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:	Grange View Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2026
Centre ID:	OSV-0004063
Fieldwork ID:	MON-0045498

About the designated centre

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

Grange View Services is a designated centre operated by Ability West. The centre can provide care for up to five male and female adults, who are over the age of 18 years, with an intellectual disability. The centre is located on the outskirts of a town in Co.Galway and comprises of one large bungalow dwelling. Here, residents have their own bedroom, shared bathrooms, and communal use of a kitchen, dining room, sitting room, laundry room and staff office. There is also an enclosed garden area for residents to use, if they so wish. Staff are on duty both day and night to support the residents who live in this service.

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
Wednesday 13 May 2026	14:00hrs to 18:45hrs	Anne Marie Byrne	Lead
Thursday 14 May 2026	09:00hrs to 12:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a short-notice announced inspection carried out over two days, to assess the provider's compliance with the regulations. Following the outcome of the last inspection of this service in 2024, which found a number of non-compliance, the provider submitted a response to the Chief Inspector of Social Services, outlining how they planned to come back into compliance with the regulations. Subsequent to this, the Chief Inspector made the decision to apply an additional condition to the registration of this centre, requiring the provider to ensure they specifically came back into compliance with regulation 23: Governance and management. The secondary purpose of this inspection, was to ensure that the provider had done so.

The first day of this inspection was facilitated by the person in charge, team leader, and person participating in management. The second day was facilitated by the person participating in management, and over the course of the two days the inspector also got to meet with four residents, and a number of staff members that were on duty. Overall, this was a very positive inspection, whereby, considerable improvements had been made in addressing the issues previously found, with this inspection finding the provider in full-compliance with the regulations they were inspected against.

The centre comprised of one large bungalow style house located on the outskirts of a town in Co. Galway. The centre was spacious in layout, with each resident having their own bedroom, access to shared bathrooms, a sitting room, kitchen and dining area, laundry room and staff office. In addition to this, one resident also had their own living area which was adjacent to their en-suite bedroom. There was a large enclosed sensory garden area for residents to use as they wished, which had been brightly painted since the last inspection, and contained tables and ample seating areas. Residents' bedrooms were personalised to their own tastes, and many residents proudly accessorised their bedrooms with items of interest to them. Since the last inspection many improvements had been made to the premises, to include, the replacement of some wardrobes, a new electric gate had been installed, the utility, kitchen, bathrooms, and staff office had been refurbished, and most rooms had been repainted which brightened and freshened up these areas of the house.

There were four full-time residents living in this centre, with two other residents sharing a respite arrangement. On the day of this inspection, four residents were present, with the fifth on an overnight stay at home with family. These residents had all lived together for years, and primarily required staff support with regards to their assessed health care needs, personal and intimate care, some needed very specific behavioural support, and all required a certain level of staff support to be able to get out and about. Some residents were experiencing changing needs, with one requiring more assistance with their mobility, and another having progressed to requiring a wrap around day service over the last few months. Due to previous safeguarding concerns, high staff supervision was always required in communal

areas, with one resident requiring one-to-one staff support by day and by night. Although the inspector did meet with all four residents that were present, they each had varying levels of communication needs, and were unable to speak directly with the inspector about the care and support they received.

The first day of this inspection was conducted in the afternoon and into the evening, when three residents were warmly greeted by staff upon their return back home from their day service. They had a light snack on their return as staff spoke to them about their day, and about the take-away night that was planned for later. With the support of staff, one resident did say hello to the inspector as they sat at the table, and confirmed through one word answers that they had recently attended a family wedding and had really enjoyed the day and night away. Staff told the inspector that this particular resident had a keen interest in clothes and loved to pick out their outfits and look well. In the lead up to the wedding they had recently attended, staff had made an event out of clothes shopping with this resident, with many photos of the various trips made before a suit of the resident's choice was decided upon. Another resident who received a wrap-around service was supported by two staff, and they had earlier waved at the inspector while doing some table-top activities with staff. They had very ritualistic tendencies that they engaged in at different times throughout the day, and the inspector observed staff to go and guide them with this, which included, looking for various items and putting them back in their place. One resident had a very keen interest in their ipad, and as they went to and from various rooms, they were able to bring this with them. At times, this resident didn't always want to dine with their peers, and preferred to go to their bedroom which staff were observed to support them with. Another resident who had very specific behavioural needs, were also observed to go to and from rooms as they wished. This resident responded very well to music and sound, and loved the therapy of this when in their bedroom. Due to previous incidents that happened, adaptations were made to the sound system in this resident's bedroom, which staff reported was working very well.

As the evening went on, residents collected together to have their take-away dinner, with the general routine of the evening providing a very relaxed and calm setting. The following morning, staff were busy with residents morning routines, with one resident already having left for their day service. Another resident was heading to a particular shop that they liked, and staff supported them to bring the catalogue from the shop with them before they left. One resident had already commenced their wrap around service, and again was observed to engage in morning time ritualistic behaviours, that staff supported them with. Another resident was just finishing their breakfast as the inspector arrived, and they were having a relaxed morning as they were heading off with staff later to a medical appointment, and they were also going to stay out for a few hours to make a day of it. Again, the atmosphere was very pleasant with residents being supported to get ready for their day, and it was clear to the inspector that this was the typical morning routine of this house. Interactions observed between staff and residents over the two days were very friendly, kind and warm, with staff speaking very respectfully and in an informed manner about these residents when engaging with the inspector.

Aside from attending day service Monday to Friday, these residents also had many other interests and activities that they liked to engage in. Typically, residents liked to relax at home in the evenings during the week, and if they wished to go anywhere, there was enough staff on duty to facilitate this. Many of these residents had overnight stays with families each week, which they worked their weekly activity schedule around. Some liked to go for walks, go to the shops, attended chiropody and podiatry on a regular basis, liked to go to church, and some loved to bake and do some gardening. In conversation with the person participating in management, there were plans in place to expand this further by exploring if residents would like, and benefit from various therapies being facilitated for them in the comfort of their own home. The staffing arrangement for this centre was fundamental to how it operated, with the assessed needs of these residents warranting a familiar staff team to be in place at all times. Generally, there were three to four staff on duty during the day, with two waking staff at night. Depending on whether or not some residents were at home for the night with families, this arrangement was adjusted accordingly.

This was a centre that in the past was subject to poor findings in relation to safeguarding. Although the same cohort of residents still lived in this centre, there were much better arrangements for the prevention and response to any peer to peer incidents, which had led to a much safer living environment for these residents. The provider did recognise that there were compatibility issues arising between some residents that needed on-going monitoring, and there was a long-term plan in place to fully address this matter. In the interim, the provider's own diligence in adhering to their own internal processes had maintained these residents safe from harm and negative outcomes, and assured that they could continue to live together on a short term basis, until long term plans came into effect.

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

Capacity and capability

Since the last inspection, considerable improvement had been made to the governance and management arrangements of this centre, which had ensured that it was well-managed and well-run. The provider had implemented their compliance plan as set out to the Chief Inspector, and had improved internal monitoring arrangements so as to ensure these improvements were sustained.

The local management team for the centre comprised of the person in charge and team leader, who each had minimum allocation of administration hours each week. They were supported by the area service manager who was also the person participating in management for this centre, and all maintained regular contact between one another.

There was a well-established staff team working here, many of whom had supported these residents for a number of years, which provided good continuity of care. The service did often require the support of relief staff, who were equally as familiar with the residents and the service they received, with further staff recruitment underway. Volunteers did provide additional support for an allocated number of hours each week, and this was an arrangement that was reported to be working well for this particular centre.

Monitoring systems had also significantly improved, and were utilised better to inform where the centre was performing well, and on what areas required additional review. At the time of this inspection, further review and adjustments were being made to how six monthly provider-led visits were being carried out, so as to ensure these visits focused more on specific incidents and related care and support arrangements. Time-bound plans were put in place to address any areas of improvement, with the progress of these plans regularly reviewed.

Regulation 14: Persons in charge

The person in charge held a full-time position and was based at this centre. They were supported in their role by a team leader, staff team, and line manager. They knew the assessed needs of these residents very well, and were also familiar with the operational needs of the service delivered to the residents. This was the only designated centre operated by this provider that they were responsible for, and the current governance and management arrangements gave them the capacity to fulfill their duties.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement was subject to on-going review to ensure a suitable number and skill-mix of staff were at all times on duty. In response to fire evacuation needs, night time staffing levels were previously increased by the provider and this had since been sustained. There generally were three to four staff on duty each day, and two waking staff at night. At times when residents were on overnight stays with family, there were some changes to this staffing arrangement. When additional staff cover was required from time to time, there were arrangements in place for this, with regular relief staff identified to provide extra support. There was a well-maintained staff roster which clearly named all staff, and the start and finish times they worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured each staff member had received up-to-date training in the areas relating to the role they held. When refresher training was required, the person in charge scheduled this accordingly. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Since the last inspection, considerable improvements were found to the governance and management arrangements of this centre. There was a well-established local management team, who worked closely together in managing and overseeing the running of the service. The provider had ensured that the centre was well-resourced, and should issues or concerns arise, local management were able to escalate these to senior management for review.

There was an effective communication system in place, which ensured that all staff and management were maintained up-to-date on what was going on in this service. Staff team meetings were happening often, with the minutes of these demonstrating consistent discussions around residents' care and support arrangements, safeguarding, incidents, risk management, resources, and any other business. Management team meetings were also occurring regularly, and equally ensured regular discussion and review of relevant operational matters.

The monitoring of the quality and safety of care was largely attributed to the regular managerial presence in this centre. Along with a number of internal audits being completed, the person participating in management also carried out their own routine monitoring of this centre at least once a month. When doing so, they concentrated on reviewing any changes, incidents, or issues that had risen within the month and focused on what had been done to address these. They also did a quick environmental check of the premises, and provided a written overview of their findings, and outlined any improvements that needed to be made. The six monthly provider-led visit was also occurring in line with the requirements of the regulations. Although this had also been informative in identifying where improvements were required, the methodology by which this was being carried out was being reviewed by the provider. This was to ensure lines of enquiry for future visits gave more consideration to the specific care and support needs of residents, and also the type of incidents that had occurred.

Judgment: Compliant

Regulation 30: Volunteers

There were volunteers working in this centre, and their roles and responsibilities were clearly laid out. They received support and supervision from the person in charge, and had up-to-date garda vetting in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system for the reporting and review of incidents, and had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that had been made safer for residents through the various improvements made to risk and safeguarding arrangements. Residents enjoyed a good variety of social activities, and had the resources and supports they needed so that they could get out and about to do what they wanted.

There was a significant focus in this centre on the oversight and re-assessment of residents' changing needs, and this was evident through the various documents viewed by the inspector, and also in discussions had with staff and management. There was good involvement of the relevant allied health care professionals with regards to this, with one resident awaiting to be seen by physiotherapy regarding their mobility support. Due to the nature and type of behavioural incidents that sometimes occurred, there was also a strong emphasis placed on behavioural support arrangements, which had led to the staff team being fully briefed and skilled up on the specific behavioural support interventions they were required to consistently adhere to.

Although there were no active safeguarding concerns in this centre at the time of this inspection, the centre remained very proactive around good safeguarding practices, and recognised that at times, some residents were more vulnerable than their peers. Simple and effective measures were routinely practiced each day so as

to promote a safer environment for all residents, and these had worked well in preventing similar incidents to those that occurred in the past from happening again.

Medication management was also another aspect of the service that had greatly improved since the last inspection. There were two minor observations made by the inspector in relation to one prescription record and these were addressed before close of the inspection. Medication management remained an area that was subject to on-going auditing, with the person in charge maintaining regular oversight to make sure any reported medication error was quickly responded to.

Regulation 13: General welfare and development

The provider had ensured that the residents had regular opportunities to get out and about. Transport and staffing arrangements made it possible for residents to do the activities that they liked to do, and this opportunity was consistently available to them. Most of the residents attended day services five days a week in the community, with one resident availing of a wrap-around service in the comfort of their home. Residents were supported with going for walks, had a take-away night together each week, some liked baking, others liked to go to a nearby church, they all loved going for drives, some did gardening, and most enjoyed going for picnics. Maintaining good contact with family and friends was important to these residents, with some having overnight stays with family each week. Staff were proactive in the scheduling of residents' activities and social outings, and ensured residents were fully involved in deciding how they wanted to spend their recreational time.

Judgment: Compliant

Regulation 17: Premises

The layout and design of this centre provided residents with a spacious living environment, where they could spend time together, and equally have time on their own, if they so wished. The centre was well-maintained and nicely furnished, with many rooms having being redecorated and refurbished since the last inspection. When repair or maintenance works were required, there was a system in place for this to be reported and rectified.The inspector was informed this system was working well in making sure any works were quickly attended to.

Judgment: Compliant

Regulation 26: Risk management procedures

The identification of risk in the centre was largely attributed to communication at staff handover, incident reporting, and regular managerial presence at the service. When risk was identified, it was responded to quickly, with all staff being informed of any new control measures that were required to be implemented. There was good oversight to ensure consistent adherence to this, with risk management often discussed at both staff and management team meetings.

There was a good incident reporting culture in this centre, and this was actively promoted by local management. In response to the known risks relating to residents' care and support arrangements, risk assessments had been developed and were subject to on-going review. At the time of this inspection, local management were in the process of updating and reviewing a number of these, in light of incidents that had happened. The centre's risk register supported the oversight and monitoring of organisational risk, which again was subject to on-going review by local management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, to include, fire detection and containment arrangements, all fire exits were maintained clear, emergency lighting was installed throughout, and staff were conducting regular fire safety checks. Fire drills were often occurring, with records demonstrating that staff could support these residents to evacuate in a timely manner. There was a clear fire procedure available, and all residents had their own personal evacuation plan, that outlined the specific support they would need, should an evacuation occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the provider had put better arrangements in place to ensure medicines dispensed via blister pack system could be identified by staff. All staff had received up-to-date training in safe administration of medicines, and it was an aspect of this service that was subject to on-going auditing and review. There was suitable and secure storage arrangements in place for all medicines, and prescription and administration records were legible and well-maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were effective assessment and personal planning arrangements in place, that ensured residents needs were subject to on-going review. Residents' needs were well-known to all staff, and were well-documented. There was a significant emphasis on some residents' changing needs, and the provider had been responsive to this. Personal goal setting was completed with all residents and there were very comprehensive records maintained by staff around the progress residents had made in relation to these. Key-working sessions were happening regularly, with some residents aspiring to enhance their gardening skills, to start going into shops, and others were planning to go to a disco. Local management kept regular oversight of this, to ensure that residents were supported to choose goals that were meaningful to them.

Judgment: Compliant

Regulation 6: Health care

There were some residents with assessed health care needs, and the provider had ensured that they had the care and support that they required. Although no resident was assessed as requiring nursing care, there was a nurse available to come to the centre to review residents' health care needs, as and when required. Residents' health care needs were well-known by staff, and care practices in relation to mobility, acquired infections, epilepsy, and nutritional care were regularly overseen by local management. There was good input from allied health care professionals, and when residents had medical appointments, staff were available to go with them to these.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, they were supported by a staff team who knew this aspect of their care very well. Behavioural incidents did occur from time to time, and these were subject to on-going review from local management. Staff were aware of the proactive and reactive strategies they were required to implement, so as to support residents back to baseline. The centre was supported by a behaviour support specialist, and in light of some incidents that had occurred, at the time of this inspection, some residents behaviour support plans were subject to review.

In response to residents' assessed needs, there were a number of environmental restrictions that were required to be in use and that were all subject to multi-disciplinary review. Since the last inspection, a review had led to a reduction in these, with the removal of some locked areas, which was working well and kept under review.

Judgment: Compliant

Regulation 8: Protection

Since the last inspection, improved arrangements were put in place to ensure any safeguarding concerns were promptly notified to the designated officer for review, and that safeguarding plans were maintained up-to-date. All staff had received safeguarding training, and it was a topic of discussion regularly had at both staff and resident meetings. 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 30: Volunteers	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