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:	Clochan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	24 April 2026
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0045343

About the designated centre

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

Clochan Services supports six male and female adults with intellectual disabilities, who may present with other needs, such as physical needs. This service is a combination of full-time residential and respite care. Clochan Services is a two-storey house with a garden in a residential area on the outskirts of a rural town. The house is centrally located and is close to the town amenities. All residents in the centre have their own bedrooms. The physical design of the building renders parts of it unsuitable for use by individuals with complex mobility needs or wheelchair users, although residents with physical disabilities can be accommodated on the ground floor. Residents are supported by a staff team that includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep there at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Friday 24 April 2026	08:20hrs to 14:00hrs	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. During this inspection, the inspector met with three residents who were present in the centre. Two residents were receiving full time residential supports and one resident was availing of a respite stay. Five residents avail of respite supports on different nights each month in this centre. The inspector also met the team leader, the area services manager and staff on duty. The person in charge was on planned leave on the day of inspection.

Based on the findings of this inspection, the inspector found residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and partook in their preferred activities. All regulations reviewed on this inspection were found to be compliant.

The centre comprised a detached two-storey house located in a residential area. The house was a short walk from a busy coastal town. Residents could access shops, restaurants, churches and local amenities such as art galleries in the nearby town. The house was well maintained, welcoming and pleasantly decorated throughout. Residents were supported to personalise their bedrooms, and the inspector observed where residents received full time residential supports, their bedrooms were personalised to their liking with items, such as family pictures and musical instruments. Residents also had the opportunity to access a comfortable patio area to the rear of the house with garden furniture available, some bedrooms had direct access to this patio area. The inspector observed that residents had access to a visual roster, which supported them in knowing who was working each day. A board displaying residents' upcoming birthdays was also available, this created a celebratory atmosphere and ensured special occasions were recognised and enjoyed. A resident spoke about a recent birthday where they had gone out with peers and enjoyed a meal and a birthday cake.

Residents living in this centre on a full time basis required support with some aspects of daily living, such as mobility, nutrition and personal care. Staff on duty were found to be very knowledgeable on residents assessed needs and discussed these with the inspector. Where a resident had identified changing needs, the provider had proactively sought supports such as psychology and the multidisciplinary team. This proactive collaborative approach was evident from a review of records and staff discussions, and ensured residents received a high quality service. Residents availing of respite had a range of support needs, which were documented in an up-to-date needs assessments. The inspector observed that staffing levels, and equipment, such as ground floor bedrooms were appropriately adjusted to meet the individual needs of each resident during their respite stay.

The inspector had the opportunity to spend time with residents before they left the centre to attend local day services. Residents who spoke to the inspector appeared

content and relaxed and all residents were happy to show the inspector their bedrooms. Residents spoke about life in the centre, the things they enjoyed and upcoming plans. A resident spoke to the inspector about spending time with their family, plans for the day, life in the centre and some activities they enjoy such as meals out, traditional music sessions and attending concerts. They described a high level of satisfaction with the care and support they received and clearly described how to raise a concern in relation to safeguarding or any matters that may arise. Another resident told the inspector they 'love' the centre and are very happy. Residents supported on a long-term basis spoke positively about the respite service provided in the centre. They described enjoying spending time with residents who availed of respite. Another resident who spent time with the inspector described enjoying activities such as soccer, and bowling and also told the inspector about their employment locally.

The inspector found that residents had opportunities to engage in a wide range of activities. These included community-based activities such as volunteering locally, visiting restaurants and pubs, sports activities, beauty appointments, art classes, cinema trips, visiting the library and fitness classes. During the inspection staff were observed supporting residents to plan for the evening and offering choices of activities.

Throughout the inspection, the inspector observed good communication within the staff team. Staff told the inspector they attend regular team meetings and this ensured that there was good internal communication in the centre and opportunities to discuss any relevant matters. Overall, this was a very positive inspection that found residents living this centre were provided with a high standard of care and support.

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

Capacity and capability

Based on the findings of this inspection the provider had good arrangements in place for the management and oversight of this centre, this ensured that residents' were receiving a good quality safe service.

There was a clear organisational structure in place to oversee and manage the centre. The person in charge was regularly present in the centre, and they were well known to residents. A team leader supported the person in charge in managing oversight of this centre. It was evident the person participating in management was frequently in the centre and also supported the governance and management of the centre. Local management discussed some of the systems in place to support the oversight of this centre, this included quarterly service reviews, bi-monthly huddle

meetings, senior management meetings and a provider newsletter issued to update all staff on current matters. The provider had an on-call arrangement in place for out-of-hours periods and weekends and this was readily available to staff.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. A range of allied health care professionals were available to residents, including general practitioners (GP), physiotherapists, medical consultants and behavioural support specialists. The provider had ensured that the staff numbers and skill mixes were in line with the assessed needs of residents and appropriate to meet their safeguarding needs. Throughout the inspection, the inspector noted that there was adequate staff to meet the needs of residents. A review of staff rosters confirmed that appropriate staffing levels were being consistently maintained.

Training records reviewed identified that all staff had completed all mandatory training. In additional, staff had received further training to support them in their roles, including human rights training and epilepsy training.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. The provider had carried out an annual review of the centre and an unannounced audit twice each year. These audits showed a high level of compliance, and where areas for improvement were identified they had been addressed prior to this inspection or were being progressed in a timely manner. The provider had identified in their unannounced audit that record management required improvement. Documents required by the regulations were found to be well maintained, informative and well organised. The provider had sought feedback from residents' representatives as part of the annual review. This feedback was highly complementary to the care provided with the service been described as 'excellent', and families stating they felt listened to. Although, no complaints were actively open in the centre, there was a clear accessible policy available to residents and their representatives.

Regulation 15: Staffing

The provider had ensured that staffing levels were appropriate to meet the assessed needs of residents at all times in line with the statement of purpose and the size and layout of the building.

The inspector reviewed the staffing roster for March 2026 and up to 24 April 2026 and found that planned and actual rosters were well maintained. Staff rosters showed that sufficient staff were consistently being rostered to meet the needs of residents. Staffing levels were found to vary in line with residents' assessed needs. For example, when a resident attended the centre for respite, staffing resources were allocated based on their individual needs assessment.

The provider had arrangements in place to respond to staff shortages to ensure continuity of care. These arrangements included regular relief staff covering any absences in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training that was up to date and appropriate to their roles and responsibilities.

The inspector viewed the staff training records that showed that staff had received mandatory training in fire safety, behaviour support, and safeguarding. Staff said, and records confirmed, that staff had completed human rights training. All staff had completed additional training in areas such as, medicines management, first aid, autism, epilepsy and infection prevention and control.

The provider had ensured that staff were supervised appropriately, staff spoken with described having regular formal supervision meetings with their line manager and said they felt well supported in their role. The inspector saw that legal documents such as the Health Act, National Standards and the Regulations were available to staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was provided to residents.

There was a clearly defined management structure, with clear lines of authority and accountability in place. The provider had appointed a suitably qualified person in charge and they were supported in their role by a team leader. The person in charge was based in the centre and provided both direct care and support and carried out administrative duties.

The provider had various oversight and monitoring arrangements, these included an annual review of the centre and provider six-monthly unannounced audits of the centre. The inspector viewed these audits, which showed a high level of compliance. Any areas for improvement were identified and were being addressed. For example, where record management was identified as requiring improvement, this inspection found good practices in relation to record keeping. The person in charge and team leader completed audits on a weekly, monthly and quarterly basis. Where areas for

improvement were identified, a quality improvement plan was in place and actions were discussed at the next team meeting. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During this inspection, the inspector observed that these resources included the provision of suitable, safe, and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Staff meetings and staff supervision were taking place as scheduled. Staff confirmed that they regularly attend team meetings and had opportunities to meet their line manager to discuss relevant issues.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable processes for the management of complaints in the centre.

Although there were no active complaints in the centre, there were suitable measures in place for the management of complaints. The complaints process was accessible to all residents and displayed prominently. The provider had an up-to-date complaints policy to guide practice and a system for recording and investigating complaints. In addition, residents had access to advocacy services to assist them should they wish to make a complaint.

Judgment: Compliant

Quality and safety

This inspection found that all regulations reviewed relating to the quality and safety of care were compliant. Based on this inspection, this centre was delivering a high quality safe service to residents.

The centre was located close to a busy coastal town. Transport was provided to support residents in accessing appointments and preferred activities. Many local amenities, such as shops were within a walking distance of the centre. The centre was clean throughout and comfortably furnished, with many areas personalised to reflect residents' preferences and styles, particularly their bedrooms.

Personal plans had been developed collaboratively with residents, their representatives and their key worker. Regular planning meetings were taking place and allowed goals to be reviewed and progress discussed. The provider had ensured

that residents had assess to medical and healthcare services. Staff actively supported residents to maintain good health through nutrition, exercise, and health monitoring. Where positive behaviour support was required, this was in place for residents and up-to-date guidance was available to guide staff practices and approaches. Local management and staff were very familiar with these plans. These plans included guidance on communication strategies and known triggers for residents.

The provider had arrangements in place to safeguard residents from all forms of harm and abuse. These measures included safeguarding processes, and safeguarding protocols developed to support all residents living in the centre. There was limited use of restrictive practice in the centre, and the restrictions that were in place to keep residents safe were under ongoing review. Some residents spoken with were aware of the restrictive practices in place and felt these were supportive to their own safety.

Residents' civil, political and religious rights were been well supported. Throughout the inspection, the inspector observed staff offer choice and encouraging autonomy as they went about their daily routines. Easy-to-read information was available throughout the centre on topics including complaints, advocacy, autonomy and access to the confidential recipient. Residents also communicated with one another and staff at weekly house meetings, where they made plans and discussed topics of interest to them.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in line with their needs and wishes.

The inspector viewed a sample of two communication profiles, these were up-to-date and provided clear guidance for staff on the best communication techniques for these residents. On the day prior to this inspection, local management along with the multidisciplinary team had agree to trial a visual schedule for a resident. This was in place on the morning of inspection, and staff spoken with were very clear on the rational for this system and its intended outcome. Some residents also used messaging and video-calling applications to stay in contact with family and friends.

Staff spoken with were very clear on the communication needs of residents. For example, staff discussed a communication system for a resident who avails of respite, this system is a 'first-then' and provides predictability for this resident.

Judgment: Compliant

Regulation 17: Premises

The centre suited the care and support needs of residents, it was visibly clean, well maintained and in good repair. The design and layout met the individual assessed needs of residents living in the centre. The centre comprised of one two-storey house located in a residential area, a short distance from a large coastal town.

During a walk around of the centre, the inspector observed residents had access to individual space where they could relax or partake in activities they enjoyed. For example, upstairs the provider had a television room where residents could spent time alone or with others. All bedrooms had adequate storage, such as wardrobes or drawers where residents could store their personal belongings. The inspector saw two bedrooms and an en-suite bathroom were equipped with an overhead tracking hoist system. In addition, where residents required equipment such as handrails or profiling beds, these were also provided.

Judgment: Compliant

Regulation 28: Fire precautions

There were measures in place to safeguard residents, staff and visitors from the risk of fire.

Regular fire drills had been undertaken and a report of each drill was documented. The inspector reviewed a sample of four fire drills that had taken place in 2026, one of which was a night time fire drill. Evacuations were being achieved in a timely manner both during the day and at night. Records were in place confirming arrangements were in place for for servicing and checking fire safety equipment, both by external contractors and by staff. The inspector reviewed a sample of two personal evacuation plans for residents and the centre emergency evacaution plan. These plans included guidance for staff in relation to the support needs of residents in the event of a fire. The inspector saw the procedure for the evacuation of residents and staff in the event of fire was prominently displayed in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of health, personal and social care needs had been carried out and personal plans were in place for each resident based on their assessed needs.

The inspector reviewed a sample of two residents' personal plans and found these were personal centred and developed with the multidisciplinary team. Meaningful

goals had been developed for each resident and the inspector saw that progress in achieving these goals was being recorded. Staff who spoke to the inspector were very familiar with residents' personal plans, goals and support needs. Some goals discussed, included plans for milestone birthdays, developing healthy lifestyle choices and sampling new activities. The provider where possible had made personal plans available in an accessible format, for example by using pictures and easy-to-read formats.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well supported, and residents actively participated in their healthcare choices. For example, residents who spoke with the inspector discussed their general practitioner (GP) and expressed satisfaction with their GP and the practice they attended.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been assessed and were reviewed frequently or as required. Care plans had been developed for residents based on their assessed needs. The inspector saw evidence that residents were proactively supported to manage their healthcare with residents accessing national health screening programmes. In addition, residents were supported to access recommended vaccines, in line with the national immunisation guidelines.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector reviewed a positive behaviour support plan for one resident. This plan gave detailed guidance to staff on the management of behaviours, and included proactive and reactive strategies, and guidance on the review of behavioural incidents. This plan gave clear guidance to staff on the management of behaviours.

Staff had received training in positive behaviour support. From discussion had with staff, the inspector found staff were clear about the behaviour support strategies in place and these were consistency implemented. These strategies included meaningful activities and a predictable routine.

The centre had minimal restrictive practices in place to ensure the safety of residents. Local management were proactive is reviewing these practices. Residents

spoken with were aware of these restrictive practices and felt these practices were helpful and supportive.

Judgment: Compliant

Regulation 8: Protection

The provider had good systems in place to safeguard residents from all forms of harm and abuse. There were no active safeguarding plans in place on the day of inspection. However, the provider had developed safeguarding protocols resulting from previous identified concerns. These protocols were reviewed and found to provide clear guidance to staff to ensure all residents' were safe. Residents clearly described to the inspector what to do in the event they experienced a concern and they also demonstrated they were aware of the designated officer and contact details.

Overall, the provider had good arrangements in place to safeguard residents from harm. These included up-to-date intimate care plans, appropriate allocation of staffing resources and safeguarding protocols.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was managed in a way to maximised residents' capacity to exercise personal independence and choice in their daily lives. The inspector observed staff offer choice to residents throughout the inspection and records reviewed indicated that residents were supported to make choices in their daily lives.

The inspector observed that staff had established each residents' likes and dislikes and clear records of these were available to view to support staff. Residents were supported to access advocacy services and local management described recent engagement with a local advocacy representative to attend an upcoming house meeting. Residents also had access to the complaints processes and this was freely available in the centre.

Local management along with staff members had prepared personal profiles that were shared with residents, providing insight into staff members' interests and hobbies. This supported relationship building, promoted residents' rights through two-way information-sharing, and encouraged meaningful conversations between residents and staff. The inspector also observed that residents were supported to dress in an age-appropriate manner. For example, a senior resident was dressed in formal attire of their choosing, including a tie, shirt, waistcoat and trousers.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	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