



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

Issued by the Chief Inspector

Name of designated centre:	Claddagh House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	20 August 2025
Centre ID:	OSV-0008085
Fieldwork ID:	MON-0047821

About the designated centre

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

Claddagh House is in a quiet location, set back from the main road. Claddagh house is set in a tranquil area on a mature site. It is located 40 minutes to the city of Galway. Claddagh House provides a high support, residential service for children/young people with an Autism spectrum disorder, intellectual disabilities and physical & sensory needs. The centre provides full time support to a maximum of four service users at any one time and can accommodate either male or female. Claddagh House residential care services are provided to individuals aged 18 years or younger, with the exception of young people completing their final year of second level education.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 20 August 2025	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations and to follow-up on issues to be addressed following the last inspection. The inspection was facilitated by the person in charge and team leader. The inspector also briefly met with four staff members and met with all four young persons who were living in the centre. The inspector observed that the young persons appeared to have a good rapport with staff and were content in the surroundings.

The findings from this inspection indicated that the provider had addressed the issues identified at the last inspection. Further staff recruitment had taken place, improvements were noted to fire safety management, to infection, prevention and control, and further enhancements had taken place to the decor. Issues relating to the septic tank drainage system had also been addressed and a regular maintenance programme was now in place. The regulations reviewed on this inspection were generally found to be compliant. However, some improvements were required to the external maintenance of garden areas in order to further enhance the outdoor spaces available to young persons living in the centre.

Claddagh House is registered to provide a residential service to individuals aged 18 years or younger, with the exception of young people completing their final year of second level education. At the time of inspection, there were two 17 year old and two 18 year old young persons being accommodated. One young person was in the process of transitioning to live in an adult service. The centre is a dormer style two storey dwelling house which was fully refurbished in recent years. The house was found to be well maintained and visibly clean throughout. It was spacious and bright with a variety of communal living spaces available, including a large kitchen/dining room, two separate living rooms and a sensory room located on the ground floor. The variety of spaces allowed for the young persons to spend time relaxing and dining in their preferred space which was important to them. There were an adequate number of toilet and showers provided on each floor, a separate bathroom had been allocated to each young person. Each had their own bedroom and two had en suite shower facilities. Two bedrooms were located on each floor. Bedrooms and communal areas were found to be personalised with the young persons own personal effects including photographs and other items of significance as well as being furnished and decorated in a homely style. The sensory room had been developed in consultation with the occupational therapist to provide a low-arousal sensory environment. It contained a ball pit as well as a variety of sensory lighting, light projectors and swing chair. Young persons had access to a variety of toys, jigsaws, colourful blocks, games, art and craft materials which were stored in the sensory room. The provider had continued to enhance the living environment, new carpet had been fitted the stairs, new window blinds had been provided, a new shower was provided to better meet the needs of one young person and further decoration of communal areas had taken place.

Young persons had access to a large secure outdoor area, which contained a lawn area, a variety of swings, basketball hoops, large paddling pool and new wooden garden furniture. There was a variety of flowering window boxes and pots which the young persons had helped to plant. Some of the young persons enjoyed tending to and watering the plants. The person in charge outlined that plans were in place to improve the condition of the lawn areas and provide further appropriate sensory outdoor play equipment.

The young persons living in the centre had high support needs in managing their behaviours. The local management team and documentation reviewed indicated that the young persons were happy and continued to thrive in their environment with a significant reduction in incidents relating to behaviours over the past year. Staff attributed this to the suitability of the living accommodation, staffing arrangements, staff training, structured routines and to the consistent implementation of behaviour support strategies. Two of young persons had 2:1 staffing supports and two young persons had 1:1 supports in place. There were normally six staff on duty during the day-time and two staff on active duty at night-time.

At the time of inspection, two young persons were on holidays from school and two young persons who had completed their final year in school were transitioning to move to adult day services. The young persons had access to three vehicles which were used to go on outings and attend activities. Each young person had a weekly activity schedule in place. The staff team spoken with confirmed that all young persons got to partake in activities of their choice and all got to go out and about on a daily basis. On the day of inspection, the inspector noted that all young persons went out and attended a variety of activities throughout the day. One young person went home to visit their family. The staff spoken with along with documentation and photographs reviewed showed that young persons regularly enjoyed going for drives to scenic locations, walks at the local parks and local beaches, going swimming, attending the cinema, playing football, going to the local pitches to play ball, going on shopping trips, going to the funfair and eating out. Young persons also enjoyed partaking in a variety of activities at home in the centre including watching television, relaxing and playing in the ball pool and outdoor paddling pool, playing football and basket ball with staff, baking, art and craft activities, and making jigsaws. Staff also promoted independent living skills and young persons were encouraged to help out with laundry, putting away clothes, cooking, tidying up after meals and light housework.

On the morning of inspection, young persons were getting up, some were being assisted with personal care, one was watching their preferred cartoon programmes in the sitting room and another was resting on the swing chair in the sensory room. There was a relaxed atmosphere in the house with young persons observed going about their usual morning routines. While some young persons were unable to express their views verbally, they appeared happy and content, they were observed smiling, relaxed and having playful interactions with staff. One young person was observed to use their hand held computer tablet to communicate their preferred choice of activity with staff. One young person told the inspector they were happy and showed them their large bedroom which they had personalised with their preferred colour scheme, furnishings and personal effects. They indicated that they

liked to clean their bedroom and change their bed linen on a daily basis.

Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for the young persons to meet with visitors in private if they wished. Staff spoken with confirmed that young persons regularly received visits from family members and some young persons continued to visit their family on a regular weekly basis at home.

In summary, the inspector observed that young persons were treated with dignity and respect by staff. There was continuity of care from a core staff team who knew them well. Throughout the inspection, the inspector saw staff members actively engaging with young persons offering them choices and supporting their preferences. They continually strived to ensure that the support provided was person-centred in nature and that they prioritised the wellbeing, autonomy and quality of life of the young persons. It was clear from observation in the centre, conversations with staff, as well as, information reviewed during the inspection including questionnaires completed by family members, that the young persons had a good quality of life.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the young persons lives.

Capacity and capability

The findings from this inspection indicated that the provider had largely implemented the compliance plan submitted following the last inspection in March 2024. The providers plans to enhance the outdoor garden space was still a work in progress.

There was a clearly defined management structure in place. The person in charge worked full-time and was supported in their role by a team leader, two assistant team leaders, the staff team and regional operations manager. There were on-call management arrangements in place for out of hours.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of the young persons, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the young persons on the day of inspection. The staffing rosters reviewed for August 2025 indicated that a team of consistent staff was in place. The rosters were clear and set out the hours worked by each staff. There were normally six staff members on duty each day with two staff on active duty at night-time.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their

roles and meet the specific health care needs of some young persons.

The person in charge had systems in place to regularly monitor and review areas such as identified risks, accidents and incidents, restrictive practices, medicines management, infection, prevention and control, fire safety and residents finances. The results of recent audits reviewed indicated good compliance. Regular team meetings were taking place at which identified areas for improvement were discussed and learning shared. Minutes from recent meetings reviewed indicated that topics including safeguarding, fire safety, restrictive practices, medication management and complaints were discussed. There was also evidence of consultation with young persons at monthly house meetings where their views were sought and information shared.

The provider had systems in place to monitor the quality and safety of care in the centre. The provider had continued to complete six-monthly reviews of the service. The most recent review took place in June 2025. Actions as a result of this audit including the updating of residents consent forms and the provision of staff training in chemical awareness and food safety had been completed. The annual review of the service for 2024 had been completed and included consultation with families. The inspector reviewed four questionnaires that had been completed by family members which generally indicated satisfactory feedback with the service. The person in charge and team leader spoke of enhanced communication with families and how staff routinely communicated and provided regular updates via telephone or text messages with parents. They both confirmed that there were no open complaints and that there had been no complaints regarding the service received since the previous inspection.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre. They were knowledgeable regarding the assessed needs of the young persons.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the young persons living in the centre. The inspector found that the staffing levels were in line with those set out in the statement of purpose. There were stable staffing arrangements and a core team of consistent staff in place. Recruitment for vacant posts had taken place and those

posts were due to be filled.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling, safeguarding and Children First. Additional training was provided to staff to support them to safely meet the specific needs including the specific health care needs of some young persons. For example, training was provided in various aspects of infection prevention and control, safe administration of medications, epilepsy care, seizure management, communication and communication devices, autism awareness, human rights, food safety and chemical awareness. The person in charge had systems in place to oversee training and to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of young persons.

The provider had continued to invest resources and had plans in place to carry out further improvements to the outdoor garden areas. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including annual and six-monthly reviews. There was evidence that issues identified from recent reviews had been addressed.

Judgment: Compliant

Quality and safety

The young persons appeared to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that their assessed needs were met, that they were supported to attend school, get out and

engage in activities that they enjoyed on a regular on-going basis. The local management team and staff were committed to promoting the well-being of young persons and ensured that they received an individualised service.

A comprehensive assessment of the health, personal and social care needs had been completed for all service users. The inspector reviewed the files of two young persons. There was a range of risk assessments completed, care and support plans were in place for all identified issues including specific health care needs. Care plans were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required. Staff were familiar with, and knowledgeable regarding these assessed support needs. Young persons had access to general practitioners (GPs), out of hours GP service and a range of allied health services in accordance with their individual needs.

Personal plans had been developed in consultation with the young persons, their representatives and their key workers. Review meetings took place annually at which their personal goals and support needs for the coming year were discussed and planned. The documentation reviewed was found to clearly identify meaningful goals for each young person, with a clear plan of action to support them to achieve their goals. There were comprehensive records maintained showing the on-going progress in relation to the achievement of individual goals.

The management team had taken measures to safeguard children and young persons' from abuse. All staff had received specific training in the protection of vulnerable people and children. There were comprehensive and detailed personal and intimate care plans to guide staff. The inspector was satisfied that a safeguarding incident reported to the Chief Inspector of Social Services in recent months had been managed appropriately in line with safeguarding policies. The recommendations following a trust in care investigation had been implemented and further discussion was due to take place at the upcoming team meeting in order to share learning. While some young persons had safeguarding plans in place, there were no active safeguarding concerns at the time of inspection.

The local management team continued to review restrictive practices in the centre. There had been a further reduction in the use of some restrictive practices since the previous inspection. All restrictive practices in use had been recently reviewed and approved by the restrictive practice committee.

Regulation 10: Communication

The provider had ensured that young persons were supported and assisted to communicate in accordance with their needs and wishes. During the inspection, the inspector observed staff communicating with young persons in line with their capacity including the use of gestures, objects of reference, verbal prompts, visual schedules and communication device. All young persons had their communication needs set out in their personal care and support plan. All staff had completed

communication training and further training on communication devices had recently been completed.
Judgment: Compliant
Regulation 11: Visits
Young persons were supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Some young people received regular visits from family members in the centre while others regularly visited family members at home. Some used video calls to maintain contact with family members.
Judgment: Compliant
Regulation 13: General welfare and development
Young persons were supported to take part in a range of social and developmental activities both at the centre, at school, at day services and in the community. Suitable support was provided to them to achieve this in accordance with their individual interests and capacities. The centre was located close to a range of amenities and facilities in the local area. The centre also had three dedicated vehicles, which could be used by young persons for outings or activities. From conversations with staff, as well as information and photographs reviewed during the inspection, it was evident that young persons lived active and meaningful lives and spent time going places and attending events that they enjoyed.
Judgment: Compliant
Regulation 17: Premises
The house was spacious and laid out to meet the needs of the young persons living there. The centre was found to be well-maintained and visibly clean throughout. There was a variety of communal spaces available which allowed each young person to have their own space which was important to them. A sensory room that contained a ball pit, as well as a variety of sensory lighting and light projectors provided a low-arousal sensory environment. The provider had continued to enhance the living environment. A new carpet had

been fitted the stairs, new window blinds had been provided, a new shower was provided to better meet the needs of one young person and further decoration of communal areas had taken place. Young persons had access to a large secure outdoor area, which contained a lawn area, a variety of swings, basketball hoops, large paddling pool and wooden garden furniture. The person in charge outlined that plans were in place to improve the condition of the lawn areas and provide further appropriate sensory outdoor play equipment
Judgment: Compliant
Regulation 26: Risk management procedures
There were systems in place for the identification, assessment, management and ongoing review of risk. All young persons had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, fire safety, incidents, restrictive practices, medication management as well as infection prevention and control. The risk register which was regularly reviewed and updated was reflective of risk in the centre.
Judgment: Compliant
Regulation 27: Protection against infection
The provider had systems in place to control the spread of infection in the centre and required improvements identified at the last inspection had been addressed. There were appropriate colour coded cleaning systems in place. There were adequate supplies of cleaning equipment which were found to be suitably stored. All parts of the centre were found to be visibly clean. Staff had completed training on various aspects of infection, prevention and control as well as recent training on the safe use of chemicals and in food safety.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety management systems in place. Issues identified at the previous inspection had been addressed. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills had continued to take place. The records of recent fire drills

reviewed indicated that young persons could be evacuated safely and in a timely manner in the event of fire or other emergency. All staff and young persons had taken part in fire drills. There was always two staff on active duty at night-time.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Young persons' health, personal and social care needs were regularly assessed and support plans were developed, where required. The inspector reviewed a sample of two files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Young persons were supported to identify and achieve personal goals. Annual meetings were held with young persons and their family representatives where appropriate and regular reviews took place to track progress of identified goals. It was clear from a review of documentation and photographs that young persons were being supported to achieve their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that the young persons had access to the health care that they needed. They had regular and timely access to (GPs) and health and social care professionals. A review of two files indicated that the young persons had been regularly reviewed by behaviour support specialist, psychiatrist, occupational therapist, speech and language therapist, dentist, optician, social worker and chiropodist.

Young persons were supported to avail of vaccine programmes. Each young person had an up-to-date hospital passport which included important and useful information specific to them, in the event of requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting young persons manage their behaviour. Those who required support had access to regular psychiatry, behaviour support review and had updated positive behaviour support plans in place. Staff spoken with

were knowledgeable and familiar with identified triggers and supportive strategies. The local management team clearly outlined how the current strategies used by staff were working well and had resulted in a reduction in behaviour related incidents.

Restrictions in place were regularly reviewed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use. It was clear that other less restrictive alternatives had been considered and that all restrictions were used for the shortest time possible. There were detailed protocols and risk assessments completed for use of specific restrictive practices in use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that children and young adults accommodated were protected from abuse. All staff had completed training in relation to safeguarding and Children First. The management and staff teams recognised the associated risks of young adults and children utilising the service. The risk register had been updated to reflect the current control measures in place in order to mitigate those identified risks. The person in charge advised that there were no active safeguarding concerns in the centre at the time of inspection. Safeguarding was a standing agenda item for discussion at staff meetings.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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