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:	Galway Cheshire House
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0003445
Fieldwork ID:	MON-0048376

About the designated centre

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

The centre is a purpose built premises that provides a residential service for residents with physical and sensory disabilities. Each resident has their own apartment which contains an open plan kitchen, living and bedroom area. Each apartment also has an en-suite bathroom and additional equipment such as hoists are installed to support some residents with their mobility requirements. The centre also supports residents with some medical needs but a twenty four hour nursing presence is not maintained and this is clearly stipulated in the statement of purpose and function for the centre. The provider employs a number of staff members directly; up-to-three staff members support residents during day-time hours and there are two waking staff to support residents during night-time hours. Some residents have funded personal assistant arrangements through an external agency and these assistants also contribute to the support and care provided to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 18 November 2025	10:00hrs to 00:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the actions taken by the provider to bring the centre back into compliance with the regulations. This centre had been inspected twice in 2025 , the first inspection highlighted issues in relation to governance and risk management and additional concerns were raised on the second inspection in regards to staffing, food and nutrition. The provider had also applied to renew the registration of this centre and the findings of this inspection would assist the Chief Inspector in making a determination on this application. During the inspection, the inspector met with five residents who spoke extensively in regards to life in their home and the care they received. The inspection was facilitated by the centre's person in charge, and the inspector discussed care with a clinical nurse manager 1 and also a newly appointed service coordinator. The inspector met briefly with two staff members and also a resident's personal assistant. As part of the inspection process, daily notes for three residents, policies, rota, training records and governance audits were reviewed. Overall, the inspector found that there had been a marked improvement in the oversight of care and deficits which were previously highlighted in relation to food, nutrition and risk management had been resolved. All actions as set out in the provider's compliance plan following the centre's last inspection had not been fully completed as submitted; however, the provider had made good progress in resolving many of the issues which were impacting upon the delivery of care.

The last inspection of this centre highlighted concerns in relation to the provision and oversight of care facilitated by resident's personal assistants. Documentation of the care they offered was absent or of a poor standard. As a result the provider failed to demonstrate that some care needs were met. In response, the provider implemented a detailed action plan to address these issues and began a consultation process with residents who availed of the personal assistant service. The inspector met with four residents who used personal assistants and they explained that the centre's person in charge had met with them in relation to their preferences in regards to use of this service. Two residents decided that they would prefer to cease the use of personal assistants and receive all their care from the Cheshire Service, and two residents said that they liked the mix of Cheshire staff and personal assistants and would prefer to keep this arrangement into the future. All four residents stated their satisfaction with the person in charge and how they consulted with them on this topic. One resident stated that it was a meaningful conversation and that they really appreciated having such an open discussion with the manager of the centre. The other three residents also spoke about how it was important to be consulted with in relation to staffing and they were each satisfied with the outcome of their discussions.

Over the course of the inspection, the inspector met with five residents and discussed what life was like in the centre, the provision of care and how they were assisted with grocery shopping, meal planning and preparing meals throughout the day. It was clear that these residents were very happy in the centre and they

explained that staff were very attentive and pleasant in their approach to care. Each resident had individualised arrangements with their personal assistants and Cheshire staff in relation to the provision of their meals. Each resident planned their meals a week in advance and they were then supported by their personal assistants to purchase groceries and also prepare their meals. A review of two residents meals plans showed they had a nutritious diet and their apartments were well stocked with a variety of fresh and frozen food.

The centre had a very pleasant atmosphere and residents were preparing for the day ahead as the inspection commenced. Some residents liked to take their time in the morning while others were up and about. One resident, who the inspector had met on previous inspections answered the door and welcomed the inspector to their home. They spoke openly about the service they received and they said that everyone was very nice. They enjoyed accessing the community independently and they explained to the inspector that they would always let a member of staff know where they were going before they left. The four remaining residents who met with the inspector were all very happy in their home and they spoke highly of the supporting staff and the person in charge. They indicated that the centre had an open and transparent culture and they would have no issues in talking to the person in charge if they had a concern or needed support with an aspect of their life.

Overall, the inspector found that the provider had made good progress in relation to the quality and safety of care provided; however, some further adjustments were required in relation to elements of governance, staffing and fire safety.

Capacity and capability

The provider had submitted a comprehensive compliance plan following the last inspection which clearly outlined the actions required to bring the centre back into compliance with the regulations. The inspector found that the actions taken had brought about a positive change in the centre with enhanced oversight arrangements in place. Although there was a marked improvement in care, some elements of the action plan were not fully implemented and required further review.

The inspection was facilitated by the centre's person in charge. They were based in the designated centre and they had an extensive role which did impact on their ability to monitor some aspects of care. Since the centre's last inspection, the provider had appointed a full time service coordinator to assist the person in charge with the day to day delivery of care, and also the operation of the centre. The inspector found this additional oversight of care had enhanced the coordination of staff and residents' personal assistants and lead to the delivery of a good standard of care. On the centre's previous inspection, the provider failed to demonstrate that residents' care needs were consistently met with gaps noted in the delivery of some care offered. However, the service coordinator explained how care was now

balanced between personal assistants and staff which lead to better outcomes for the residents. A review of records indicated that residents' nutritional needs, personal and dental care were met on a daily basis and residents reported that they were happier with the service they received.

On the centre's previous inspection, there was a lack of clarity in regards to the specific care which residents' personal assistants and Cheshire care staff offered. The inspector found that this had lead to inconsistencies in the quality of care provided in areas such as nutrition and personal care. The provider stated in their associated compliance plan that individual agreements would be implemented outlining the responsibilities of both parties. A review of two individual agreements outlined the general responsibilities of personal assistants and staff employed by the provider. Although this was a positive move in terms of the delivery of a consistent service to residents, the inspector found that the better clarity was required in terms of the actual care which would be covered by personal assistants when supporting residents.

Overall, there had been marked improvements in the delivery of care; however, individual agreements for the delivery of care required further examination.

Regulation 15: Staffing

The provider had improved the staffing arrangements and a review of the rota over a one month period indicated that all shifts had been filled. The provider was actively recruiting and a combination of agency staff and Cheshire care staff were supporting residents on the day of inspection.

The centre's previous inspection highlighted issues in relation to prescribed staffing information with significant deficits in one staff file. Although there had been marked improvements in relation to staffing and the presence of prescribed information, some gaps remained in relation to an employment history for one staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The actions from the last inspection had been implemented and a review of training records indicated that all staff were up to date with their training requirements.

Staff also attended scheduled team meetings and supervision sessions and staff who met with the inspector stated that they were well supported in their roles.

Judgment: Compliant

Regulation 21: Records

The actions from the last inspection had been implemented with records now in place for residents who required support with their nutrition and diets.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented the majority of the actions following the centre's last inspection to good effect. Improvements were found in regards to the coordination of care which lead to better outcomes for residents. Deficits in relation to the provision of food, nutrition and personal care were addressed and residents reported that they were happier with the care the received.

Although the governance and oversight arrangements had brought about positive change in the centre, the actions taken in relation to staff files and fire safety required further attention. In addition, individual agreements in regards to the roles of residents' personal assistants required better clarity.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The actions from the last inspection had been implemented and the provider demonstrated that all the required policies were in place, available to staff and reviewed within the recommended timelines.

Judgment: Compliant

Quality and safety

Residents who met with the inspector said that they received a good quality service and they were happy in their home. This was the third inspection of this centre in 2025 and the inspector found a significant improvement in the delivery of care. Prior

to these three inspections, the centre had sustained a good level of care and support and it was clear that the provider had taken the issues raised in 2025 seriously.

The purpose of this inspection was to determine if the actions taken by the provider had sufficiently improved the quality and safety of care offered to residents in the areas of community access, food, nutrition, risk management and fire precautions. Of these four areas of care, the provider clearly demonstrated a marked improvement in three areas, but some further adjustments were required in relation to fire precautions.

Residents who met with the inspector were satisfied with the service they received and they explained how their personal, social and nutritional care needs were met. Each resident the inspector spoke to had an individualised arrangement with their personal assistant in regards to supporting their care needs. Some residents' personal care needs were the responsibility of their personal assistant while others were assisted with shopping, preparing meals and tidying their apartments. The previous inspection highlighted gaps in the delivery of these types of care needs; however, on the day of inspection there was a better arrangements in regards to the coordination of residents' care which had improved the overall service.

The inspector found that the delivery of care had improved and it was clear that the provider was committed to the delivery of a good quality service. Residents felt listened to and they reported that the engagement with the person in charge was welcomed and appreciated.

Regulation 13: General welfare and development

Residents had good access to their local community in line with the preferences. A resident who met with the inspector was planning to go on a bus trip independently later in the day and while another resident had no plans to go out. They explained that they preferred not to go out every day as they can get tired, but they were more than satisfied with their level of social supports and community access.

On the previous inspection, one resident was dissatisfied with their level of community access and in response the provider had engaged with them in regards to securing additional supports. This piece of work was underway at the time of inspection and the person in charge indicated that this was an ongoing process as the resident's preference in regards to community support hours had recently changed.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents who met with the inspector stated that they had individualised arrangements in place for grocery shopping and meal preparation. Residents prepared a meal plan for the week ahead with the assistance of staff and they were supported by their personal assistants to shop for, and also prepare their meals.

On the previous inspection of this centre, the provider failed to demonstrate that some residents were well supported with their meals and nutritional intake. This area of care had improved significantly and records reviewed for three residents indicated that they had a varied and nutritious diet.

Residents apartments were also well stocked with fresh food, vegetables, dairy and also frozen food items. Residents were happy to show the inspector how their food was stored and the inspector found that refrigeration units and cupboards were clean and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had addressed the issues raised upon the previous inspection of this centre in relation to the oversight of work practices. The inspector found that residents were offered a better standard of care and the provider recognised the potential risks associated with the delivery of care from those who were not directly employed by the provider.

The provider had a risk assessment in place outlining the identified risks associated with an external agency providing care in the designated centre which was formulated by senior management of the centre. This assessment had an extensive list of immediate control measures which assured the provider that residents received a consistently good standard of care.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had sought an external review of fire doors following the centre's previous inspection. This review highlighted that some fire doors required upgrading and the provider was in the process of finalising these works on the day of inspection.

Although progress had been made in relation to fire containment, a review of fire drills indicated that improvements were required in relation to the prompt

evacuation of some residents in the centre.
Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Galway Cheshire House OSV-0003445

Inspection ID: MON-0048376

Date of inspection: 18/11/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - The file of one staff member has been amended to complete some gaps in their employment history. - An audit system for staff files has been supplied to the center by The Provider's HR department. The center's management team is completing the audit for all staff files. - The Provider's Regional HR partner will provide spot checks of staff files every 2 months to support the service.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire Safety: - All Fire drills will be conducted in line with Cheshire Ireland's Fire Safety Policy. Fire drills will be reviewed by the Regional Manager and National Risk Manager And the results used to improve our Fire plan where needed. Staff Files - An audit system for staff files has been supplied to the center by The Provider's HR department. The center's management team is completing an audit for all staff files - The Provider's Regional HR will provide spot checks of staff files every 2 months basis to support the service. The individual agreements relating to the roles of Personal Assistants with residents has	

been amended to include:

- Names of the regular Personal Assistants working with the person
- Days/times of attendance
- Details of Personal support tasks to be offered by Personal Assistants to the person
- Details of household care tasks to be delivered to the person.

The PIC and External Provider Co-Ordinator will hold a recorded Monthly review of the operation of each service. The Regional Manager of Cheshire Ireland and Area Manager of the external Provider will hold a Bi-Annual Review of the operation of any joint services.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- Fire safety adjustments were completed on all doors in the center on 12/12/2025 and 15/12/2025 by the Provider's Registered Maintenance Partner Company.
- Phased Fire drills were held on 8th December 2025 and evacuation times were recorded for individual apartments and for building compartments 1, 2 and 3.
- Evacuation times for the compartment closest to the fire location were significantly reduced during the latest drill.

- All Fire drills will be conducted in line with Cheshire Ireland's Fire Safety Policy. Fire drills will be reviewed by the Regional Manager and National Risk Manager

- The results will be used to improve our fire plan if needed.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	15/01/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	18/12/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Substantially Compliant	Yellow	08/12/2025

	designated centre and bringing them to safe locations.			