

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

Issued by the Chief Inspector

Name of designated centre:	Blackthorn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	09 April 2026
Centre ID:	OSV-0008487
Fieldwork ID:	MON-0041022

About the designated centre

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

Blackthorn residential service provides full-time care to two adults with an intellectual disability. The centre comprises two neighbouring houses located in a residential area close to a busy town. Residents are supported by a team of social care assistants. At night-time a sleepover staffing arrangement is in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 9 April 2026	09:05hrs to 16:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This was a good centre which supported residents to choose how they lived their lives. Residents told the inspector that they were very happy living in the centre and they were able to exercise choice in how they spent their days leading to them having a good quality of life and described staff as “very good”

The registered provider of this centre is Western Care Association in Co. Mayo. This announced inspection was undertaken to assess the suitability of this centre for renewal of registration. As part of this inspection the inspector reviewed compliance levels with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013 (The regulations) and found that all regulations reviewed were compliant.

On arrival, one resident was available in the centre, As the inspection took place during Easter week the day service for one of the residents was closed, the other resident had gone to their day service. The inspector met the person in charge who facilitated the inspection. The resident welcomed the inspector to their home and was clear regarding what the inspection involved and why it was taking place. They also gave consent for the inspector to enter and walk around their house and access their documentation. This service was registered by the Chief Inspector of social services as a designated centre in 2023. Prior to this the residents were accommodated in another local service and so were familiar with the local area. The inspector spoke with one staff member and the person in charge and spoke with one resident in the centre and one resident on the phone.

The inspector met with the resident who lived in this centre, spoke with the other resident who was living in the centre on the phone. The inspector also spoke to the person in charge and staff on duty, and also viewed a range of documentation.

As part of this inspection, the inspector also observed the care and support interactions between a resident and staff. The inspector noted that there were very positive interactions between staff and the resident. A staff member who was working with the resident on the morning of the inspection knew the resident for 25 years. They were working until 12 midday as they had slept over the previous night. They were very good at encouraging the resident to express their views and use their iPad to show the inspector the places the resident had recently attended, their skills and the life they lived. This included going on holidays, attending social farming, growing vegetables, visiting their parents' graves, visiting knock, going swimming, doing yoga and pottery and visiting family members. The resident spoken with on the phone spoke of attending the local pub, and socialising with the other resident and attending day services and going on holidays. Both described active life styles and were very happy with the service provided to them. They spoke of attending community activities, going out for meals, going on holidays and

socialising with the other resident. They stated that staff were “kind and helpful” and assisted them to have a good quality of life. They also stated that loved their home and didn’t want anything changed and that “they were happy with everything”.

The resident went to the barbers to get their hair cut and had gone for coffee. They were delighted to show their hair cut to the inspector on their return. Later in the afternoon, they went walking with staff and out for lunch. . The person in charge was also available and facilitated the inspection.

It was clear that the residents in this centre had a good quality of life, had choices around how they lived their daily lives and were involved in activities that they enjoyed. A consistent skilled staff team led by the person in charge ensured that resident’s rights were promoted through care and support practices. Residents were very capable and with the assistance and encouragement of staff had developed and retained independent skills, for example one resident had completed a cookery course and told the inspector they enjoyed cooking and cooked their main meal in the centre regularly. Both residents attended services outside the centre on a daily basis, one attended a training/support centre five days per week and the other resident attended local day services part-time. They were also and was also engaged in a social farming programme and worked in a local business two hours per week.

Staff spoke about how they enjoy working in the centre, staff get on well, and see their job as “making the residents lives better”. They confirmed regular staff meetings were occurring and management were approachable.

The centre was located in a small well maintained housing estate close to a busy town, which gave the residents good access to a wide range of facilities and amenities. Overall the centre suited the needs of the resident and provided them with comfortable living environment that they liked. Residents spoke of how they have their own areas and have each others company as they wish and often socialise together.

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

Overall the findings of this inspection supported that this was a well-managed and well-run centre.

The provider had ensured that effective governance and oversight arrangements were in place which resulted in a high standard of care and support being provided to residents.

The provider had measures in place to ensure that the resident's care and support was delivered to a high standard. Overall, these arrangements ensured that a good quality and safe service was provided to the resident who lived in this centre.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge, who was frequently present in the centre, and worked closely with staff and with the wider management team. The person in charge was very knowledgeable regarding the individual needs of the residents. There were clear arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty. The centre was resourced to ensure the effective delivery of care and support to the resident who lived there. These resources included a comfortable environment that the resident liked, access to Wi-Fi, a transport vehicle dedicated to the centre, and adequate staffing levels to support the resident in both their leisure and health care needs.

Registration Regulation 5: Application for registration or renewal of registration

This inspection was to review the renewal of registration of this service. Information is required to be submitted to the chief Inspector by the provider to complete this process. The provider had submitted all the required information as required to renew the registration of this designated centre. However the current lease submitted requires extension to ensure it covers the length of the registration cycle. The registered provider has submitted written communication that this is in process.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and to comply with the mandatory requirements for this post as detailed in the regulations. The person in charge also had responsibility for another designated centre and another service. An assistant manager was available to support the person in charge. Regional person in charge meetings were held. These meetings provided updates on any changes that they required to be aware of. Minutes were available of these meetings. The person in charge told the inspector that the area manager was freely available and provided support and supervision to them.

Judgment: Compliant

Regulation 15: Staffing

The inspector found there were adequate staff on duty to meet the needs of residents accommodated.

From a review of the actual and planned rota from 1 March 2026 to 9 April 2026 this showed that the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. The rota provided an accurate account of the staff present at the time of inspection. There was one vacant post, this vacancy had just occurred. Some staff in the centre worked part-time and covered extra shifts to cover this vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that all staff working in the centre had completed mandatory training in safeguarding, positive behavioural support and fire safety. Other training completed included risk management training and neurodiversity. The person in charge provided formal supervision and described how staff can meet with them to discuss any issues in between these sessions for informal support and advice.

Judgment: Compliant

Regulation 22: Insurance

The insurance submitted at the time of the application has expired .

An up to date insurance cert has been submitted by the registered provider.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management arrangements in place were effective and ensured the delivery of a good quality service to residents.

These arrangements included auditing systems and a clear organisational structure with clear lines of authority. Staff meetings were occurring at six weekly intervals and minutes were available of these to ensure that staff who were unable to attend could review. The inspector reviewed the minutes of the staff meeting of 14:1:2026. Six staff attended. Areas discussed included residents care and support, safeguarding training, and the day to day running of the centre.

Six month unannounced visits on behalf of the provider were being completed as required under regulation 23. These were completed by two managers independent of the service. The inspector reviewed the last completed report of the 29:1:26. An action plan was in place to address areas that required review for example completion of refresher medication management training areas were identified for improvement. Audits completed by the person in charge included first aid equipment, compliance of the service vehicle with road tax, insurance and services, and health and safety.

The person in charge was in the process of developing and audit action plan which will encompass all actions required from the annual review, six monthly visits and audits. The last annual review was completed on the 13:11:24 and the person in charge was in the process of completing the 2025 annual review. Residents meetings were taking place and advocacy services were available to residents. The staff and the person in charge utilised these meetings to gain regular feedback from residents. There was regular contact with family members and staff utilised their visits and attendance at medical appointments and the circle of support annual meetings to discuss their satisfaction with the service. Six weekly business meetings were occurring meetings between the person in charge and the area manager. Discussion at these meetings included a review of residents' assessed needs and any changes that had occurred, accident and incidents and any trends identified were discussed. A Person in charge forums were also occurring at regular intervals where compliance levels from the area inspections were discussed to inform learning.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An admission policy was in place The registered provider had agreed on admission with each resident the terms on which the resident could reside in the centre. This agreement included the care, support and welfare to be made available to the resident and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose
The statement of purpose. was in compliance with regulation 3 - statement of purpose. It had been revised in preparation for this inspection and was accessible to residents. It accurately reflected the service provided.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge maintained a record of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulation
Judgment: Compliant
Regulation 34: Complaints procedure
A complaints policy was in place in the centre and residents were aware of this. A record of complaints was kept in the centre. One resident had recently made a complaint and this was resolved to the satisfaction of the resident swiftly. An easy to read complaints guide and information on advocacy services was available in the centre.
Judgment: Compliant
Regulation 4: Written policies and procedures
Written policies and procedures were prepared in writing and available in the centre. A sample of these policies were reviewed by the inspector and they were centre specific and had been reviewed in the last three years.
Judgment: Compliant

Quality and safety

The inspector found that this was a good service with management systems in place to support staff to ensure a good quality person centred service was delivered to residents.

A review of residents' personal plans confirmed that personal plans were person centred. Residents' dignity and privacy was respected with each resident having their own room and own large wet room.

The residents were offered choice in their food, daily activities and how they liked to spend their day. The weekly residents' meeting ensured that residents were able to be involved in the running of the centre. The religious choices of the residents were respected with staff ensuring that residents could choose to go to Mass if they wished.

Information was available in the house in an easy-to-read format on areas such as, safeguarding, advocacy and making a complaint. A car was available exclusively to this centre to support residents to engage in activities and to facilitate any medical appointments. This vehicle was domestic in nature and lent itself well to community inclusion and anonymity. Residents spoken with said they had no concerns but if they did they could talk to any of the staff and felt assured that 'staff and the person in charge would help them.

Regulation 10: Communication

Residents could communicate their views and wishes.

One resident had an IPAD and used pictures from this to express their views. They could also verbally communicate and staff acted as communication partners where required. Staff were observed to give the resident time to communicate their views. The other resident that the inspector spoke with on the phone had clear communication skills.

Judgment: Compliant

Regulation 11: Visits

There was an open visitor's policy in place and visitors were facilitated to attend the centre according to resident's wishes.

A private space was available for each resident to see their visitor separate from the resident's bedroom.

Judgment: Compliant

Regulation 17: Premises

The inspector found that each resident had a comfortable home which met their needs and both enjoyed living in and were very proud of their home.

The centre comprised of two semi-detached small bungalows. Each house had two bedrooms an open plan kitchen cum- sitting room and dining room and a large wet room. Laundry facilities were shared. There was an access route between the two houses at the rear of the property. The houses were nicely decorated, very clean were warm welcoming and personalised. The living rooms were comfortable and the kitchens were well-equipped. Overall, it was evident from observations in the centre, discussions with staff and information reviewed that the residents had a good quality of life, where they made choices about what to do and were supported to be active participants in community life.

The centre was located in a small well maintained housing estate close to a busy town, which gave the residents good access to a wide range of facilities and amenities. Overall the centre suited the needs of the resident and provided them with comfortable living environment that they liked. Residents spoke of how they have their own areas and have each others company when they wish to socialise together.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management was well managed. There were systems in place to identify and mitigate risks to residents.

A risk management policy was available. There was a system in place regarding lines of accountability for risk identified through their accident incident and review system. A risk register was in place which detailed risks identified and controls in place to mitigate these risks. The premises were clean tidy and clutter free. A generator plug had been inserted to the external of the centre so that maintenance could attend the centre and set up a generator safely if required. An emergency plan was in place with a safe place local in case evacuation was required. The staff have an essential pack set up in case evacuation is required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of one of the residents and found that assessments relating to the care and support of the resident were in place with plans in place to meet these assessed needs.

Personal plans were person centred and demonstrated good detail of the goals and steps to achieve these.

Each resident had a specific key worker who was primarily responsible for assisting residents to reach their goals. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on residents' choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, dentist and psychology and positive behaviour support. Staff supported residents to attend medical appointments.

Comprehensive person centred care plans were in place to support staff to meet the assessed needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour management policy was in place. All staff had undertaken training in positive behaviour support. The person in charge had also completed neurodiversity training and other staff were booked to attend.

There were no active behaviour support plans in place at the time of this inspection but one of the residents was attending the behaviour support therapist for well being support. here was a log of restrictive practices in place which at the time of inspection had not been reviewed by the human rights committee. Post the inspection the inspector was informed that they have now been reviewed and have been upheld by the human rights committee.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to ensure residents were safe in the centre. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. A consistent staff team was available in the centre and they had developed a trusting relationship with residents where residents could feel safe to report any areas of concern they had. A policy on safeguarding residents was available Details of the designated officers were available in the centre.

There were no active safeguarding plans in place in this centre at the time of the inspection. The provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents' independence, dignity and autonomy was supported by the way they had control in the running of the centre

From a review of relevant documentation and speaking with residents and staff, the inspector found that the residents were supported to choose activities that were meaningful to them and there was also an emphasis on building new skills and

enhancing independence. Residents told the inspector that they attended mass as they wished, and were supported to have regular contact with their families in person and by phone. The inspector also seen that families were involved in the review of care plans. The inspector observed and residents views supported that this was a centre that had embedded a human rights based approach in the service they provided to residents. The centre ethos was strongly based on the views and inclusion of residents and it was clear that the residents had a major influence on how the centre was run.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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