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:	Glen Haven Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0045502

About the designated centre

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

Glen Haven Services is located on the outskirts of Galway city and is close to local amenities, public transport and areas of interest. The centre provides residential care to five male and female residents over the age of 18 years, who present with mild to moderate intellectual disabilities. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, shared bathrooms, a kitchen and dining area and sitting rooms. There is a secure garden area to the rear of the centre that residents can access as they wish. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 4 June 2026	08:30hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. The inspection was facilitated by the person in charge, and the inspector also met with two residents and two staff members. The last inspection of this centre in May 2024 found the provider in full-compliance with the regulations, with the outcome of this inspection identifying that high standards of care and support had been sustained.

The centre was home to five residents, and comprised of one two-storey house located within a quiet estate on the outskirts of a city, close to transport, cafes, public attractions, and plenty other amenities. Residents had their own bedroom, shared bathrooms, and communal use of a large sitting room, small sitting room, kitchen and dining area, and utility. One resident had their own section of the house, which contained their own living area, hallway, bathroom, and bedroom. This area was accessible from the main house, with this resident often choosing to dine with other residents in the communal kitchen. Residents took great pride in how their bedrooms were presented, with one resident having their drum-kit set up, all had displayed photos and personal items that were important to them, with each bedroom decorated as residents wanted. The kitchen was a place where residents often gathered together, and was spacious enough that they could do so. Over the kitchen table was a notice board that informed residents around the household chores they were each scheduled to do, and a photo roster that informed them of which staff were planned for duty. Overall, the house was very well-maintained, was cleaned to a high standard, and provided residents with a very comfortable living environment.

These five residents had all lived together for a number of years, and got on very well as a peer group. They primarily required care and support in relation to aspects of their personal and intimate care, some had advancing cognitive care needs, some had mobility needs, and all required a certain level of staff support so that they could get out and about. A few had specific health care needs relating to cardiac and respiratory care, and required on-going observation and review. One resident in particular had undergone a significant change in their health care status over the previous year, were doing well, but now required a slower pace of day, which staff were well-aware of. Due to the aging profile of some of these residents, the provider was very much keeping the changing needs of these residents under regular review, so as to inform any potential change to future service provision that may be required. At the time of this inspection, all residents were presenting well and were getting on with their daily routines.

Upon the inspector's arrival, they were greeted by two residents at the front door and a member of staff. These residents had a very warm welcome for the inspector, and were getting ready to head off to their day service, with the other three residents already having left for the day. They told the inspector that they were kept

busy there, and got to meet up with their peers. Due to interim changes in transport arrangements, they were waiting on a taxi to collect them, and would be back later that evening. One of these residents was a DJ and often worked at various parties and events, with staff later telling the inspector that they had kept this up and enjoyed it, having recently worked at an event organised by the provider. There was familiar and friendly interactions between these residents and staff as they waited for their taxi, and both headed off together, making sure to say say goodbye to everyone before they left. The two staff members that were on duty took a few minutes to speak with the inspector about the care and support needs of these residents, and were very aware of their role and responsibilities in supporting them. They told of how there continued to be a very friendly and caring rapport between all five of residents, and of how they often went out together to do various activities. They did speak briefly about the changing needs of some residents, particularly in relation to cognitive decline, and of the various medical screenings that these resident had undergone. They spoke of how they managed this through regular supervision of these residents, supporting them through reorientation strategies, and of how the provider had responded to some incidents that had occurred a few months previous that indicated a change in some care and support arrangements was required. When the person in charge arrived, they also spoke about how some changing needs had been identified, and of the various action they had taken to alert senior management about this. While residents' status regarding this had stabilised and was being well-managed locally, continuous review of this was very much to the forefront of local and senior management discussions about this service.

This was a very busy household, with residents coming and going each day between day services, home visits, and various other activities that they enjoyed. Due to some changing needs, the tempo of this had slowed down slightly in the year previous, with some residents choosing more to spend more time at home, while others didn't have the same capacity to stay gone from the house as long as they previously did. They enjoyed going shopping, went to concerts, went for walks in nearby attractions, often went out for dinner, and loved to get out at weekends. One resident in particular did sometimes opt to spend time at home, and the small sitting room was set-up with an area for them to do their jigsaws which they loved, contained an electric stove, couch, and television making this area very cosy for when they did spend time here. Some residents had gone on holiday overseas the year previous with the support of staff, and were said to have very much enjoyed this. To honour the celebration of a resident's recent milestone birthday, staff had put together a collage of photographs of this resident's birthday party in a hardback book, for this resident to look back on. Staff were very proactive in planning and scheduling different activities for these residents, and always ensured residents were involved in all aspects of this. Along with their daily interactions with residents, staff also had key-working sessions with residents, and had meetings with them. Rolling topics for these meetings generally included fire safety, activity and menu planning, advocacy, key working updates, and any other topics that residents wanted to discuss. Minutes of these were made available to residents after these meetings so that they could read and sign them.

The staffing arrangement for this centre continued to be a fundamental aspect as to how the provider ensured these residents were provided with continuity of care. While many staff had supported these residents for a long time, there were some new staff recruited in more recent months. They had been afforded a full and thorough induction under the supervision of the person in charge prior to providing direct care to these residents. Due to adequate staffing levels, the requirement for relief staff was very rare, which again promoted that continuity of care that these residents needed.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-managed and well-resourced service, that operated in line with the objectives stated in its statement of purpose. The provider had ensured that the centre was adequately overseen and monitored to ensure a good quality and safe service was provided to these residents.

In recent months, the provider had amended local management arrangements to now include a team leader. This had brought increased support to the person in change, and also had a positive impact on enhancing oversight arrangements. The team leader and person in charge maintained very regular contact, often meeting to discuss various reviews and work required so as to keep on top of the various duties associated with managing and running this service. They met regularly with the staff team, and also had regular contact with senior management. They both had allocated administrative time, and both were rostered from time-to-time to provide direct care to these residents. This was an arrangement that was working well, and that was consistently maintained.

Due to the changing needs of some residents, staffing levels were maintained under very regular review. There was a well-established team working in this centre, and staff who met with the inspector were very knowledgeable around the care and support that residents required. Monitoring systems were working well in this service, and were often implemented to oversee the quality and safety of care. In addition to this, the person in charge also had their own system of overseeing key-performance indicators around residents' health care, incident trending, personal goal progression, and upcoming appointments and reviews. Where any actions were identified through these systems, they were actioned and communicated to all staff.

Regulation 14: Persons in charge

The person in charge held a full-time position and was based at this centre. They knew the assessed needs of these residents very well, and were as familiar with the operational needs of the service delivered to them. They were supported in their role by a team leader, their staff team, and line manager. This was the only designated centre operated by this provider in which they were responsible for, giving them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a suitable number and skill-mix of staff were at all times on duty. The provider also had operational arrangements in place for this centre to have access to nursing support, should it be required. There were two staff consistently on duty during the day, with one staff on sleepover every night. There was good staff retention, which provided residents with continuity of care. There was also a well-maintained roster available, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained regular oversight of staff training arrangements, ensuring all staff had up-to-date training in the areas they required to do their role. Each staff member was also receiving regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced so as to meet the needs of residents, and operational needs of the service. The person in charge also had a system available to them to alert the provider if additional resources were needed. There were suitable persons appointed to manage and oversee the running of this centre, which included, the addition of a team leader a few months prior to this inspection. There was good communication maintained between all members of staff, with local team meetings occurring on a very regular basis. Minutes of these reviewed by the inspector demonstrated regular discussion around residents' care

and support arrangements, along with any other business. The person in charge also maintained good contact with their line manager around operational matters.

The monitoring of the quality and safety of care was often occurring, with scheduled audits in place along with the provider's own six monthly visit of this service. The report from the most recent provider visit conducted in April 2026 was reviewed by the inspector and was found to focus on relevant aspects of care that these residents received. The inspector did observe that while this visit did include a review of care planning and assessment arrangements, a large focus of the findings was on the last date of review for these documents. Given the planned review of care plans and assessments that the person in charge was in the process of beginning at the time of this inspection, an increased focus on the content of these care plans as part of these visits would have been of benefit to local management, so as to inform any further review and update of these documents. This was discussed with the person in charge for consideration for the next planned visit of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

The assessed needs, preferences, wishes, and changing needs of these residents very much led out on how this centre operated daily. There was very regular consultation with these residents around the service they received, and their daily routines had been adapted by staff in accordance with their current assessed needs.

Residents' social care was a very important part of their day, and they loved to remain as active as possible. As earlier mentioned, some residents changing needs had resulted in them becoming more fatigued from time-to-time, and staff ensured that these residents were afforded enough rest time in between activities and outings, with shorter duration away from their home if needed. There were good processes and systems in place with regards to fire safety, which was a topic of conversation residents wanted to talk about at each of their residents' meetings. Safeguarding arrangements had remained effective in keeping residents safe from

all forms of harm, with arrangements also working well to ensure this house was maintained to a high standard.

There were a few restrictive practices in use, primarily in response to residents' safety needs, with one particular restriction that had been in place for a long period of time, scheduled for a full and comprehensive review following this inspection, to establish if it continued to be required to be in place. Good systems were in place to support medication management, and the person in charge maintained regular oversight, and responded quickly to any errors that were reported.

While there were also good arrangements found in relation to care planning and risk assessment, there was some review works in progress around these at the time of this inspection. There was good linkage with nursing and allied health care professionals with regards to this aspect of residents' care, with timely communication to all staff when changes happened.

Regulation 13: General welfare and development

The provider had effective arrangements in place in this centre to ensure residents had regular opportunities to get out and about to spend their time as they wished. All residents attended day service during the week, and had various interests and social activities that they liked to do in the evenings and weekends. Adequate staffing and transport arrangements made it possible for residents to get out as much as they wanted, and staff regularly consulted with them around what they wanted to do. One resident held a part-time job, and were supported by staff to maintain this. There was also good promotion and encouragement of family involvement, with some residents having regular visits to stay with their families.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house located within a quiet housing estate on the outskirts of a city. The house was maintained to a high-standard, was very clean, bright, and nicely furnished. There was a garden to the rear of the premises, that provided residents with areas to sit out in the good weather, had raised planting boxes, ramped entry and exit points, and was well-maintained. Where maintenance or upgrade works were required from time-to-time, the provider had a system in place for staff to be able to report this so that it could be quickly rectified.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good arrangements in place in this centre for the identification, response, assessment, and monitoring of risk. Risk was mainly identified through staff observation, communication at handover and staff team meetings, regular presence of local management, and residents also had the capacity to inform staff if there was any issue they had relating to their own personal safety. The person in charge ensured that identified risks were often discussed with staff, with reiteration of any control measures that they were responsible for implementing. Any risks relating to residents' care and the operations of this centre were well-known by staff and local management, and there were multiple risk assessments in place with regards to these. At the time of this inspection, the person in charge had recognised that a number of these required further review, and was in the process of beginning this piece of improvement work.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety arrangements in place, to include, fire detection and containment arrangements, all fire exits were maintained clear, regular fire safety checks were occurring, and there were internal and external emergency lighting arrangements. Fire drills were occurring regularly, with a schedule in place to ensure all staff and residents had the opportunity to take part. Records provided assurance that staff could support residents to evacuate in a timely manner, with all residents having a good understanding of what to do, should the fire alarm sound. There was a clear fire procedure in place, with each resident also having their own personal evacuation plan.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was subject to on-going review, with all staff having up-to-date training in safe administration of medicines, secure storage arrangements were in place, and any medication error was reported, reviewed, and quickly responded to. Two residents' prescription and administration records were reviewed by the inspector, and were found to be well-maintained and legible. Over the course of review, an improvement was noted to the prescribing of as-required medicines, which was addressed immediately by the person in charge. Medicines were dispensed using a blister pack system, and these were checked by staff upon each

delivery so as to ensure no errors. At the time of this inspection, the person in charge had observed some minor improvement needed to the describing information for two particular medicines, and were in the process of addressing this with pharmacy to rectify.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were re-assessment arrangements in place, ensuring that residents' assessed needs were subject to on-going review. Where required, the input of multi-disciplinary input was sought as part of these reviews, with each resident having a nominated key-worker appointed with responsibility for this. Where possible, residents were consulted as part of this re-assessment, so as they were kept informed of any changes to their care and support arrangements. While there were a number of care plans in place for these residents, the person in charge had recognised that some of these required updating, and was in the process of this at the time of inspection.

Personal goal setting was completed with each resident and their key-worker, with clear records maintained of the progress that residents were making in relation to achieving these.

Judgment: Compliant

Regulation 6: Health care

There were good arrangements in place for residents with assessed health care needs, and the centre had access to the relevant health care professionals to support the review of residents' care. Residents were given the opportunity to avail of national screening programmes that they were eligible for, with appropriate follow-up where needed. Staff were very aware of the specific health care needs that some residents had, and engaged with nursing support, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

While this service did have access to behavioural support arrangements, at the time of this inspection, there was no residents assessed as requiring this particular

support. There were some restrictive practices in use, and the implementation of these was maintained under review, with each being subject to multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place for staff to be able to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and no incident of negative peer to peer interactions were occurring in this service. At the time of this inspection, there were no active safeguarding concerns in this 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 14: Persons in charge	Compliant
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 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