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:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	22 July 2025
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0047766

About the designated centre

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

The designated centre provides a residential service to eight residents who have an intellectual disability. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is a sitting room and kitchen/dining room for residents' use. The centre is located in a housing estate and is within walking distance of the local town. Transport is provided on a shared basis and residents also have access to public buses and taxis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Tuesday 22 July 2025	13:50hrs to 18:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the provider's compliance with regulations and the conditions of registration, which included an additional condition that was applied following concerns in relation to the oversight of care. The inspector found that sustained improvements had been made since the last inspection of this centre. The provider had strengthened the governance arrangements which had a positive impact on the quality and safety of care which residents received. Improvements were found in relation to the role of the person in charge, staffing and the oversight of risks and incidents. Although there were marked improvements across all regulations inspected, some adjustments were required in relation fire safety and in regards to food and nutrition for one resident.

The inspection was facilitated by the centre's person in charge and a newly appointed staff member who was due to take over the post of the person in charge in the coming weeks. Both managers had a good understanding of the service, residents' care needs and also the revised oversight arrangements which were implemented since the centre's previous inspection. The inspector also met with three staff members and spoke with two of these staff for a period of time. The inspector also met with six residents and spoke with two residents as they showed the inspector their home.

The centre was a large detached property located in a residential area of a large town in Co.Galway. The centre was registered to accommodate up to eight residents on a full time basis, and seven residents were availing of this residential service on the day of inspection. Six resident bedrooms were located on the first floor and two had ground floor access. The centre had a number of shared bathrooms and toilets which were sufficient number to meet residents' personal needs. There was a large reception room located on the ground floor which all residents used and a small second television room upstairs which two residents used from time to time. There was also a pleasant rear back garden and a modern open plan kitchen/dining area which residents had full access to.

The inspection commenced in the afternoon as residents were attending their respective day service. As residents returned, the centre had a busy yet pleasant atmosphere and everyone chatted freely with each other. Residents went about their own affairs with some making a cup of tea and others retiring to their bedroom. Some residents sat collectively at the kitchen table to discuss the day with each other and staff while two residents settled in to watch television. Two of the residents showed the inspector around their home, including their bedrooms, and they both voiced their satisfaction with their home and the service which they received. One resident explained that they had stopped off for a pint on the way home and they had met a few locals whom they chatted to. They said that they enjoyed having one or two drinks and they liked the social interaction. The second resident also spoke about their home and again they chatted openly about their life and home. They explained that they liked their home and they got on very well with

everyone.

The staff members on duty had a pleasant rapport with residents and they also had a good understanding of their individual and collective needs. The inspector spoke with two staff members who outlined how residents liked to spend their time and also planned activities and trips. A staff member discussed that a number of residents were thinking about going to Disneyland Paris and also that a two night break to attend a music festival was booked. Staff went on to discuss resident's individual needs and how one resident required specific support around meals times. Staff members also explained the role of key workers and one staff member, who was assigned to this role, was supporting a resident to buy some gifts for an upcoming trip home.

The inspector found that the centre was a pleasant place in which to live. Residents enjoyed a good quality of life and they were well supported in terms of their personal and social care needs. Although some adjustments were required in relation to food and nutrition for one resident, overall there were marked improvements since the last inspection of this centre.

Capacity and capability

Previous inspections of this centre highlighted issues in relation to the oversight of care. The previous inspection found significant deficits with immediate actions issued to the provider in relation to risk management and also the centre's staffing arrangements. The previous inspection also found significant deficits in relation to the role of the person in charge who, due to their workload, did not have the capacity to fulfill the duties of their role. Due to these concerns, an additional condition was applied to the registration of this centre in relation to the governance and oversight of care. This was a focused inspection conducted to determine if the provider had met the requirements of this condition and had brought about sufficient changes in relation to the delivery of care.

The governance and oversight arrangements had been strengthened since the centre's last inspection. The person in charge had been assigned additional capacity to carry out the duties and functions of this role and on the day of inspection a new person in charge was familiarising themselves with the centre and they were due to take up this role subsequent to the inspection. The provider had submitted the relevant notification in relation to this change and the this person stated that they would initially hold this role for this centre alone. Both the current and future person in charge facilitated this inspection and they were found to have a good understanding of resident's needs and also the provision of care. The person in charge held responsibility for the day to day oversight of care and they also had a range of specific internal audits to complete in relation to incidents, medications, personal planning and fire safety. The inspector found that these arrangements promoted the delivery of a good quality service.

The provider had made improvements in terms to the overall oversight of care in this centre. A recent external fire safety audit highlighted that additional upgrades and maintenance were required to fire doors, including their surrounds. Subsequent to the inspection, the provider submitted assurances that these upgrades would be completed within a short period of time. The provider had also completed a comprehensive six monthly audit of care which found overall evidence of good practice but some key areas of care required further attention.

The inspector found that the provider had brought about sufficient change in relation to the oversight of care. As a result, sustained improvements were found on this inspection in relation to incidents, staffing and the overall quality of care which residents received.

Regulation 14: Persons in charge

The person in charge at the time of inspection was in a full time role and me the requirements of the regulations. They had been assigned additional capacity to fulfill the duties of this role since the centre's last inspection and they attended the centre throughout the working week.

The person in charge also had a range of internal audits in areas such as finances, personal planning and medications which ensured that care was held to a good standard.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing. There were adequate numbers of staff in place to meet resident's personal and social care needs. The allocation of staff promoted choice and residents were well supported to access their local community at a time of their choosing.

The person in charge also maintained a planned and accurate rota which demonstrated that residents were assisted by a consistent and familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge facilitated monthly staff meetings which gave staff a platform

in which to discuss care in the centre. The provider's designated officer attended the most recent staff meeting to discuss safeguarding procedures and provided a refresher in relation to identifying and responding to potential safeguarding concerns. Staff members also attended scheduled one-to-one supervision sessions with the person in charge which assisted in terms of personal development.

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could cater for residents' assessed needs. The person in charge maintained responsibility in relation to staff training and a review of training records indicated that staff had completed mandatory training in areas such as fire safety, safeguarding and supporting residents who may present with behaviours of concern. Staff had also completed training in the safe administration of medications and also assisting residents with modified diets.

Judgment: Compliant

Regulation 23: Governance and management

There were marked improvements in the governance and management arrangements since the centre's last inspection. A more robust approach to internal monitoring was implemented and the inspector found that the level of oversight ensured that residents received a good level of care and support.

The centre's most recent unannounced six monthly audit was completed by two senior provider personnel and found overall evidence of good practice. The audit also identified that areas of care such as personal planning, staffing and also the reporting of medication errors required some adjustments. The inspector found this audit was thorough in nature, gave a good account of life in the centre and identified both good practice and where improvements were required.

As mentioned earlier in the report the provider had also identified that internal fire doors required additional maintenance. Assurances were submitted post this inspection that all required works would be completed in a prompt manner.

Judgment: Compliant

Quality and safety

The inspector found that there were significant improvements in the quality and safety of care which residents received since the centre's previous inspection. Issues in relation to incident and risk management had been resolved and residents who met with the inspector stated that they felt safe and they enjoyed a good social life. This inspection did highlight that adjustments were required in relation to dietary

guidance for one resident and that fire doors required additional maintenance, but overall care was held to a good standard.

Personal plans were in place and clearly described residents' independence and also areas of care where they may require support. Resident's preferences in relation to how best to support them was also clearly outlined and the inspector found that care planning was held to a good standard. Residents' personal plans were reviewed to reflect any changes in their care requirements and also formally on an annual basis.

It was clear that residents enjoyed living in this centre and that their rights and well being was actively promoted through the actions of the provider and the staff team. Some residents could access the local community independently and sufficient staff numbers were in place to ensure that others could get out and about at a time of their own choosing. The inspector also observed staff chatting openly with residents in relation to snacks, the centre's evening meal and also their preferred activities on the evening of inspection.

The provider had identified that additional maintenance was required to fire doors to ensure that suitable equipment was in place for the containment of fire. The provider outlined that nine of the sixteen fire doors required attention in terms of smoke seals and ironmongery. A centre based risk assessment was formulated on the day of inspection which highlighted a moderate risk to residents. Fire safety equipment such as extinguishers, emergency lighting and the fire alarm system had an up to date service schedule in place and a review of fire drill records indicated that all residents could evacuate the centre in a prompt manner.

Overall, the inspector found that residents enjoyed living in the centre and they had a good quality of life. The inspector observed that they had a good relationship with their peers and they were active members of their local community.

Regulation 10: Communication

Residents who met with the inspector chatted freely about their life and their home. Some residents had their own mobile phone and they had access to media through the use of the internet, television and both national and local newspapers.

Some residents required additional supports in terms of communicating and they had communication profiles completed as part of the personal planning process. The provider also had topics such as complaints, rights and safeguarding in an easy read format to facilitate residents' understanding of these areas of care.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with open access to snacks, refreshments and fresh fruit. The centre was also well stocked with both dry and perishable food items and the inspector observed that a home cooked meal was prepared on the evening of inspection. Residents who met with the inspector stated that home cooked meals were of a high standard and that they could make their own snacks and light meals.

Although residents had access to a nutritious and varied diet, some adjustments were required for one resident. The inspector reviewed records which indicated that a referral for dietary supports was required and there was also conflicting practices in place in relation to supporting them with their meals and snacks which had lead to inconsistencies in the delivery of their care.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was good oversight of incidents and risks in this centre. The person in charge held responsibility for these areas of care and comprehensive risk assessments were in place for issues such as safeguarding, behaviours of concerns and supporting residents with cooking. The person in charge had a good understanding of all known risks in the centre and they spoke confidently in relation to the implemented control measures which promoted residents' safety.

All recorded incidents were reviewed by the person in charge in a prompt manner and there were no negative trends in relation to incidents or accidents in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider demonstrated that both residents and staff could evacuate the centre in a prompt manner. Staff had undertaken fire safety training and information on how to evacuate residents, both individually and collectively was readily available. Fire safety equipment such as emergency lighting, fire extinguishers and the fire detection system also had an up to date service schedule in place.

The provider had identified that some fire doors required additional maintenance which had an impact on the containment of fire in this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was suitable locked storage in place for medicinal products and the keys for this storage was securely held. The inspector reviewed medication prescription sheets and found they contained the relevant information for the safe administration of medications.

Staff had completed training in this area of care and review of medication administration records indicated that residents received the medications as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which clearly outlined their social, personal and healthcare needs. An 'all about me assessment' was completed for each resident which outlined their individual care needs, with subsequent care planning implemented in areas such as behavioural support, personal care, health and also communication.

Residents were well supported in the area of personal goals with ongoing work in place on the day of inspection in relation to holidays, attending music events and concerts and supporting residents with their retirement.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans required at the time of inspection. Staff had undertaken safeguarding training and the provider's designated officer and recently attended a staff team meeting to further discuss safeguarding in this centre.

Residents stated that staff were kind and warm interactions were observed throughout the inspection. Information in relation to the provider's safeguarding arrangements were displayed and it was clear that safeguarding residents from harm was promoted in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were actively promoted in this centre through the actions of the provider and the staff team. Residents attended weekly house meetings whereby they discussed upcoming events such as birthdays, holidays and activities.

Information in relation to promoting residents' rights was also on display and the inspector observed staff actively consulting and chatting with residents in relation to their preferences throughout the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Birches Services OSV-0001500

Inspection ID: MON-0047766

Date of inspection: 22/07/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A dietitian appointment has been scheduled for the person supported on Wednesday, 03/09/2025, to review and address specific dietary needs of the resident. The outcome of this assessment will be documented and incorporated into her personal care plan to ensure her nutritional requirements are fully met and monitored on an ongoing basis. All staff will follow plans in accordance with dietary needs for people supported. Team meeting being held on 02/09/2025 with a focus on all staff following food plans, portion control and food choices for all people supported At meal times there will be at least 2 staff present to help people supported with portion control, FEDs requirements and general assistance A varied menu is in place and is regularly updated in consultation with residents. Individual care plans reflect dietary requirements and are reviewed routinely. Food, Nutrition and Hydration Policy for Adults Accessing Disability Services guidance document is available for staff in service for advice when needed	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors within the designated centre have been upgraded to meet current fire safety requirements. The works were completed in full as of 29/08/2025. Ongoing monitoring and maintenance checks are scheduled to ensure the fire doors remain in good working order, with all records retained on site. This action ensures continued compliance with fire safety regulations and the protection of residents, staff, and visitors.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	03/09/2025
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	02/09/2025
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	29/08/2025

	arrangements for detecting, containing and extinguishing fires.			