

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

Issued by the Chief Inspector

Name of designated centre:	Ceol na hAbhainn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	13 March 2025
Centre ID:	OSV-0001778
Fieldwork ID:	MON-0037495

About the designated centre

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

Ceol na hAbhainn Residential Service is a centre run by Western Care Association. The centre intends to support up to two female and male residents with an intellectual disability who are over the age of 18 years. The centre is located in a town in Co. Mayo and comprises of two apartments, giving all residents their own living space to include bedrooms, kitchen, sitting room, bathrooms and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 13 March 2025	10:30hrs to 16:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

Overall, the inspector found that this inspection demonstrated a good quality service to residents at Ceol na hAbhainn. Both residents living in this centre received a very person-centred service. The inspector found a suitably qualified and skilled group of staff who supported each resident, and the staff were observed promoting the residents' rights throughout the inspection. Residents were provided with choices based on their preferences and the experience the staff had gained during their time supporting them.

The centre was situated on the outskirts of a large town in a residential area, which had access to services, such as shops, cafes, and scenic parks. Each resident had a self-contained living area, including a bedroom, sitting room, bathroom and garden space based on their assessed needs. The inspector noted that while they had their own space, there were minimal restrictions in place, with one resident enjoying open doors and access to all areas of their living space when appropriate.

The inspector had contacted the person in charge before the announced inspection to ensure all appropriate arrangements were in place due to the residents' assessed needs in this centre. The inspector was advised that while both residents were present on the day of the inspection, it would be completed on site, unless any changes occurred. The inspector was enabled to spend the inspection in the designated centre and met both residents on the day. Time was spent observing each resident while they were completing their preferred activities and vocalising. Staff were observed to be comfortable, supportive and confident with both residents as well as communicating effectively.

The centre was comfortable and suitably decorated throughout. The inspector noted that each resident had personalised their living space to their preferences and choice. For example, one resident preferred very minimal decor and the other resident enjoyed pictures, colour and personal items throughout their private space. While both residents had their private space, it was very apparent they were comfortable sharing the space at times but knew that they had privacy when needed.

Each bedroom was spacious, personalised to residents' preferences and photographs, posters and ornaments were observed where appropriate. One resident enjoyed time with family and trips abroad, while the other resident had frequent family visits. The inspector was informed that these residents had transitioned from children's services to this centre and were very familiar with each other.

Each living area had a very large sitting area, kitchen and dining area with some rooms allocated for sensory activities. The centre was very tidy and organised throughout. In addition, photos, art work and pictures were displayed throughout

where appropriate. Throughout the inspection the inspector noted that both residents' were very happy, content and relaxed in their home.

Residents also had access to separate garden areas for privacy and time alone completing activities of their choice and they had access to front areas of the garden. This included gathering garden debris or relaxing on garden furniture. The centre was well maintained and from the last inspection, the inspector noted additional improvements and further work was planned to maintain the residents interest and enjoyment of their personal spaces.

The inspector had the opportunity to meet both residents for short spells, and six staff members were present, including the person in charge and assistant manager. Residents preferred not to interact directly with the inspector, and they had specific communication needs. One resident was enjoying garden activities, and another resident was relaxing in their sitting room, watching and listening to shows of their choice. Staff supported residents in line with their assessed needs but also ensured that residents could relax alone if required. Staff were noted to attend to other activities during this time such as baking, cleaning or monitoring each resident.

It was clear throughout the inspection that residents' rights to a good quality and meaningful life was prioritised in this centre. The resident's views on the centre and everyday life were prioritised. The resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences, using various observations and communication methods. Staff and resident's had regular discussions and meetings on choice and preferences, as seen in daily notes, house meetings and staff meetings, which were reviewed from December to February 2025.

Overall, the inspector found, and observed the care and support was very appropriate and individualised to each residents' specific needs. The staff and management team made great efforts to ensure each resident received a good quality service, but more importantly a consistent service based on their assessed needs.

The next two sections of the report present the inspection findings in relation to the governance and management in the centre, and describes about how the governance and management impact the quality and safety of the service provided.

Capacity and capability

The provider ensured that the service was well governed and had clear lines of accountability, which were clearly defined and robust. The quality of service was maintained by the local management team through scheduled audits and regular presence in the centre. This resulted in residents receiving a person centred service.

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. The provider had ensured there was a clearly defined staff team with responsibility for supporting and coordinating the residents' programme with assistance from the management team and multi-disciplinary staff. This included psychiatry, psychology and positive behaviour support. This ensured that a comprehensive support structure was in place, that also ensured effective monitoring and reviews were in place at all times.

Due to the intensive interaction needs of residents in this centre, staffing arrangements in this centre were based on the residents assessed needs but also the activities planned in line with recommendations outlined in the behaviour support plan. Staffing rosters were maintained at all times due to the intensive interaction requirements and the recognition by the management team of the impact of changes to the roster.

Overall, the governance and management arrangements in Ceol na hAbhainn ensured that support needs of residents were paramount in this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre within the specified time, and with all required documentation. This documentation included floor plans, registration fee, complete application form and statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed staff rosters from October 2024 to February 2025 and found that the staffing in place was appropriate to meet the needs of residents living in this centre.

The inspector noted that there were planned and actual rosters in the centre, which showed the provider had a template as specified in the statement of purpose. The management team ensured that appropriate supports were in place for each resident based on their assessed needs and activities planned. In addition, residents were facilitated by staff to complete outings of their choice, such as visiting family.

Judgment: Compliant

Regulation 16: Training and staff development
<p>The inspector reviewed training records for the centre in 2025, which showed that all staff had completed mandatory training to ensure residents' needs were met.</p> <p>Training completed included mandatory training, such as safeguarding, medication management, manual handling, and positive behaviour support. Staff were also provided with bespoke training, including first aid, autism, and epilepsy management. Staff also received formal and informal support from the management team. A record of formal supervision was available and reviewed in the centre for 2025. Staff spoken with confirmed that the management team was supportive and could be contacted and staff were aware of the on-call schedule in place for this centre. This was displayed in the centre which ensured that staff were informed and aware of appropriate supports should this be required.</p>
Judgment: Compliant
Regulation 19: Directory of residents
<p>The person in charge ensured that a directory of residents was in place and maintained in the centre, which showed an accurate record of residents living in the centre.</p> <p>The directory of residents showed information specified in the regulations, such as the date of admission, nights away from the centre and next of kin details.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The provider had ensured that up to date insurance was in place for the centre at the time of the inspection and as required by the regulations.</p>
Judgment: Compliant
Regulation 23: Governance and management

The inspector noted that there was a clear, robust management team in place in this centre, which ensured that a good quality service was in place for these residents.

The service was subject to ongoing monitoring and review through audits and unannounced visits by identified staff. The inspector reviewed audits and checks completed that were carried out in the centre over the previous 12 months and found that a high level of compliance was reflected in the audits. Where areas for improvement were identified, these were addressed in a timely manner with the person responsible for the completion of any relevant action also shown.

Care practices were regularly reviewed by the provider, person in charge, or a nominated staff member using a sample of audits available. The inspector reviewed a sample of audits, including training, cleaning, finance, and documentation, from December 2024 to March 2025. Audits showed a good level of oversight and compliance in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector found that the provider had ensured that the statement of purpose included all of the information required by the regulations, which adequately described the service provided in Ceol Na hAbhainn. It was also available in an accessible format, and the staff team completed some minor amendments on the day of inspection, such as correcting the person in charge whole time equivalent.

Judgment: Compliant

Regulation 30: Volunteers

The provider had policies and procedures in place in relation to volunteers; however, they were not utilised in this service due to the assessed needs of residents.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had ensured that should the person in charge become absent for specified periods that they would submit the relevant notification to the Chief Inspector.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The inspector found that the provider was aware of the requirement to ensure that the Chief Inspector was informed of the arrangements and cover in place should the person in charge be absent from the centre.

Judgment: Compliant

Quality and safety

Personal planning arrangements in this centre ensured that the care and support needs and practices in place met the residents assessed needs and focused on a person-centred service.

The inspector found that the residents' personal planning arrangements identified the appropriate and consistent staffing needs required. The staff team was very focused on providing an intensive individualised service to both residents. This was further enhanced, as the staff team facilitated the inspector spending time with both residents for periods of time on the day of the inspection. This observation provided a picture of the residents' lived experiences, and their experiences in the centre. In addition, the inspector reviewed a sample of records available from 2024 and 2025, which showed the activity sampling and completion in this centre.

In this centre residents' rights and choice were the focus of the staff team supporting and the management team monitoring this service, including robust safeguarding protocols and effective risk management to mitigate risks for each resident.

Regulation 12: Personal possessions

The person in charge had ensured that residents' property was secure and safely managed in the centre, in line with local policies.

Each resident had their own room and suitable storage for their belongings. Staff had also maintained a log of the resident's belongings and this was maintained and monitored by the local management team as scheduled by local policy.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector noted that both residents had opportunity, choice, and preference about their daily activities.

Both residents were facilitated with individualised home-based activities primarily, but enjoyed outings in their local community or places of interest. In addition, staff spoke about continued activity sampling to ensure that a variety of choice was considered and provided when appropriate.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the designated centre met the needs of both residents and met the requirements of schedule six of the regulations.

The centre was suitably clean and decorated throughout, to the choice and preference of each resident. The staff and local management ensured that the centre was well maintained and in a good state of repair. There was suitable space internally and externally for both residents to enjoy time alone or together when suitable. The provider had plans to develop some areas of the garden when the weather was suitable.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for residents and families, which showed the information as required by the regulations.

This information included; a summary of the services provided, information about the tenancy agreement and the complaints process in the organisation.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements in place at the centre ensured that risks were identified, acted upon and safeguarded residents from harm.

The inspector reviewed the centre's risk register. This showed a comprehensive and detailed risk assessments of risks identified that were specific to the service. This was reviewed regularly by the person in charge and discussed at staff meetings when an update or change occurred.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents were safeguarded from the risk of infection through the implementation of comprehensive infection, prevention and control measures,

The inspector saw from a review of training records for 2025 that staff had completed training opportunities in this area, ensuring that residents were protected from the risk and spread of infection, ensuring that their knowledge and practice were up-to-date, which was monitored by the providers' internal audit process.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety measures in place in the centre to safeguard residents, staff, and visitors from the risk of fire.

The inspector reviewed records of fire drills, servicing, personal emergency evacuation plans (PEEPS), and the centre's emergency plan. Drills were carried out regularly, and a record was maintained of the outcome, including the learning and time taken to evacuate and the number of staff present at the time of the drill. Drills

were carried out both during the day and night when the least amount of staffing were present.

Fire servicing records were maintained and available for review in the centre, which showed that the staff team were completing daily, weekly, and monthly checks as scheduled. This ensured that all fire equipment in place was working effectively at all times or that the fire company was contacted to address any faults. Training records reviewed for January and February 2025 showed that all staff had completed fire training and a schedule for refreshers when needed was also in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that safe and effective medication management systems were in place in the centre.

The inspector noted that the centre had suitable storage of medication and appropriate disposal where required in the centre in line with local policy. All staff were trained in the safe administration of medication and received a refresher when required. There was an up-to-date policy in place, which guided staff in their practice.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour in line with their assessed needs.

Staff had received training in positive behaviour support and support was received from a behaviour support specialist, who guided staff in their practice. Should an increase in incidents occur, the management team completed referrals to relevant specialists to review and guide staff in their practice

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant