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:	Saol Og Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	20 April 2026
Centre ID:	OSV-0008587
Fieldwork ID:	MON-0041613

About the designated centre

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

Saol Óg Residential and Respite Service can provide a full time 24 hour residential & respite service to two residents over 18 years of age with Autism and/or Intellectual Disability. The designated centre can provide an individualised service based on their specific needs. The service provides full time residential care. Residents are supported by a staff team who are available at all times during the day and night. This residential service operates on a full time basis, 7 nights x 52 weeks per year. Waking staff are available at all times when residents are accommodated. The centre is located close to a busy town and within driving distance of aarrange of amenities. Support is provided by a team of social care staff. The centre is a single storey modern detached bungalow situated on the outskirts of a busy town.

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 20 April 2026	14:30hrs to 18:15hrs	Mary McCann	Lead
Thursday 21 May 2026	09:30hrs to 12:15hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This designated centre was registered by the Chief Inspector of Social Services (The Chief Inspector) in September 2023. This centre provided a good person centred service to the residents.

The registered provider is the Western Care Association. They had applied to renew the registration of this centre. This inspection was carried out to assess the suitability of this centre for renewal of registration. This is a respite service for two residents. One resident avails of respite six nights per week and the other resident attends one night per week. The inspector met with the area manager when they arrived at the centre and reviewed some relevant documentation with regards to the renewal of the registration. The inspector met with two staff and the resident who availed of respite six days per week. The residential service staff commenced duty at 16:00 hrs. The resident returned from day services at 16:15 accompanied by day services staff. A communication folder to enhance communication between services and thereby protect the safety of the resident accompanies the resident at all times.Staff explained that this gave a good oversight of the day to day care and support delivered to the resident and the activities they partook in. There was evidence in the care files reviewed that there was good communication between families, day services and the residential services.

The inspector observed staff engaged positively with the resident enquiring as to how they enjoyed day services. The resident liked to listen to music and the staff assisted the resident to set up her head phones and music for them at their request. Staff were also observed to chat with the resident while they prepared dinner for the resident which staff explained it was one of the residents' favourite dinners. Staff spoke displayed a good knowledge of the residents likes and dislikes and the activities they enjoyed in the afternoon for example walking, line dancing and going for coffee. The resident had poor vision but was observed to be able to walk independently around the centre and find the bathroom and their bedroom. Staff have received training and advice from the National Council for the Blind of Ireland to enable them to enhance the environment and promote independence for the resident.

Saol Óg is a purpose built modern bungalow which comprises of two resident bedrooms and two staff bedrooms. One of the residents has an ensuite wet room style shower and toilet and the other has a bathroom adjacent to their bedroom. A separate toilet was located close to the communal area. A well sized open-plan sitting room cum dining and kitchen with good light and comfortable furniture which staff reported had been chosen by the residents was available for residents' use. This meant that while staff were cooking resident's food they could chat with the residents and supervise the residents. A utility room was available on entry to the side of the property. The centre had a garden to the back and left side of the

property with trees and a wooden fence which enhanced privacy. A staff office completed the layout of the premises.

The person in charge was on leave at the time of inspection and the inspection was facilitated by the area manager. The From observing the positive interaction of staff with the resident, reviewing documentation and reviewing the premises the inspector found the resident enjoyed a good quality of life. A consistent staff team was available in the centre and this meant they were aware of their communication strategies and the residents' preferences. There was a different staff team available to work with the resident who attended one night per week due to their specific assessed needs.

Staff spoken with stated they enjoyed working with the residents. There was evidence of good regular communication with families who also visited the centre and attended meetings in the centre. The centre offered a comfortable environment to residents to relax at home listening to music and watching television. There was information available in the house in an easy-to read format on areas such as, safeguarding and advocacy. In summary, from the inspector observations, speaking with staff and the resident, and reviewing documentation, the inspector was assured that residents enjoyed a good quality service.

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 affects the quality and safety of the service provided.

Capacity and capability

The findings from this inspection supported that this was a good centre which was well-managed and offered a good service to the two resident's accommodated.

The previous inspection of this centre was carried out in June 2024. The outcome of this inspection was that three areas required review. These areas related to governance and management, fire safety and positive behaviour support. These areas had been reviewed by the registered provider and were in compliance at the time of this inspection.

The area manager had a good knowledge of the residents and was familiar with the running of the service. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre. The centre was managed by a competent person in charge. Regular staff meetings and regular governance meetings were taking place. An auditing system was in place and an overarching plan was in place and post audits, areas for service improvement were identified and actioned.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted all the required information to renew the registration of this designated centre

. This inspection was to review the renewal of registration of this service.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge was in post who had the required qualifications and experience to meet the requirements of the regulations.

They worked full-time. Meetings were held between the person in charge and area manager every six weeks. These meetings provided updates on any changes to residents and the general running of the centre. Minutes were available of these meetings. There was also evidence that the person in charge was appropriately supported and supervised by the area manager.

Judgment: Compliant

Regulation 15: Staffing

Following a review of the staff rota from the 1 April 2026 to 1 May 2026 the inspector found that the staffing complement met the requirements of the service and were in line with the statement of purpose

. The inspector noted that staff were attentive to residents' needs and when the resident requested assistance staff immediately responded

There were consistent staff on duty at all times. Regular staff who worked part-time worked extra shifts to cover leave for full-time staff. The area manager voiced the opinion that a consistent staff was crucial due to the specific needs of the resident accommodated on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the required mandatory training and additional training to ensure they could provide the care and support required by residents.

A rolling staff training programme was in place. The registered provider had developed an IT system where staff could book their training when they were available to attend and once completed staff obtained a certificate of completion. Completion certificates were available in staff files in the centre. These were reviewed by the inspector who found that mandatory training in Fire safety, safeguarding residents at risk of abuse and positive behaviour support were available for all staff. The staff training matrix was maintained by the person in charge and this included details of when staff attended training and when refresher training was due. Other training completed by staff included safe administration and storage of medication, first aid and neurodiversity. Staff were in receipt of formal supervision and the area manager described how staff can meet with them or the person in charge to discuss any issues in between these sessions for informal support and advice. Staff confirmed that the person in charge was freely available to them. Staff meetings were held on a regular basis and minutes were available of these meetings.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

This has been submitted as part of the documents required for renewal of registration.

Judgment: Compliant

Regulation 23: Governance and management

There was good governance management systems in place which ensured that the service provided to residents was safe.

The registered provider had ensured that there was a clear management structure in place. When incidents occurred these were documented and escalated according to the seriousness of the incident. All incidents were reviewed by the person in charge or whoever was deputising for them in their absence. Staff were aware of who to contact out of hours and designated phone number was in place and this information was displayed in the staff office. Audits of accident and incidents were

occurring and these included a review of trends. Where incidents had occurred any deficits were identified these were documented for action and discussed at staff meetings to inform learning and try and prevent re-occurrence. The area manager met with the person in charge on a six weekly basis.

Oversight of the centre was also enhanced by the regular completion of six -monthly unannounced visits to the centre. The inspector reviewed the most recent six monthly which was completed in December 2025 by an area manager and person in charge independent of the service. An action plan was developed for actions identified which included for example to complete a review of the statement of purpose and a medication review. The inspector noted in the action plan that these issues had been addressed. The person in charge met regularly with the area manager and there were regular person in charge forums for persons in charge to enable learning and provide support to person in charge. The person in charge had completed an annual review of the service as required by the regulations. The inspector reviewed the most recent annual review which was completed on the 30 January 2026. While this did not specifically contain information regarding consultation with resident and their families the inspector saw that a satisfaction survey had been completed which was very positive of the service provided. The area manager gave an assurance that going forward outcomes from satisfaction surveys completed with families and residents would be incorporated into annual reviews.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A service level agreement was in place for both residents.

The inspector reviewed the service level agreement for one resident. This had been reviewed by the provider on the 26 February 2026 and was due for review on the 1 July 2026. This 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 statement of purpose had been revised in preparation and the revised version has been submitted as part of the documentation for the renewal of registration.

It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was adhering to their responsibility under the regulations to give notice to the chief inspector in writing of incidents which had occurred in the centre.

The inspector completed a review of incidents arising at the centre over the last year and found that matters were reported to the Chief Inspector in line with the requirements of this regulation. Incidents were discussed at the meetings between the person in charge and the area manager

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy in place. An easy to read version was also available. This clearly detailed the process for making a complaint.

This meant that if residents or their loved ones who wished to make a complaint could do so. There were no open complaints at the time of the inspection. The inspector spoke with the area manager who confirmed that they had no complaints in the last year.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule five policies were made available to staff in the centre. The inspector reviewed a sample of these to include the safeguarding policy, communication policy and the positive behaviour support policy. Policies had been reviewed at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Residents accommodated in this centre enjoyed a good quality or life and were assisted to engage in meaningful activities.

While residents accommodated in this service lived alone they attended day services five days per week and engaged in activities of their choice with their friends in day services Staff spoke of what activities the resident liked to engage in for example, swimming, walking, line dancing and listening to music. Residents were supported with warmth and the staff engaged in a friendly encouraging way with the resident.

The development of independent skills was encouraged for example one resident brought their washing to the utility room and was assisted by staff to put it in the washing machine.

Residents had assessments of their health, social and personal care needs and supports were in place to meet these needs. Residents meetings were occurring and residents were involved in the running of the centre and in choosing how to live their day-to-day lives. These choices were respected.

Regulation 11: Visits

Visitors were welcomed and some family members visited the centre.

As this centre was an individualised service there was space for visitors to meet in private in the staff office and in the staff bedrooms of in the communal areas.

Judgment: Compliant

Regulation 17: Premises

The centre is laid out to meet the aims and objectives of the service and meet the needs of residents accommodated.

The premises provided a comfortable home to residents and was clean, well maintained and suitably decorated. The registered provider had enlisted the assistance of the National Council of the Blind who had visited the centre to promote the full capabilities and independence of the residents.

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 28: Fire precautions

The registered provider had systems in place to protect the residents if a fire occurred

A detection and fire alarm system was in place. Procedures in place to protect residents should fire occur included regular fire evacuation drills, , provision of fire extinguishers and a fire blanker, staff training, an evacuation plan, exit signage, emergency lighting, regular fire safety checks. The inspector noted that all exits were free of any clutter or obstacles to enable swift evacuation. Personal evacuation plans were in place for both residents and both residents and these had been reviewed regularly to ensure they were fit for purpose and staff were familiar with them. This was an action from the last inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place to ensure safe management of medication in the centre.

Staff had completed safe administration of medication training. A medication management policy was in place to guide staff in safe procedures. All medication was prescribed by the general practitioner and dispensed by the pharmacist. There was a locked cupboard specifically available for safe storage of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of the resident who was availing of respite at the time of this inspection and found that assessments relating to the care and support of the resident was 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 named person 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 resident's 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

The registered provider was responsive to the changing health and personal needs of residents and where additional supports were required, these were provided.

One resident had a significant heath issue and from speaking with staff and reviewing documentation, this health issue was very well managed. Residents were supported to attend medical appointments and meetings with other health and social care professionals. This meant that they received appropriate support that was in line with their needs. Both residents were registered with a local GP service and staff and an annual review of their health was completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had procedures in place to ensure that staff had up to date knowledge and skills appropriate to their role to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were no active behaviour support plans in place at the time of this inspection. These had been discontinued in consultation with specialist behaviour support personnel and psychology services all staff employed in the centre had undertaken training in managing behaviours of concern in a positive way and ensuring the rights of residents were protected. The inspector reviews one of the behaviour support

plans that had been discontinued and found that it was comprehensive and included the family also which was essential to ensure the residents behaviour was consistently managed as this was a respite service.

Judgment: Compliant

Regulation 8: Protection

The registered provider was ensuring that residents were protected from all forms of abuse. There were no active safeguarding plans in place at the time of this inspection.

Arrangements in place to ensure residents were safeguarded included ensuring all staff had received training in safeguarding residents at risk of abuse. The safeguarding policy was in date and available to staff in the centre.

From speaking with staff and the area manger the inspector was assured that if a safeguarding incident occurred this would be investigated and residents would be protected.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that resident's rights were protected.

Residents' were able to choose the activities they partook in and the inspector saw in documentation reviewed that residents had an active life and got to do things they enjoyed for example line dancing and listening to music inspector say that the resident was asked what they wanted to do after dinner. Independent skills were nurtured for example helping with house hold chores. The premises suited the needs of the resident accommodated and enable them to access the toilet independently. There were weekly residents meetings where staff discussed residents' food and activity choices.

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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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