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:	Hazel Oak Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	27 August 2025
Centre ID:	OSV-0008918
Fieldwork ID:	MON-0045781

About the designated centre

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

Hazel Oak Service provides full-time residential care for three adults (male & female) from the age of 18 upwards with an intellectual disability and/or intellectual disability and autism. The service accommodates persons up to a seven-day week residential basis. The centre consists of a two storey house. There is a self-contained apartment on the ground floor which accommodates one resident, with an interlocking door connecting the remainder of the house which accommodates two residents. Staff are available to support residents during the day-time with sleep over staffing arrangements in place at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 27 August 2025	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was the first inspection following the registration of this designated centre in December 2024. The inspection was announced at short notice and carried out to assess the provider's compliance with the regulations. Hazel Oak is a residential service which can accommodate up to three adults. The inspection was facilitated by the social care worker on duty and the area services manager. The inspector also met briefly with one other staff member. The inspector met and spoke with two residents during the afternoon on their return from day services, one resident did not wish to meet with the inspector. All three residents had moved into the centre in February 2025 having previously been accommodated in other designated centres run by the provider. Residents and staff spoken with confirmed that all had settled in well and were enjoying living in their new home. The findings from this inspection indicated that the centre was being well managed and there was good compliance with the regulations reviewed on this inspection.

Hazel Oak is a two-storey house located in a residential area of a city suburb. The house was extensively renovated and refurbished during 2024. The accommodation includes a self-contained ground floor apartment with its own kitchen, living room, and en suite shower room. The apartment has its own front door and access to the rear garden area. Staff advised that the resident living in this apartment enjoys their own space and privacy. Two residents are accommodated in the remainder of the house which contains a kitchen/dining room, living room on the ground floor, as well as two bedrooms and two individual shower rooms on the first floor. The bedrooms are spacious and have adequate personal storage space. Each bedroom has been furnished and personalised in accordance with residents wishes. The first floor also has a staff office and sleep over bedroom. Residents have access to the rear garden area which has been landscaped with a variety of plants and shrubs, a lawn area and suitable outdoor garden furniture provided. The house is well maintained and visibly clean throughout. At the time of inspection, repairs were being completed to the fencing around the rear garden area.

On the morning of inspection, all three residents had already left to attend their respective day services. Staff advised that residents were generally in good physical health and were relatively independent. Some residents required supports with their mental health and all required supports in fulfilling their social care needs. Staffing arrangements were in place to support residents in line with their assessed support needs. There were normally two staff on duty during the morning and evening time with one staff member on sleep over duty at night-time. The staff team were familiar with the individual support needs, likes, dislikes and interests of residents. Some staff had supported residents when they lived at their previous service and had ensured continuity of care and support.

The inspector met and spoke with two residents on their return to the centre from their day service programme during the afternoon. Both residents were in good from and advised that they liked the house and got on well with one another. One

resident spoke of their interest in video gaming and how they had planned and were looking forward to a trip to France to partake in a gaming tournament later in the year. Another resident sat and chatted with the inspector and staff over a cup of coffee. They spoke about the many trips and holidays that they had enjoyed over the past year. They mentioned a trip to Manchester and how they loved their visit to the set of 'Coronation Street', a recent overnight stay in County Leitrim, attendance at music concerts, meeting with their favourite music artists and celebrating with a party for a recent significant birthday. They also spoke about enjoying spending time relaxing and how they enjoyed watching the 'soaps' on television and helping out with household chores. They spoke of their plans for the evening which included doing some personal shopping, grocery shopping and baking a chocolate cake.

Staff spoken with, documentation and photographs reviewed indicated that all residents got out and about on a regular basis and partook in activities that they enjoyed. One resident regularly enjoyed going for drives in the countryside and getting takeaway meals. Others enjoyed attending the cinema, attending the theatre, going to music concerts, attending soccer matches, going out for coffee and meals, and visiting family members. Residents had attended a variety of theatre shows and music concerts in recent months and other events were planned for later in the year.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Staff strived to ensure that the support provided was person-centred in nature and that they prioritised the wellbeing, autonomy and quality of life of residents. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and regular key working sessions. From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted.

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

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas.

The provider had appointed a full-time person in charge, who was also responsible for one other designated centre in the organisation. The person in charge had a regular presence in the centre. The person in charge was supported in their role by the staff team and area services 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 residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 11 August 2025 to 31 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. Recruitment was taking place for one staff vacancy and some shifts were being filled by regular relief staff.

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 support needs of some residents.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The most recent provider-led audit had been completed in July 2025 and actions arising from that review had been completed. As this was a new centre the annual review of the service was not yet due.

The local management team had systems in place to regularly review areas such as staffing, training, health and safety, risk management, infection prevention and control, medication management, safeguarding and maintenance issues. The results of recent audits reviewed generally indicated satisfactory compliance. Regular local management and staff team meetings were taking place at which the results of audits and actions required were discussed.

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 and the hours worked were clearly set out in the staff rota.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the needs residents living in the centre. The staffing consisted of a mix of social care workers and social care assistants. There was one staff vacancy at the time of inspection and

the area service manger advised that recruitment to fill this post was taking place. Staffing cover was maintained by a core staff team, with limited use of relief staff. There was an on call protocol in place for out of hours.

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 in various aspects of infection prevention and control and safe administration of medications. Some staff had completed training in human rights. There were 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 residents.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service. There was evidence that issues identified from recent reviews had been addressed.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents had opportunity and engaged in activities that they

enjoyed on a regular basis. Residents spoken with indicated that they were happy living in the centre.

The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been completed. A range of individual risk assessments including moving and handling and falls had been recently updated. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

Personal plans had been developed in consultation with residents, family members and key working staff. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed and progress reviewed. It was clear that all residents were supported to progress and achieve their chosen goals. There were regular progress notes recorded and photographs demonstrating achievement of goals.

The centre was comfortable, visibly clean, furnished and decorated in a homely style. The provider had extensively refurbished the property during 2024 and had redesigned the layout to meet the needs of the current residents, to enhance their independence and quality of life.

The local management team had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and, medication management. Identified risks were regularly reviewed and discussed with staff at regular scheduled meetings. The management and staff team continued to promote a restraint free environment and there were no restrictive practices in use at the time of inspection. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding and the right to feel safe were regularly discussed with residents at their weekly house meeting. The contact details of the designated officer were clearly displayed.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families and friends. There were no restrictions on visiting the centre. There was

adequate space available to meet with visitors in private if they wished. Residents received regular visits from family members and friends in the centre. Residents also visited their family members in their homes. Residents kept in regular contact with family members, some told the inspector how they regularly spoke with family on the telephone, some went of holidays with family members and attended special family events. On resident spoke of enjoying attending a recent family wedding.

Judgment: Compliant

Regulation 13: General welfare and development

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities, and residents also used public transport for some outings. All residents attended day services during the weekdays, with one resident using a taxi service to get to and from their day service. One resident was availing of the 'Best Buddy' volunteer programme and met with their volunteer on a regular basis to partake in activities including attending football matches and going out for coffee. From conversations with residents and staff as well as information reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places that they enjoyed. Residents also liked spending time relaxing in the house, watching television, playing computer games and helping out with household tasks.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs particularly relating to space and privacy. The house was found to well maintained, visibly clean, furnished and decorated in a homely style in line with residents preference's. There were systems in place for ongoing maintenance of the building and recent issues identified had been addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. There were no restrictive practices in use at the time of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place. Daily and weekly fire safety checks were taking 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 were taking place involving all staff and residents. The records of recent fire drills reviewed indicated that residents could be evacuated safely and in a timely manner in the event of fire or other emergency. The provider had completed a recent audit of fire doors in the centre, the result of which was satisfactory with no issues of concern identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings had taken place, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector noted that individual goals were clearly set out for 2025. The inspector noted that some of the goals set out for 2025 had already been achieved while others were plans in progress. Some goals already achieved included the purchasing of a new suit jacket, a night away with peers, attending a show at a local theatre, registering to vote, opening a new bank account, attending the 'Best Buddies' Ball and organising a big birthday party with family and friends.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, psychologist, physiotherapist, podiatrist, audiologist and dentist. Residents had also been supported to avail of vaccination programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to regular psychology review and had updated psychology and behaviour guidelines in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. The staff team outlined how the current living environment suited the needs of residents particularly for those who preferred their own space and privacy.

The staff team promoted a restraint free environment. There were no restrictions in use at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents accommodated were protected from abuse. All staff had completed training in relation to safeguarding and Children First. The local team 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. Safeguarding and associated topics were regularly discussed with residents at weekly house meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. Some staff had completed training on promoting human rights in health and social care. There was evidence of ongoing consultation with residents with regards to choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the Internet and televisions. All residents had their own mobile telephones. Residents who wished were registered to vote. Residents rights, including the right to their own financial affairs, as well as, policies relating to respect and dignity, consent, and advocacy were discussed with residents.

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 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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