



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Avalon Respite Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	24 February 2025
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0046185

About the designated centre

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

Avalon Respite Services is a designated centre operated by Ability West, which can cater for the needs of up to eight male and female residents, who are over the age of 18 years with an intellectual disability. The centre provides both a residential and respite service, comprising of one large two-storey building located on the outskirts of Galway city, close to local transport and amenities. Each floor of this building provides separate accommodation and living spaces, where residents have their own bedroom and shared bathrooms, sitting rooms, kitchen and dining areas, a staff office and laundry facilities. A well-maintained garden is also available to residents to use as they wish. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 24 February 2025	11:15hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's overall compliance with the regulations. The day was facilitated by the person in charge and the team leader, and the inspector also had the opportunity to meet with two residents, and with four staff who were coming on for the evening shift. Overall, this was a very positive inspection, with the provider found to be in compliance with all regulations that they were inspected against.

Due to various operational needs, the respite aspect of this centre had ceased for a period of time, and had only resumed again in the months prior to this inspection. Currently, two residents were receiving full-time residential care, one of whom was only recently admitted, with the remaining beds provided for respite. There wasn't a very high number of residents identified for respite in this centre; however, those that were received respite on a very regular basis. In light of the aforementioned recent operational changes, even though this centre was registered for eight beds, the provider was not operating the service at maximum capacity, so as to ensure they they could meet the assessed needs of the residents that they did provide care and support to. Many of the assessed needs that these residents had were in relation to positive behavioural support, health and personal care, there were some residents with high risks identified relating to their personal safety, and some safeguarding measures were also required to ensure residents were maintained safe. Residents' needs were well known and well-documented, and the provider had suitable arrangements in place to ensure the centre was able to cater for them.

The centre comprised of one large two-storey building, located on the outskirts of Galway city, near many attractions, cafes, shops and other amenities. The ground and first floor of this premises each had their own separate kitchen, bedroom and living areas, with two residents being able to be accommodated upstairs, and six residents on the ground floor at any one time. There were also separate entry and exit points for both upstairs and downstairs areas, and there was a stairway within the centre which also provided access between both floors. Due to the assessed needs of the residents availing of this service, this layout and design worked well, as it gave the option for residents have their accommodation with their peers, or independent to them. Overall, the centre was well-maintained, bright and spacious, and was tastefully decorated.

Upon the inspector's arrival, all residents were at their day service, and later returned. On the day of this particular inspection, three residents were being accommodated that night, two of whom received full-time residential care. Two of these residents returned before the close of this inspection, and staff had a warm welcome for them. They both had assessed communication needs; however, staff were well able to ask them how their day was and interpret residents' responses. One resident had a particular interest in dinosaurs, and they were rearranging toy figures of these before they got ready to head out with staff for the evening. Both of these residents appeared very content to be returning to the centre after the day,

and comfortable in the company of the staff supporting them. Staff who spoke with the inspector told of what some residents liked to get up to during their time at the centre, to include, going to the cinema, going for walks, heading out shopping and to go for coffee. Each resident had a core staff member appointed to them, who engaged with the residents upon each respite stay. Those availing of full-time residential care also had a core staff member, and the inspector was informed that this had worked very well for their transition, and in providing on-going support to them since admission.

Since this provider re-commenced the respite aspect of the service again, they had recruited a number of new staff members for the service, appointed a new team leader, and were constantly reviewing the needs of the residents who were scheduled for respite care. There was good oversight maintained of the planning and scheduling of residents' respite stay, so as to ensure suitable staffing levels were rostered to support them. In addition to this, due to some residents' behavioural support needs and safeguarding arrangements, they responded better to residing on their own on the first floor of the centre for the duration of their stay, which the provider had had consistently accommodated for them.

Given recent staff appointments, there was good arrangements in place to ensure that staff were supported in their roles. Staff had received required training, and were also appropriately supervised by their line manager. The team leader worked in a full-time administrative capacity, which allowed for regular oversight of the quality and safety of care delivered. The person in charge visited the centre a couple of times a week, and maintained good communication with staff and the team leader in between these visits.

Overall, very good areas of practice were observed over the course of this inspection, particularly in response to risk management, residents' care and support arrangements, and there was also effective oversight arrangements in place, which lend to a well-run and well-managed service.

Capacity and capability

The provider had had effective systems in place for this service, that were working well in overseeing and monitoring the quality and safety of care. There was an established local management team in place, good supports available to staff members, and the provider's own monitoring systems were working effectively, in supporting the provider to identify where improvements were required to this centre.

Due to the respite nature of this service, staffing levels were rostered in accordance with the assessed needs of those availing of this service at any given time. Familiar agency staff were required from time to time to support this centre's staffing arrangements, and local management reported this had enabled continuity of care to be maintained for the residents. In response to some residents' behavioural

support needs, coupled with some safeguarding incidents which had occurred, the provider was responsive in their revision of the staffing levels to ensure a suitable number of staff were at all times on duty.

The governance of this centre was strengthened by the appointment of a team leader in the months prior to this inspection. They held an administrative role, and maintained good contact with the person in charge about any issues arising. There were also internal communication systems in place, which were working well to ensure good consultation between local management, staff and residents. For example, the person in charge held regular meetings with their staff team to review and discuss residents' care and support arrangements. Similarly, residents were met with each week to go through anything they wanted to discuss, and to plan for the duration of their stay.

In more recent times, the provider had revised how they were completing their six monthly provider-led visits, to ensure these were more effective in identifying where improvements were required. The most recent visit of this centre was conducted a few weeks prior to this inspection, and the report reviewed by inspector found that this monitoring system had much improved, identifying areas of improvement that the inspector had also found. There was a time-bound action plan in place for these findings, and the person in charge along with the team leader were at the early stages of addressing these areas.

Regulation 14: Persons in charge

The person in charge held a full-time role and was at the centre regularly each week to meet with staff and residents. They had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. They were responsible for two other services operated by this provider, and current governance and management arrangements had ensured that they had the capacity to ensure this centre was being effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, and where some residents were assessed as requiring a certain level of staff support, this was being consistently provided. Where additional staffing resources were required from time to time, the provider had arrangements in place for this. There was also a well-maintained staff roster, which clearly gave the full names of all staff, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training they required to carry out their duties, and where refresher training was required, this was scheduled accordingly. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents. Regular staff team meetings were occurring to ensure that residents' care and support needs were discussed with staff. In-between their visits to the centre the person in charge also maintained good contact with the team leader to review more operational related matters. In the weeks prior to this inspection, the provider had conducted their six monthly visit, which was observed to focus in on specific aspects of care related to what residents received when availing of this service. For example, the visit reviewed staffing arrangements, the overall effectiveness of recent safeguarding interventions, particular aspects of fire safety, and also residents' specific care and support needs. This resulted in the provider identifying the same areas of improvement that were observed by the inspector as part of this inspection, and they were in the process of addressing these through their own action plan, which was developed on foot of this visit.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the identification, reporting, response and monitoring of all incidents in this centre. The person in charge 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

Residents were provided with adequate care and support arrangements to ensure their assessed needs were met, and that they enjoyed a good quality of social care at the centre. Some minor improvements were observed by the inspector over the course of this inspection; however, as earlier stated, these were previously identified by the provider using their own monitoring systems and were in the process of being addressed.

There was a good response to incidents which had occurred in this centre, with effective control measures put in place by the provider to mitigate against re occurrence. For example, a few months prior to this inspection, an incident occurred which posed a significant threat to the personal safety of a resident. In response to this, the provider identified the reason as to why this incident occurred in the first place, and revised the staff support arrangements for this resident, which had resulted in no similar incident re-occurring. Furthermore, in more recent months a number of behaviour and safeguarding incidents were reported which were reviewed by local management. In response to the safeguarding incidents, the provider had revised the living arrangements for the affected residents while on respite stay, resulting in provisions being made for these residents to be accommodated on the first floor. This had significantly reduced negative peer-to-peer interactions and were reported to be working well. Where the aforementioned behavioural related incidents occurred, the information gathered from these had been trended and was being used to inform an upcoming multi-disciplinary review of these residents' behaviour support plans.

In light of identified resident risks, there were a number of risk assessments developed and available at the centre. Upon review of a sample of these relating to a risk identified to a resident's personal safety, the inspector observed this document would benefit from better clarity around the specific control measures that were being routinely implemented by staff daily to maintain this resident's safety. Also, upon review of the risk register, the inspector also found that some aspects of this document could also be reviewed to provide better clarification on how the provider was monitoring for specific risks in this centre. This was discussed with those facilitating the inspection, who had plans in place to make these improvements.

Fire safety was routinely overseen in this centre, ensuring all staff had suitable fire safety training, and that all containment and detection arrangements were in working order. Regular fire drills were carried out with all residents, and records of these showed that staff could support these residents to evacuate in a timely manner. Good practices were also found in relation to the maintenance and up-keep of this centre, with timely responses to any improvement works required. For example, following recent storm damage, maintenance works were underway to the rear of the property to fix damaged fencing.

Residents' needs were regularly assessed for, and clear personal plans developed

based on the information gathered. For residents who were recently admitted for residential care, staff had good knowledge of their assessed needs and were using any new information they were learning about this resident to inform this assessment process. There was good involvement of multi-disciplinary teams in the review of residents' care, and any changes that did occur, were quickly communicated to all staff members.

Regulation 26: Risk management procedures

There was a risk management in place for this service, which had been effectively implemented when risk was identified. Good examples of this was observed in relation to residents' personal safety, safeguarding and behavioural support, resulting in safer and better control measures being put in place. The overall effectiveness of these had resulted in reduction in the re-occurrence of similar incidents, and remained under very regular review by local management.

With regards to risk assessments, the inspector did observe where some of these required additional review to ensure these were clearer in demonstrating what measures were actively under taken and being implemented in response to identified resident risks. Aspects of this finding were found as part of the most recent provider-led visit, and were discussed again between the inspector and those facilitating this inspection, with an action plan in place to review these assessments.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety arrangements were in place in this centre, to include, fire detection and containment arrangements, emergency lighting was throughout, and regular fire safety checks were being carried out by staff. There were also waking staff at the centre each night, meaning that should a fire occur, staff were available to quickly respond. Multiple clear fire exits were available, to include, two separate upstairs fire exits for those residing on the first floor of this premises. Regular fire drills were being conducted, with records demonstrating that staff could support these residents to evacuate in a timely manner. The inspector did observe that some improvement was required to the recording of these drills, which was again identified by the provider in their most recent visit to the centre, with an action in place to address this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for on a regular basis, with multi-disciplinary input, as and when required. Personal plans were then developed to guide staff on how best to support these residents with their needs. Personal goal setting was also being conducted with residents, with named staff appointed with the responsibility for overseeing the progression of these goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had assessed behavioural support needs, the provider had put suitable arrangements in place for this. The centre was supported by a behavioural support therapist in the review of all behavioural support incidents, and information gathered from these the utilised and captured within behavioural support plans. There were multiple environmental restrictions in operation in this centre, which were implemented on foot of identified risks associated with some residents. When these residents were not availing of this service, the provider had ensured they were not in use. Furthermore, where locked doors were in operation for some residents, the code for these doors were available to the remaining residents whom this restriction was not intended for. There were also regular multi-disciplinary reviews of these restrictions to ensure that the least restrictive practice was only ever used as a last resort.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, respond and monitor for any concerns relating to the safety and welfare of residents. In the months prior to this inspection, the centre had experienced a number of safeguarding related incidents and the provider had responded to these. Effective arrangements were put in place, which had resulted in no further incidents of this nature re-occurring at the time of this inspection. However, the inspector did observe where some minor update was required to an existing safeguarding plan, which local management were having reviewed following this inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' enjoyed good quality of social care in this centre, with adequate transport and staffing arrangements available to them at all times. Residents' personal interests for activities and recreational time were well-known to staff, and all efforts were made to ensure these were accommodated. Staff were also cognisant of the capacity and identified risks associated with some residents, and ensured that all activities scheduled were meaningful to them, while also ensuring their safety at all times.

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 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 13: General welfare and development	Compliant