



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

## Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 August 2025
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0046611

## About the designated centre

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

Oldfield Services is a designated centre which offers full-time and part-time to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 25 August 2025	13:30hrs to 18:30hrs	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 safety of care which residents received. Improvements were found in relation to safeguarding and plans were in place to further improve the suitability of the premises. Although there were marked improvements across all regulations inspected, some adjustments were still required in relation fire safety, risk management and elements of individual safeguarding plans.

The inspection was facilitated by a senior manager who participated in the oversight of care in this centre. This manager had a good understanding of the service, safeguarding issues and the measures and actions which were implemented since the last inspection. The inspector met with three staff members and spoke with one staff for a period of time. The inspector met with the four residents who used this service and observed interactions with each other and staff upon their return from their respective day services.

The inspection commenced in the afternoon while residents were attending their individual day services. During this time the inspector discussed care with the senior manager who facilitated the inspection. They outlined current safeguarding issues, and also the actions which had been taken by the provider to improve the oversight of care, which in turn improved the quality and safety of the service which residents received. Some significant changes since the centre's last inspection was the reduction in resident numbers, and the cessation of the provision of respite services. The staff team had also stabilised, and enhanced staffing numbers, alongside the reduction in resident numbers meant that more communal living space was less crowded and there were better opportunities for community engagement. The senior manager indicated that these fundamental changes had a positive impact on safeguarding issues and lead to a more pleasant experience of living in this centre.

The manager also acknowledged that although improvements had been made, some negative interactions continued to occur and a decision had been made prior to this inspection to remodel the centre's ground floor and provide a fully self contained apartment and individualised programme for one resident. This decision was made following multidisciplinary reviews of care which had occurred following an increase in safeguarding incidents in July of this year. Subsequent to the inspection, the provider submitted assurances that that the recommended works would be completed within a reasonable timescale.

The previous inspection of this centre highlighted issues in relation to the suitability of the premises to meet the collective needs of residents. A busy, noisy and

crowded kitchen and living area was observed when all residents were in the centre which detracted from their lived experience. This crowded environment also had the potential to increase the likelihood of a safeguarding issue occurring. On this inspection, the centre had a calmer and more relaxed feel. The noise levels had dissipated and residents appeared more relaxed and at ease in their home. Although the reduction in resident numbers had a positive effect on the quality and safety of care that residents received, several safeguarding issues had occurred in the centre, specifically in the kitchen and living areas. As stated above, the provider had made a decision to remodel the centre's ground floor with the aim of eliminating the potential for further safeguarding concerns.

The inspector met with the four residents who had their own communication styles. All four could verbalise their thoughts and needs, but the inspector needed support from staff as they were more in tune with individual words and phrases which residents used. All four indicated that they were happy in their home. One resident explained that they liked to relax in the centre's sitting room and that they were looking forward to the evening meal. Another resident chatted about where they were from and that they planned to go to the shop later for some snacks and a soft drink. All four residents went out with staff on the evening of inspection, with one going for a walk and others to the nearby shops. A staff member who met with the inspector stated that the revised resident numbers, alongside the current staffing arrangements facilitated better opportunities for residents to get out and about, whereas this would have been previously impacted by behaviours of concern or differing personal interests.

This inspection highlighted fundamental changes in the approach to care which enhanced and promoted both the quality and safety of care which residents received. Improvements were found across all inspected regulations; however, further adjustments were required in relation to governance, safeguarding, risk management and fire safety. These areas of care will be discussed in the subsequent sections of this report.

## Capacity and capability

Following ongoing issues in relation to safeguarding and the oversight of care, a restrictive condition was applied to the registration of this centre which required the provider to bring the centre back into a suitable standard of compliance by a predefined date. This inspection was conducted to determine if sufficient progress had been made by the provider in regards to improving the quality and safety of care and meeting the expectations of this condition. Although, further adjustments were required to some the regulations inspected, the inspector found that the provider had made sustained improvements which had a positive impact on resident's individual lives and experience of living in this centre.

There was a focus on safeguarding and the oversight of care since the last

inspection of this centre. The provider had increased the frequency of unannounced audits of care with four visits to the residents' home occurring since March of this year. Within each subsequent report, there was an emphasis on the monitoring of incidents and safeguarding to ensure that the safety of care was promoted at all times. These audits were critical of elements of personal planning in terms of the review of care plans; however, all required improvements as set out by the provider were addressed by the person in charge and team leader.

Prior to this inspection, inspections found that the provider had failed to implement key elements of an action plan as submitted to the Chief Inspector. As a result, the provider had not brought about sufficient change in the oversight and delivery of care. For example, the provider had not acted upon resident's concerns in regards to living in this centre and suitability and compatibility assessments had not been completed. On this inspection, the inspector found that residents' issues in terms of their lived experience was to the forefront of care and multidisciplinary reviews of individual issues and collective concerns were occurring since the centre's last inspection. A member of the multidisciplinary team was also completing an additional report on one resident's will and preference in relation to care and also any recent changes in their lived experience.

Suitability and compatibility assessments had also been completed; however, the inspector found that improvements were required to the document used in this assessment process. For example, the assessment failed to cover the suitability of the premises and its location and the compatibility assessment did not examine who the residents share their home with, including shared interests, age profile and known issues such as safeguarding or behaviours of concern. Putting this document aside, the provider had recognised that issues in the centre were having a negative impact on the provision of care. Actions taken such as reducing the resident numbers and maintaining staffing ratios had assisted in reducing safeguarding incidents and also promoted better social assess.

The inspector found that improvements had occurred in the centre over the recent months. Residents appeared happier and there was a marked reduction in safeguarding incidents, although safeguarding remained as an area of concern which required ongoing attention. Overall, progress had been made in regards to resolving the issues which had impacted upon the provision of care.

## Regulation 23: Governance and management

The provider had enhanced the governance and management arrangements since the centre's last inspection. The person in charge had a range of internal audits in areas such as accidents and incidents, medications, fire safety, staff training and personal planning. The inspector found that these local arrangements assisted to ensure that these areas of care were held to a good standard.

The provider had ensured that the centre was well resourced in terms of staffing. Four staff were on duty each day and two staff at night with both a sleep-in

arrangement and a waking night staff in place. A review of the rota indicated that residents were supported by a consistent and familiar staff team, with any gaps in the rota filled by the provider's own staff relief panel. A staff member who met with the inspector stated that they were well supported in their role and they could go to the centre's team leader, person in charge or senior manager if they had any queries or concerns. Monthly team meetings were also occurring where staff could discuss the delivery of care and specific topics such as safeguarding and fire safety.

There had been good progress in relation to the delivery of a safe and suitable service. The oversight arrangements, including the enhanced frequency of unannounced internal audits promoted a good quality service. The incident management system was also closely monitored, with any potential safeguarding concerns identified and referred for review in a prompt manner.

Judgment: Compliant

## Quality and safety

The previous inspection of this centre highlighted significant issues in relation to safeguarding, residents' rights and also the suitability of the premises to meet the collective needs of residents. This inspection found measured improvements with resident's rights and consultation well supported in the centre. Although, some further adjustments were needed in relation to the premises, safeguarding and fire safety the level of improvement since the last inspection was significant and the actions taken by the provider had brought about positive changes.

The centre had a more pleasant and homely feel. The inspector observed that all residents went freely about their own affairs and there was ample staff support should they require some assistance. Staff were located throughout the centre and there was always a staff member in the vicinity of the kitchen which had been a focal point for previous safeguarding issues.

Staff who met with the inspector had undertaken safeguarding training and they spoke confidentially in relation to current safeguarding issues and also the procedures to follow should they have a concern. Four safeguarding plans were required to keep residents safe from harm and the inspector found that these plans were subject to regular review. Although safeguarding had improved, further amendments were required to safeguarding plans to ensure they contained key elements of care and the measures and actions implemented each day by staff to keep residents safe.

Overall, the inspector found that the centre had undergone significant change and improvement. The centre was more pleasant in terms of noise and it was clear that residents were living a better quality of life.



## Regulation 17: Premises

The centre was a large detached, two storey house located in a residential suburb of Galway city. It comprised of a main section which supported four residents and an attached annex which comprised of a bedroom, bathroom, living room and supported one resident. Each resident had their own bedroom and there were an ample number of ensuite and shared bathrooms for residents to use. The premises was well maintained externally and it had a warm and pleasant feel. It was comfortable furnished and there were two separate living areas for residents to relax in the main aspect of the house.

The provider had identified that the layout of the centre no longer met the needs of the collective residents and plans were in place to alter the layout of the ground floor to provide one resident with a fully self-contained apartment. Subsequent to the inspection, the provider submitted a timeline for the completion of the necessary works. Although the centre was generally pleasant, improvements were required to one area of the centre due to a persistent odour problem. Although the provider had a plan of works to address this issue, this persistent problem detracted from the homeliness of this aspect of the centre.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider had arrangements in place for the recording, responding and monitoring of incidents. The person in charge held responsibility for responding and managing incidents and the inspector found that all recorded incidents had been assessed for their impact on care in a prompt manner. Incidents relating to safeguarding were referred to the provider's designated officer as required by their internal procedures.

The provider had arrangements in place to manage risks and associated assessments were in place for resident related safety concerns such as safeguarding, epilepsy, falls and behaviours of concern. Centre related risks were also formulated in response to fire safety, medication management and collective safeguarding and behavioural issues. Although all risk assessments were recently reviewed, the inspector noted issues in relation to risk ratings and the associated escalation of risks to senior management. The inspector found that risk assessments failed to take into consideration controls to mitigate against the impact of known risks with the centre carrying three red rated risks and seven orange rated risks. When reviewed by the centre's senior manager, they felt that the risk ratings were excessive and did not reflect the everyday delivery of care. In addition, the provider had arrangements in place for the escalation of risks. According to risk management procedures, the centre's red rated risk should have been escalated to senior

management as a matter of urgency; however, this had not occurred.

In summary, incidents in the centre were well managed but the assessment and management processes of known risks required further attention.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had taken fire safety seriously and equipment such as emergency lighting, fire alarm and fire extinguishers were in place and had a completed service schedule in place. Staff were completing daily checks of emergency exits and completed fire drills demonstrated that all four residents and staff could evacuate the centre across all shift patterns.

The provider had completed a review of fire safety and identified that fire doors seal and some of their ironmongery required replacement or upgrades. The provider had made the decision to replace all fire doors and submitted planned date for the completion of these works. Although, fire safety was promoted, the absence of suitable door seals on all doors did impact on the containment of fire in this centre.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had made good progress in relation to the promotion of safeguarding. Although four safeguarding plans were required for the safe provision of care, residents appeared happier and the centre was a more pleasant place in which to live. There was also a marked reduction in relation to incidents of concern since the centre's last inspection.

Although, safeguarding practices had improved, the actual safeguarding plans which were reviewed by the inspector required some improvements. For example, plans failed to identify staffing arrangements as a critical component of safeguarding measures and better clarity was required in regards to recommended meetings which were listed as a requirement of safeguarding. A staff member also spoke at length in relation to the measures which are taken each evening when residents return for their respective day services. The staff member indicated that this time of day can be a flash point for negative interactions and they explained how having one-to-one time with staff away from other residents was a key aspect of safeguarding. Again, the associated safeguarding plan did not contain this relevant information and the inspector found that this could impact upon the consistent delivery of safeguarding measures.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was marked improvements in relation to residents' rights since the last inspection of this centre. The provider had taken residents' concerns in relation to life in the centre seriously and had taken action in relation to resident numbers and compatibility. The number and frequency of incidents had reduced and the inspector observed a quieter and calmer environment throughout the inspection.

Residents were also actively involved in decisions about their care and they met up with the assigned key worker on at least a monthly basis. The inspector reviewed that one resident had five key worker meetings over a two month period when they were planning a holiday. At these meetings the staff member also cover topics such as safeguarding, which included safety in their home and community, fire safety and their thoughts on living in Oldfield.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0046611

Date of inspection: 25/08/2025

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The works pertaining to the self-contained apartment will commence on the 12/09/2025 this work will also include the upgrade of one en-suite bathroom. The scheduled works will be completed by the 19/12/2025.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The health and safety officer has completed a training session which included revision of the risk rating and processes by which the risk rating is estimated and the escalation pathway, completed 08/09/2025. The risk register and each residents individual risk assessments have been reviewed taking into account the control measures implemented to mitigate the risk. The three red risk ratings have been reduced in line with assessing the probability of an adverse event occurring and the severity of its impact employing the use of a risk matrix, completed 08/09/2025.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The works pertaining to the fire doors will commence on the 12/09/2025 and be completed on the 19/12/2025.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All safeguarding plans plan were reviewed on the 01/09/2025. Safeguarding plans now identify critical components such as; staffing levels, listing activities, clear guidance for staff and SMART actions.	

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	19/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	08/09/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/12/2025



Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/09/2025
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