

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

Issued by the Chief Inspector

Name of designated centre:	Clochan House Residential Respite Centre
Name of provider:	Offaly Centre for Independent Living CLG
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	15 September 2025
Centre ID:	OSV-0001930
Fieldwork ID:	MON-0048224

About the designated centre

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

Clochan House Residential Respite Centre is a designated centre operated by Offaly Centre for Independent Living CLG. The centre comprises of a bungalow dwelling, located on a campus setting in a town in Co. Offaly. This centre can cater for up to five male and female residents each night, who are over the age of 18 years, and who have physical and sensory disabilities. Residents in this centre are referred to as 'leaders' and are supported by a number of staff during their stay. The centre operates a respite service from Monday to Friday and is closed at weekends. Within the premises, there are residents' bedrooms, some of which are en-suite, shared bathrooms and there is communal use of a sitting room, visitors/quiet room, activity room, kitchen and dining area, laundry facilities, as well as offices and staff facilities. Staff are on duty both day and night to support the residents who avail of this service.

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 15 September 2025	09:30hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a short noticed announced inspection, to follow up on the actions taken by the provider since the last inspection in March 2025, so as to inform a registration renewal decision. This was a very positive inspection, which found that the provider had since made all improvements that were required. The day was facilitated by the person in charge, and the inspector also got to meet with three of the staff on duty. Four residents were scheduled for respite admission on the morning of this inspection, with the inspector having the opportunity to sit and speak with three of them about the care and support that they received. Those who availed of this service were locally known as “leaders”; however, for the purpose of this report, they will be referred to as residents as described in the regulations.

The centre comprised of one large bungalow style building based on a campus setting. It contained individual resident bedrooms, some of which had jack and jill style bathrooms, there were shared bathrooms, a large kitchen and dining room, laundry facilities, a living room, activities room, and all hallways and doors were wide enough to accommodate wheelchair users. In addition, there were two bedrooms installed with overhead tracking hoists, to aid the manual handling needs of residents who required this level of support. There was also a staff office, staff bedroom and an external garden area that was accessible to residents from many of the communally used rooms. When residents with specific assessed needs were availing of this service, symbols were placed on their bedroom door which was primarily in response to fire evacuation arrangements, to inform staff of residents who had mobility, visual, and hearing impairments. There was also a schedule displayed in the activity room for residents to refer to upon their arrival, which informed of upcoming events and activities, along with the staff that were rostered for duty over the course of the week. Overall, the centre was very clean, spacious, nicely furnished and provided residents with a homely environment.

This respite service had a large volume of residents who availed of the service, who typically came for one weeks respite at a time, with admission occurring each Monday. The scheduling of respite stays was completed by the person in charge, who gave due consideration to the assessed needs of residents, with a maximum of two residents requiring hoist transfers admitted at any given time. Residents primarily had low to medium assessed needs with some requiring support with manual handling, some required assistance with their personal and intimate care, other had assessed health care needs, some required support with their social care, had nutritional care needs, and others had varying levels of visual impairment. For the most part, many were quite independent with aspects of their own care and support, and this was respected and appropriately re-assessed for upon each admission.

Upon the inspector’s arrival to the centre, staff were awaiting the arrival of four residents who were scheduled for a week’s respite stay. Three of these residents arrived to the centre while the inspector was present, with the fourth expected to

arrive later on that evening. One of these residents was a full-time wheelchair user, and they briefly spoke with the inspector. They told of how staff supported them to transfer out of their chair to their bed, and of how staff were always attentive in doing so. They said they enjoyed their time when on respite stay as they got to meet with others and had the support of staff to get out and about. The other two residents had varying levels of visual impairment, and both used a cane to get around the centre. Staff ensured both were re-orientated to the layout of the centre upon their arrival, and provided adequate support and supervision where appropriate. The inspector sat with both of these residents for a period of time, and both were very complimentary of the service they received. One of whom told the inspector that they lived on their own, and the provision of respite allowed for them to have staff support to access the community, and they also said they felt very safe when in the centre. They spoke of the wide range of activities on offer, and were hoping to fit in a trip to the cinema over the coming week. The other resident equally agreed about the selection of activities and loved going on day-trips, and said that they had great fun when on respite and looked forward to each visit. Both of these residents particularly commented on the staff compliment in the centre, and of how kind and respectful staff were towards them. They told of how they were always involved in decisions around their care, and spoke about meeting that they would be having with staff later that evening to discuss what activities they wanted to get up to over the course of the week.

The promotion of residents' social care was very much encouraged, with adequate staffing and transport at all times available at the centre to accommodate this. Records of residents' social engagements were maintained by staff and were reviewed by the inspector, which showed that residents often got out to meet with friends, went down the local town for coffee and lunch, some often went shopping to other nearby towns, and some went on day tours. There was equally as much variety of activities on offer to residents within the centre, with some often playing cards, relaxing to watch television, and some enjoyed a drink in the evening time. Every Thursday night, there was a tradition in this centre where residents ordered and enjoyed a take-away meal together, and the person in charge was routinely tasked with cooking a full-irish breakfast each Friday morning before residents got ready for their discharge home.

The staffing compliment for this centre was fundamental to how this centre operated and ensured that residents received continuity of care. Many of the staff had supported these residents with their respite stay for a long time, and were very familiar with the care and support that they all required. There were many systems that needed to operate effectively in this centre so as to cater for the high volume of residents that did avail of this service, particularly in relation to assessment and personal planning arrangements, as well as responsive risk management. Local management had ensured these systems were effectively implemented and overseen, with the provider also having robust monitoring systems in place to ensure the service delivered to residents was safe and of good quality.

Over the course of this inspection, there were many examples of where care was provided to residents to a very high standard, with residents being at the forefront of all operational decisions that this provider made. The specific findings of this

inspection will now be discussed in the next two sections of this report.

Capacity and capability

Overall, this was a well-managed and well-run centre that provided residents with a service that they were assessed as requiring. Since the last inspection, the provider had implemented their own compliance plan, resulting in improvements to risk management, fire safety and medication management. This inspection found the provider to be in full-compliance with the regulations.

The person in charge held the overall responsibility for this service, and was supported in their role by a team leader. There was a member of local management on duty each day, which had a positive impact on this centre's oversight arrangements. The person in charge maintained good internal communication processes with both their staff team and with their line manager, and were proactive in ensuring all meetings held discussed the relevant areas relating to residents' care and support arrangements, as well as operational matters.

There was a well-established staff team working in this centre, who each knew the assessed needs of all residents availing of this respite service. There were relief staff available to provide additional cover when it was required, and they equally were as familiar with the service that residents required. Following the re-assessment of residents' needs prior to each admission, the person in charge reviewed the number and skill-mix of staff, so as to ensure sufficient staffing levels were rostered ahead of each respite stay. Staff training was maintained under very regular review, ensuring all staff had received the training that they required to effectively carry out their duties.

The quality and safety of care was actively monitored, and where improvements were identified these were quickly actioned. To further support the quality of service that residents received, each resident completed a feedback form upon each discharge. These were subject to review by the person in charge, who implemented changes so as to better the service at the request of the residents who were directly availing of it.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was based at the centre. They were supported in their role by a team leader, their line manager and staff team. They were very familiar with the assessed needs of the residents who availed of this centre, and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which they were responsible for, and which gave them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was maintained under very regular review, ensuring a suitable number and skill-mix of staff were at all times on duty. Nursing support was also available for residents that required this support, and where additional staffing resources were required from time to time, the provider had adequate arrangements in place for this. There was also a well-maintained staff roster, which clearly outlined the full name of each staff member, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under very regular review, and where refresher training was required this was scheduled accordingly by the person in charge. Staff had received up-to-date training in areas such as safeguarding, fire safety, manual handling, behavioural support and rights. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre, and had ensured it was adequately resourced to meet the assessed needs of residents. The person in charge held regular meetings with their staff team to discuss residents' care and support arrangements, and also made sure

they were kept informed of any operational matters. They also had regular contact with their line manager to discuss more managerial related areas impacting the delivery of this service.

The quality and safety of care in this centre was regularly overseen through various monitoring systems. These included a number of internal audits that were routinely occurring, along with a monthly overview of key aspects of the service that was completed by the person in charge. In addition to this, since the last inspection, the provider revised the way in which they were conducting six monthly provider-led visits. At the time of this inspection, this was in the process of being rolled out, with a view to ensure it focused more on key care and support arrangements that were relevant to the care delivered in this service. Where improvements were found through these monitoring arrangements, action plans were developed to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had an incident reporting system in place, and ensured all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, where all ways in which it operated was derived from residents' assessed needs, their preferences, and personal requests for the duration of their stay. There were good arrangements found in relation to resident' involvement, assessment and personal planning arrangements, safeguarding, and health care. Furthermore, since the last inspection, the provider had made improvements to the areas that were previously found to require review.

Due to the number of residents who availed of this service, fire drills were very often conducted so as to ensure each resident had the opportunity to at least be involved at minimum once a year. Records from drills completed provided assurances that staff could support these residents to evacuate, with a further minimum staffing fire drill scheduled to occur in the weeks subsequent to this inspection. The last inspection did require the provider to review how some of these were being conducted, with better arrangements now in place for this.

Medication management was an aspect of this service that was often subject to

monitoring, with a number of residents taking full responsibility for their own medicines, others were partially responsible and/or required full support from staff with their medicines. Competency assessments had been completed to inform this, and to guide on the level of support that each resident required to take their medicines, with safe and suitable storage for medicines installed within each bedroom. Upon each admission, residents brought a copy of their most recent prescription and their medicines with them, which were double checked by the person in charge against the prescription records maintained in the centre. Since the last inspection, the provider did revise prescription records, to ensure each medicine was accurately prescribed.

Good practices were also observed in relation to risk management, with the provider reviewing and improving a number of risk assessments that were in place. These were found to better describe the specific control measures in place in response to these, as well as having more accurate risk-ratings. In relation to residents' needs, the re-assessment of these was proactively completed by the person in charge ahead of each admission, so as to establish any changes to their care and support arrangements that needed to be made ahead of their visit. The person in charge then met with their staff team to inform them of any changes that residents had experienced since their last respite stay, and ensured all associated documentation was updated accordingly.

Regulation 11: Visits

During their respite stay, residents were supported to welcome visitors to the centre, if they so wished. The spacious layout and design of this centre allowed for multiple areas for residents to meet with their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that residents had the opportunity to engage in meaningful activities throughout their respite stay. Adequate staffing and transport arrangements were in place, meaning residents could get out and about to enjoy the activities that they wished. Positive risk-taking was promoted, with some residents accessing the community independent of staff. Upon their admission, a meeting was held with residents to allow them to discuss with staff what activities they wanted to engage in over the course of their stay, which staff then scheduled and accommodated for them.

Judgment: Compliant

Regulation 17: Premises

This designated centre comprised of a large bungalow style building, which was well-maintained and very spacious in size. Residents had their own bedroom, shared bathrooms, there was a large kitchen and dining area, living room, activities room, quiet/visitors room, and there was also a staff office and staff bedroom in the centre. External grounds were also available to residents with seating. Residents had their choice of bedroom upon admission, which was suitably furnished to allow them to securely store their belongings. Where maintenance or repair works were required, the provider had arrangements in place for this to be reported and quickly rectified.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were provided with wholesome and nutritious food during their respite stay. Menus were in place to allow residents to choose what they wanted to have at mealtimes, and they chose themselves what time they preferred to dine. Where residents had assessed dietary needs, these were accommodated and well-known by staff. Snacks and refreshments were available in the main kitchen at all times, and residents were welcome to avail of these as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place to ensure risk was identified, assessed, responded to, and adequately monitored. The timely identification of risk in this centre was largely attributed to the incident reporting system, regular managerial presence, and effective communication between staff and local management. When incidents did occur, these were reported to the person in charge for review, who ensured additional control measures were put in place, if so required. Where incidents of a more significant nature occurred, the person in charge completed their own root cause analysis into the incident, to establish any learning and other action required. Since the last inspection, the person in charge had revised a number of the risk assessments in this centre, which were developed in response to specific resident and organisational related risks. These provided better clarity around the specific action that had been taken by the provider, and were being maintained

under on-going review.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The provider had fire safety precautions in place, to include, fire detection and containment arrangements, emergency lighting was in place, all fire exits were maintained clear, and there were also regular fire safety checks carried out by staff. Evacuation equipment was available to residents who required this method of evacuation, with evacuation plans in place for each resident to guide on the support that they would require. Fire drills were frequently occurring, with the records of these assuring that staff could support residents to evacuate in a timely manner.</p> <p>The outcome of the last inspection required the provider to revise the control measures they had in place around the use of a handbell as part of fire drill activation. Since then, as this centre was based on a campus setting which utilised a centralised fire alarm system, the provider had ensured at least one fire drill a month would be conducted using the main alarm. Where other drills were conducted outside this, these were done utilising the hand bell, which had since been risk-assessed for and discussed with all residents as part of fire safety upon each admission.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>The provider had safe and effective medication management systems in place, and also ensured all staff had received up-to-date training in the safe administration of medicines. Where residents were taking responsibility for their own medicines, the provider had competency assessments in place for this. Prescription records had been reviewed since the last inspection, ensuring all medicines were appropriately prescribed. There were a number of checks completed of residents' medicines and prescription records upon each admission, with arrangements in place to ensure any changes required were quickly addressed.</p>
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

<p>An effective system was in place for the assessment and personal planning of residents' need. Prior to each respite admission, the person in charge conducted a preliminary assessment of each resident's needs, and updated associated documentation ahead of their visit. They also ensured all staff were kept informed of any changes to residents' care and support arrangements. Residents were fully involved in the planning of their care, and their wishes for support arrangements were very much considered and accommodated as part of this process.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Where residents had assessed health care needs, the provider had adequate arrangements in place for this, with nursing support available to residents, if so required. Residents' health care needs were well-known by staff and well-documented. Although this respite service didn't generally have any active involvement in residents' referrals to allied health care professionals, should occasion arise, the person in charge had arrangements in place for this. Any changes to residents' health care status in between admissions was identified through a re-assessment process, and care plans were subsequently updated to inform all staff of these changes.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The provider had ensured safeguarding procedures were in place, to guide staff on how to identify, report, respond to, and monitor for any concerns relating to the safety and welfare of all residents. All staff had received up-to-date safeguarding training, and at the time of this inspection, there were no active safeguarding concerns in this centre.</p>
<p>Judgment: Compliant</p>

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant