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:	Teach Saleen Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	08 June 2026
Centre ID:	OSV-0008582
Fieldwork ID:	MON-0042003

About the designated centre

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

Teach Saleen residential service provides residential care to two male residents. The centre comprises two semi-detached houses located in a modern housing estate on the outskirts of a large town in Co. Mayo. The homes are in walking distance to a range of amenities including shops, restaurants, pubs, cinema, bowling alley and swimming pool. One resident lives in each house. Residents are supported by their own team of social care staff under the management of a person in charge and an assistant manager. Sleepover cover is provided each night in the two houses. The houses are designed and decorated to meet the specific needs of each resident and in line with their individual preferences. Each house has a kitchen/dining area, sitting-room, downstairs toilet. Upstairs in each house, there is a bathroom with shower facilities and three rooms including resident bedrooms, a leisure room and staff bedrooms. Each resident has individual transport to access day services and community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 8 June 2026	15:30hrs to 19:45hrs	Mary McCann	Lead
Tuesday 9 June 2026	09:30hrs to 12:15hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Teach Saleen was registered by the Chief Inspector of social services as a designated centre in September 2023. This was an announced inspection as the registered provider has applied to renew the registration of this centre, and was to assess the suitability of this centre for renewal of registration.

The inspector found that this was a a good centre which ensured the two residents who lived in the centre had a good quality of life. Positive changes had occurred in residents lives since they moved into their new homes in 2023.These included less incidents occurring , and greater access to community facilities

On arrival the person in charge and the social care leader were available in the centre. They were familiar with the inspection process and had various regulatory documents available for review by the inspector.

Teach Saleen provides care and support to two residents in two semi-detached houses located next door to each other. Each house is run independently with their own staff team and facilities. Due to the assessed needs of residents and their expressed wish the inspector met both of them briefly. Both residents looked good and healthy, acknowledged the inspector and indicated they were happy living in the centre. Both indicated to the inspector that they were happy for the inspector to enter their home and review their documentation. The inspector relied on the documentation available and the assistance of staff to assess whether the service provided was a good service and met the needs of the residents. One availed of day services from the centre and the other attended a local day service 5 days per week.

Staff were available to the residents 24 hrs per day. The inspector met with both residents, three staff and the person in charge. All staff knew the residents well and voiced the view that they had settled into the centre and they were happy living in their homes. They gave a detailed account of the likes, dislikes and day to day activities of the residents.

From speaking with staff and reviewing documentation the inspector noted that residents enjoyed a good quality of life. and were facilitated to pursue activities of their choice, one by attending day services and the other from activities organised by the residential staff. Activities included day trips, going for walks., swimming , bowling and going to the pub.

Both houses were very clean and homely with nice furniture and personal items of the resident's choice. Both had back gardens and there was parking space to the front of the houses. The inspector noted that there were positive interactions between staff and the residents.

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

The inspector found that the provider had the capacity and capability to ensure a good service was provided to the two residents accommodated. In the absence of the person in charge the social care leader was identified to deputise.

Policies and procedures were also available to assist and guide staff.staff This ensured that where incidents occurred a designated person was available to review and escalate to senior management as and where required. The person in charge was familiar with the resident's needs. An overarching quality improvement plan was in place and where deficits were identified these were addressed.

Each resident has a dedicated staff team which ensured a consistent staff is available to work with each resident. t

Regular meetings between the person in charge and their manager were occurring. Discussion at these meetings included a review of residents' assessed needs and general running of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted all the required information in line with the required time frames to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been person in charge of this centre since in this centre 2024.They have the required skills, knowledge and experience to hold the post of person in charge.

They are registered with CORU and have recently completed neurodiversity training. They hold responsibility for this service one other designated centre two unregistered services and an area manger post. They are supported in their role in

Teach Saleen by a social care leader. Their mandatory training in fire safety positive behaviour support and safeguarding was up to date.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were adequate in meeting the assessed needs of residents living in the centre.

Residents were supported by staff on a 1:1 on a 24 hour basis

The inspector reviewed the actual and planed staff rota from the1 March 2026 to 30 June 2026 and found a consistent team was in place.

Staff who worked in the day services or part-time staff who knew the residents well covered when regular staff were on annual leave or other absences. The person in charge ensured that any new staff requited had a comprehensive induction to ensure the needs of the resident were met.

Judgment: Compliant

Regulation 16: Training and staff development

A sample of staff training records were reviewed by the inspector which confirmed that all staff had completed mandatory training. This was an action from the last inspection.

Staff were in receipt of formal supervision and the person in charge described how staff can meet with them to discuss any issues in between these meetings. The person in charge regularly attended the centre and in her absence the social care leader assumed responsibility for the running of the service. Staff meetings were held on a regular basis and minutes were available of these meetings. An organisational on-call system was in place to provide support and advice to staff if required.

Judgment: Compliant

Regulation 22: Insurance

The registered provider has submitted a certificate confirming appropriate insurance is is in place. This was submitted as part of the documentation for renewal of registration.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre.

Six monthly unannounced visits were being completed, the inspector reviewed the last two. The inspector also reviewed the annual review for 2025 which was completed by the person in charge on the 29/4/2026. This was comprehensive and gave a good oversight of the quality and safety of care provided to residents and how they indicated they were happy with the service provided to them.

Regular contact was maintained with families, and one visits their family at home, and the other resident has visits to their home by family members. There was evidence that families were happy with the services provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An individual service level agreement was in place for all residents. These detailed the fees to be paid by the resident and included the care and support that would be provided to the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the most recent statement of purpose and found that it was in compliance with Regulation 3, Schedule I of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of this inspection and no plans were in place to seek volunteers for this centre The registered provider has a policy in place regarding volunteers .

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge is an experienced person in charge and was aware of what incidents required reporting to the Chief Inspector of social services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that all schedule 5 policies were in place. The inspector reviewed a selection of these including the policy on restrictive practices. The listening and responding to people policy the complaints policy and the missing persons people policy.

Judgment: Compliant

Quality and safety

This inspection found that the two residents accommodated in this centre enjoyed a good quality of life and were assisted in meaningful activities. Their safety was promoted through the provider's risk assessment systems and safeguarding measures. The needs of the residents had been assessed, and support plans were enacted to ensure residents' needs were met. This included support in relation to the residents' nutritional needs, and support attending medical appointments. Each house was individualist and provided a person-centered approach to each resident.The person in charge and all staff spoke of the residents respectfully and displayed kind and encouraging assistance to the residents.

Regulation 11: Visits

The person in charge explained that family members visited the residents and as each house provided care to one resident there was ample private space for residents to interact with their visitors in private separate to their bedroom.

The arrangements also provided residents with the assistance of staff to offer refreshments to their visitors. An up-to-date visitors' policy was in place.

Judgment: Compliant

Regulation 17: Premises

The inspector found that each resident had a comfortable home which met their needs and both enjoyed living in Teach Saleen.

The houses were nicely decorated clean were and homely. The living rooms were comfortable and the kitchens were well-equipped. The premises were enhanced by private back gardens which provided a nice area for residents to enjoy and relax in. Plans were in place to develop the gardens. There was adequate laundry facilities for residents to wash and dry their clothes.

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

A risk management policy was in place, and this has been submitted to the Chief Inspector. Accident and incidents were recorded contemporaneously. This ensured there was an accurate account recorded of the incident.

The person in charge completed quarterly reviews of incidents The person in charge told the inspector that one of the positives of residents moving in to Teach Saleen in

2023 was that there was a decrease in the amount and intensity of incidents displayed by residents. This contributed to greater community access.

Review of the minutes of team meetings supported that staff discussed incidents with a view to learning from any deficits identified. This was important as it was a good preventative strategy to try and prevent re occurrence of incidents. The registered provider had developed a generic risk assessment to assist staff with the management of any risk identified. However, this needs to be person centred and linked to each individual risk associated with each resident. This area required improvement. The person in charge was in the process of reviewing residents' risk assessments. Staff were aware of who to contact out of hours to assist staff where an incident occurred.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had systems in place to ensure that residents would be protected if a fire occurred in the centre. These systems included the installation of a fire alarm which would alert staff to the area where a fire occurred.

All staff were trained in fire safety, regular simulated fire evacuation drills and fire safety checks were occurring. Additionally, the provision of fire doors throughout the premises, fire extinguishers and personal evacuation plans for both residents were in place. Both residents were ambulant.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents care and support needs were set out in a person-centred way in the two personal plans reviewed by the inspector. These assessments were comprehensive and where required a corresponding care and support plan was in place for example plans to relate to behaviours that challenge and personal care needs Goals were identified and there was good evidence of goals being progressed and achieved with goals reviewed monthly.

Annual reviews of the personal plans were occurring, and this involved all personnel working with the residents and their families. The inspector found that staff were aware of the content of the personal plans and a key worker system was in place where designated staff were allocated with overarching responsibility to ensure the personal plans were reviewed and goals were progressed. For example, one resident

had a goal of doing a park run and this had been achieved, another goal related to planning a holiday and this was also achieved.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were well managed.

Bothresidents had access to a GP and specialist mental health services and allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place in the centre at the time of this inspection. A notification of unexplained bruising had been reported the safeguarding officer last year. No further incidents of this have been observed.

This showed that staff were reporting safeguarding incidents appropriately and following their policy.

The inspector reviewed the practices in place regarding safeguarding residents and spoke with staff and the person in charge regarding these procedures. These procedures included ensuring all staff had undertaken training in best practices of safeguarding residents, safeguarding incidents are reported to the office of the Chief Inspector and the designated officer . Contact information of the designated officer was displayed in the centre.

The person in charge and staff spoken with displayed a good working knowledge of the needs of residents and there was a focus on person-centred care. Staff explained the role of the inspector to residents and encouraged them to meet the inspector .

Judgment: Compliant

Regulation 9: Residents' rights

Residents' dignity and privacy was respected with each resident having their own house,consequently private bedroom and shower facilities were available to each resident which protected their privacy and dignity.

A consistent staff team who knew them well worked with each resident and could assist them to express their needs. Individual transport was available for each resident to assist them in participating in meaningful activities.

One resident had a bespoke activity schedule supported by the residential staff team. The other resident attended day services.

Easy-to-read guides were available on areas such as safeguarding, advocacy and making a complaint. Residents were supported by staff to attend their GP and facilitate any medical appointments. Residents were encouraged to maintain and increase their independence by assisting staff with household chores. One resident was also supported by staff to visit their parents weekly.

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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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