. An annual review had taken place for this resident, this outlined plans for the upcoming year such as planned trips and renovation works for their bedroom. This review meeting also provided an opportunity for this resident to raise matters in relation to relationships in the centre. Records reviewed indicated that matters arising from the residents annual review were followed up.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met, they had access to the multidisciplinary team and care plans were available to guide staff practices.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been assessed. It was clear residents had access to a range of healthcare services, such as general practitioners (GPs), physiotherapists, occupational therapists, and nursing services. The person in charge described having had a recent occupational therapy review in the centre, in response to changing needs for a resident. Records reviewed evidenced that all health care plans were under the review by a nurse. For example, bowel management plans had been devised and were under review by a nurse. In addition, the inspector read a comprehensive care plan devised to support a resident with a diagnosis of dementia. This care plan had been developed by the multidisciplinary team and provided guidance to staff on the care and support needs of this resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had assessed needs in relation to positive behaviour support, there were suitable measures in place for the support and management of behaviour that challenge.

The inspector reviewed the support plan that had been developed for a resident who required support to manage their behaviours. This plan was clear, up to date, and had been developed with the multidisciplinary team, including psychology. Control measures outlined in this plan were found to be effective on the day of inspection, including environmental considerations and staff ratios.

Staff who spoke with the inspector were very clear about the behaviour management strategies that were in place to support residents. Staff had also received training in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents from all types of abuse and to ensure that residents were safe. There was two active safeguarding plans in the centre. The inspector reviewed these safeguarding arrangements and found these measures continued to keep residents safe. Measures included, specific staffing allocations based on residents assessed needs, environmental adaptations including additional dining and relaxation areas.

The person in charge had submitted notifications in relation to incidents where safeguarding concerns were identified, such as negative peer to peer interactions.

The inspector reviewed these incidents and found that the provider had appropriately investigated each incident and put measures in place to prevent a re occurrence. The designated officer was frequently engaged with residents in the centre and staff members.

The inspector spent time observing the interactions in the centre. One resident choose to spent time with staff in a sitting room watching television and engaging in one-to-one conversation. Other residents spent time together, watching television, listening to music, or doing some writing. The atmosphere was relaxed, quiet, and resident interactions were observed to be friendly.

The provider had ensured that all staff had received appropriate training in adult safeguarding. The inspector spoke to staff who were aware of the steps to take if they needed to report a safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wished to do.

The inspector observed that residents had choice in their daily routines and were engaged in their preferred activities throughout the inspection, including, going to the shops for weekly magazines, writing skills, and watching preferred television programmes. Residents were observed to choose their preferred evening meal and were also observed to choose when to dine.

Residents had access to complaints and advocacy processes and this information was freely available in the centre to inform residents. The inspector found that a resident living in this centre was an advocacy champion and attended local meetings to discuss matters of importance. Upon arrival home from these meetings the advocacy champion shared any important updates with their peers. Training records confirmed that all staff had attended training in human rights and it was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported.

Residents' meeting were held frequently, minutes reviewed evidenced that residents used this opportunity as a time to discuss house matters, talk about their rights, and to plan preferred activities. The inspector read minutes from June 2026, topics discussed included 'staying in control of your money', types of financial abuse, and residents right to feel safe. Minutes reviewed evidenced that residents were clearly able to categorise abuse, with some residents giving examples of situations that are unsafe, including shouting.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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