



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

Issued by the Chief Inspector

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	24 March 2026
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0045344

About the designated centre

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

Palace Fields Services is a designated centre operated by Ability West. The centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Galway, centrally located within walking distance of the town centre where a range of amenities are available. Residents have their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room, sunroom, staff office and utility. A large garden area is also available for residents to use at the rear of the centre. 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:	5
--	---

I

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 24 March 2026	08:30hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. The day was facilitated by the person in charge, and later attended by the person participating in management. The inspector also got to meet with two staff members, and with all five residents that lived in the centre. Overall, there were many positive findings to this inspection, which clearly indicated that care and support was being provided to a high standard in this centre, particularly in relation to social care. There were some improvements required to aspects of risk management, which will be discussed later on in this report.

The centre comprises of one two-storey house located on the outskirts of a town in Co. Galway, and is home to five residents, most of whom had lived together for a long time. A few months prior to this inspection, a new resident moved in, and were getting on well with their peers. Residents each had their own bedroom, some of which were en-suite, and shared access to a large sitting room, sunroom, kitchen and dining area, utility, bathroom, and there was also a staff office and sleepover room. A nicely presented garden was available to residents at the rear of the premises, which they were able to access as they wished. The house was very clean, well-maintained, and was nicely furnished. Due to some recent fire containment upgrade works, some door frames had been newly painted, and staff and residents had taken great initiative and pride in decorating the house for upcoming Easter celebrations. Over the years, residents had decorated their own bedrooms as they wished, with many having displayed photographs of family and friends, along with other soft furnishings and memorabilia they had collected over time.

The care and support these five residents required primarily was in relation to their social care needs, some needed positive behaviour support, others required minimal support with their personal care, and some required on-going supervision in response to previous safeguarding concerns. They were all presenting well at the time of this inspection, with some awaiting appointments with various allied health care professionals and behavioural support, as part of a recent re-assessment of their needs. None of them required one-to-one staff support, with the staffing complement for this centre being two to three staff during the day, with one sleepover staff on duty at night. Due to the busy social lives of these residents, three staff were routinely on duty four days a week, so as to facilitate enough staff support to enable these residents to attend all planned activities and events. This arrangement had been adapted and reviewed in response to the most recent admission to the centre, which led to the increase in day-time staffing levels.

Upon the inspector's arrival, they were greeted by members of staff, and met with two of the residents who were in the sitting room watching television, while they waited to be collected for their day service. One of them took the inspector's hand and told her that they were looking forward to their easter holidays and had alot of

trips and days out planned for that period. They showed the inspector their bag that they took to day service, which contained various items that they needed for the activities that were planned for that day. The other resident also said they they enjoyed their day service, and showed off a new pair of shoes that they were wearing. A member of staff sat with both of these residents while they were waiting to be collected, with general banter between them all about the day ahead. Another resident was in the sunroom doing tidying up, and greeted the inspector with a small wave, while another resident was in the kitchen peeling potatoes for dinner later that evening, which was something they often liked to do. The last resident whom the inspector met with was the most recent admission to the centre. They were sorting out items on the notice board in the dining area, and staff told them who the inspector was, and why she was visiting their home. This resident was also looking forward to Easter, and pointed to the inspector, where they were keeping their Easter egg in safe keeping until then. These three particular residents were also heading off to their day service for the day, and generally left to go around 10am. They each pottered about the house until it was time to leave, and were for the most part, very independent with getting themselves ready to go. While they waited to be collected, a staff member again stayed with them in the sitting room, and spoke to them about their plans for the day, letting them know who would be on duty when they got back later in the afternoon, and generally made sure they all had everything they needed, before they left.

As earlier mentioned, all five residents lived very active lifestyles. Along with attending day services during the week, some of them often went home to see family at the weekend, others went to mass on Sundays, they went to the cinema, loved to eat out, loved to go shopping, go for coffee, others went swimming, most attended community based chair yoga classes each week, and reflexology also regularly came to the centre to carry out relaxation sessions with them. Some loved to plan holidays and breaks away, with a few having spent time in Donegal and Kerry the previous summer. They were also big music fans, and often went to live shows, with some of them looking forward to a tribute night that they were heading to in a few weeks time. These residents were also very involved in their local community, and enjoyed maintaining links with others. For instance, one resident was an active member of Special Olympics Ireland, and went to gymnastics each week, and had other scheduled events that they went to with this group. Another resident was involved in a local peer group, and had taken part in the recent St. Patrick's day parade in the town. Two others were members of the local Tidy Towns, and were involved in the preparations leading up to the parade.

This was a home that very much operated in line with how residents wanted the service to run for them. Very regular resident meetings were held, and the records of these showed that areas such as safeguarding and their rights, were routinely discussed with them. Records demonstrated the interactive nature of these meetings, with residents often posing ideas about meal ideas, trips they wanted to schedule for, and other matters relating to their home. For example, at a recent meeting, residents said that they would like to have a drinks night, where they could relax together and enjoy doing this as a group, which was organised for them and they really enjoyed it. Following recent power washing of the exterior of the centre, residents were asked for their feedback on this, and also discussed the plans they

had for the garden over the summer months, with staff subsequently organising trips to local garden centres.

Due to the aging profile of some of these residents, the provider was cognisant of the potential future needs of these residents. Along with on-going re-assessments of their needs, the layout and design of the centre was also subject to regular review and discussion. As four of them resided in upstairs accommodation, the provider had recently taken the initiative to seek the input of physiotherapy services, to review the stairs to see if recommendations could be made, to maximise the safety of residents who regularly used these stairs. On the day of inspection, a high visibility tape was installed to the steps of these stairs, so as to make it easier for residents to see and distinguish between steps, when going up and down to their bedroom.

The consistency of this centre's staffing arrangement was a very important aspect as to how this service operated. At the time of this inspection, there was a full complement of staff in place, with some recruitment underway to sustain this. Most staff members had supported these particular residents for a long time, and were very familiar with them. Over the course of the morning while residents were present, interactions between them and staff were observed to be warm and kind. Staff spoke very respectfully with the inspector about the specific care and support needs that individual residents had, and were confident in their role in supporting them.

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

Capacity and capability

Since the last inspection, the provider had sustained good levels of compliance with the regulations in this centre. There were effective and regular oversight arrangements in place, with a well-established local management team identified with the responsibility and accountability for the running and management of this service.

The person in charge was based at this centre, and had allocated administration time, and also worked in a direct care capacity. This arrangement worked well in this service, as it meant the person in charge had increased oversight of the quality of care that these residents received. They held regular meetings with their staff team, with minutes from these meetings demonstrating discussions around the relevant areas of care and support delivered to residents, incidents that had occurred, safeguarding reviews, as well as any other business. The person in charge also maintained regular contact with their line manager to review operational matters.

The provider recognised the importance of ensuring consistent and adequate staffing in this centre, as many of these residents did require staff support to get out and about. Staffing levels were subject to on-going review, with recruitment underway at the time of this inspection. Planned and actual rosters took into consideration residents' scheduled activities and events, with prioritisation of increased staffing levels on the days that these were scheduled for.

The monitoring of the quality and safety of care was mainly attributed to local managements engagement with staff about the service residents received, incident reports, internal audits, as well as the provider's own six monthly provider-led visits. Where improvements were found to be needed, action plans were developed with named persons appointed with the responsibility for ensuring these were completed within a certain time frame.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at this centre. They knew the residents and their assessed needs very well, and were also familiar with the operational needs of the service delivered to them. They were supported in their role by their staff team, and line manager. This was the only designated centre operated by the provider in which they were responsible for, which provided them with the capacity to ensure they could fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, which was ensuring that an adequate number and skill-mix of staff were at all times on duty. At the time of this inspection, the provider was in the process of recruitment, to include, a new team lead role, so as to strengthen local management structures. There was 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

The person in charge maintained regular oversight of staff training, ensuring that all staff had received the training they required. Where refresher training was required, this was scheduled accordingly. Although each staff member was subject to on-

going supervision, the person in charge was in the process of reviewing how this was being completed so as to inform a more formalised approach.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that suitable persons were appointed to manage and oversee the running of this centre. There were clear lines of accountability and responsibility, with a pathway available to local management to escalate any concerns directly with the provider. There were effective internal communication systems, with regular staff meetings occurring to review residents care and support arrangements. The person in charge was also in regular contact with their line manager to discuss operational matters. At the time of this inspection, the provider was in the process of recruiting a team leader for this centre, so as to provide additional support to the local management structure.

Oversight was often maintained of resource arrangements, which had ensured that adequate resources were in place to meet the assessed needs of these residents. Along with internal audits occurring, the provider also conducted six monthly provider-led visits. Where improvements were found as part of these monitoring systems, time bound action plans were put in place to address.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of all incidents, ensuring that incidents requiring notification to the Chief Inspector of Social Services, were done in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that ensured residents were provided with a very good quality of social care. The provider had adequate arrangements in place to support this, with transport and staffing levels ensuring that residents had the means and support to get out daily. There were some improvements found with

regards to risk management; however it is important to note that this did not have any negative impact on the care and support provided to these residents.

With regards to fire safety, fire drills were often occurring, and records demonstrated that staff could support these residents to evacuate in a timely manner. Recent to this inspection, new fire doors were installed and were in full working order. This house comprised of downstairs and upstairs resident bedrooms, with the staff sleepover room also being upstairs, which the provider was cognisant of as part of the fire procedure. At the time of this inspection, they were in the process of completing another minimum staffing level fire drill, so as to review a resident's ability to open their own downstairs fire exit door, should staff residing upstairs be unable to assist them with this, in the event of an evacuation. The fire procedure was often discussed with residents, and this document was in the process of further review at the time of this inspection.

When risk was identified in this centre, it was responded to quickly, and all new measures were communicated to all staff. Although there was a good incident reporting culture, a review of the reporting of behavioural related incidents did require the review of local management, so as to ensure this informed better trending of risk. This was particularly found in relation to incidents that had occurred relating to one resident, with aspects of this needing further review to ensure more robust systems were put in place to inform assessment and monitoring processes.

Effective arrangements were in place for the safeguarding of residents, with the provider demonstrating their responsiveness to some negative peer to peer interactions that had previously occurred. The right to feel safe was often discussed with residents, and there was effective and consistent staff supervision arrangements in place, which resulted in no further incidents of this nature reoccurring. Similarly, very good systems were in place with regards to behavioural support and health care, which ensured residents were receiving the care and support that they were assessed as requiring.

Regulation 13: General welfare and development

Residents had many opportunities for social recreation, and had the means and staff support to get out and about very regularly. They were supported to be involved in local community groups and committees, and were very much supported to maintain links with their community. They were consulted about the planning of their own social care arrangements, and were encouraged to put forward their own thoughts and ideas as part of regular residents' meetings that occurred. Residents' individual preferences for how they wished to spend their time were well-known by staff, and well-documented across residents' files.

Judgment: Compliant

Regulation 17: Premises

The centre was well-maintained, very clean, spacious and bright. The layout and design of the centre allowed for a downstairs bedroom, which was occupied by a resident who benefited from residing in downstairs accommodation. Where maintenance and repair works were required from time to time, the provider had arrangements in place for this to be reported and quickly rectified.

Judgment: Compliant

Regulation 26: Risk management procedures

Although there were many aspects of this centre's risk management system that was working well, some areas did required further review.

Upon review of incident reports and risk assessments, the inspector was informed that one resident did have a particular behavioural tendency around their clothing. This was a long-standing risk associated with this resident behaviour that required on-going oversight and management from staff; however, from further discussion with the person in charge, along with the review of associated documentation, the inspector did observe where improvements were required to the following areas:

- There was inconsistencies found in the reporting of all incidents associated with this behaviour, which didn't allow for effective trending of these incidents to be completed
- The risk assessment in place for this, it didn't outline the specific control measures that were required to be implemented to support the safety and welfare of the resident
- Some risk-ratings calculated in response to these incidents required review, to ensure these gave due consideration to any potential risk to the safety of this resident
- Protocols were not in place to guide the environmental safety checks that staff did routinely complete of this resident's bedroom, to ensure consistency in how these were being carried out
- Although there was some documented guidance in place that detailed how the centre was responding to this resident's known risk, a review of this was required to ensure it was clearer around the day-to-day management of this risk, to include the management of this risk while out in the community shopping.

The person in charge did maintain a risk register for this centre; however, it would also benefit from some review to ensure it better supported them in their on-going review of risks associated with fire safety, staffing, residents' changing needs, and safeguarding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were a number of fire safety precautions that were working well in this centre, to include, fire detection and containment arrangements, fire drills were regularly occurring, all residents were familiar with the fire procedure, all staff had up-to-date training in fire safety, and all fire exits were maintained clear from obstruction. Fire safety was a topic that was regularly spoken about at staff and resident meetings, and there was a clear emphasis placed on ensuring good fire safety practices were routinely adhered to. Some aspects of fire safety were in the process of review by the person in charge at the time of this inspection, to include, the scheduling of a further minimum staffing fire drill to review one resident's ability to independently open their fire exit door, and the fire procedure was also being updated to better reflect the specific staff response required in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for very frequently, and updates were made accordingly to their personal plans, when needed. The centre was supported by multi-disciplinary professionals, as and when required with this re-assessment process. Residents' personal goals were chosen with the support of their key-worker, with many of them choosing to work towards planning for holidays and to go to wellness festivals during the summer. Records were maintained of how residents were progressing towards achieving these, which was regularly overseen by the person in charge.

Judgment: Compliant

Regulation 6: Health care

Although residents' health care needs in this centre were minimal, this aspect of their care was reviewed on a regular basis. When residents had scheduled medical appointments, staff were available to bring them to these. There was a timely response from staff and local management to ensure referrals were made on residents' behalf to various allied health care professionals, with some residents awaiting review at the time of this inspection. This again was an aspect of the service often overseen by the person in charge, who ensured staff were maintained

up-to-date regarding any changes relating to residents health care support arrangements.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had assessed behavioural support needs, the provider had suitable arrangements in place to ensure residents received the care and support that they required. The service was supported by a behavioural specialist, and in response to a recent increase in one resident's behavioural incidents, the provider had sought further input from this specialist and was awaiting this at the time of this inspection. Behavioural support plans were in place for the residents who required this type of support, and staff were aware of their role and responsibilities in implementing these plans. There was minimal use of restrictive practices in this centre, with those in place subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in identifying, responding to, reporting, and monitoring of any concerns relating to the safety and welfare of these residents. Following some low-level safeguarding incidents that occurred, the provider did have two safeguarding plans in operation at the time of this inspection, which were working well in preventing similar concerns arising. All staff had up-to-date training in safeguarding, and the right to feel safe was often spoken about with residents as part of their own house meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Palace Fields Services OSV-0004062

Inspection ID: MON-0045344

Date of inspection: 24/03/2026

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All behavioural related incidents will be recorded on the Quality Management Information System (QMIS). This was discussed with staff at the team meeting on 26/03/2026.</p> <p>Risk assessments were reviewed and updated with specific control measures noted, including the management of this risk while out in the community. Risk ratings were also reviewed as part of this update. The review was completed on 21/04/2026.</p> <p>A protocol to guide staff with environmental checks has been developed and implemented and will be completed daily by staff on duty.</p> <p>Documented guidance for staff, that detailed how the centre responds to this resident's known risk was reviewed and updated. This was completed on 21/04/2026.</p> <p>Referrals have been sent to appropriate Multidisciplinary Team members to support the resident's safety and welfare. A mental health clinic review has been scheduled for the resident on the 29th April 2026.</p> <p>A full review of the Centre Risk Register took place on 21/04/2026, which included a review of risks in relation to changing needs of residents, Behaviours that Challenge, Fire Safety, Safeguarding and Staffing.</p>	

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 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	30/04/2026