



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

Issued by the Chief Inspector

Name of designated centre:	Avalon Respite Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 September 2025
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0048290

About the designated centre

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

Avalon Respite Services is a designated centre operated by Ability West, which can cater for the needs of up to eight male and female residents, who are over the age of 18 years with an intellectual disability. The centre provides both a residential and respite service, comprising of one large two-storey building located on the outskirts of Galway city, close to local transport and amenities. Each floor of this building provides separate accommodation and living spaces, where residents have their own bedroom and shared bathrooms, sitting rooms, kitchen and dining areas, a staff office and laundry facilities. A well-maintained garden is also available to residents to use as they wish. 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:	5
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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 25 September 2025	09:00hrs to 14:35hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities.

There were five residents availing of supports on the day of inspection, and the inspector met with two residents during the day. Currently, three residents were receiving full-time residential care, with the remaining beds provided for respite. Two of these residents were in the advanced planning stages of moving to their new homes. For the other resident accessing residential support, planning had begun to identify a suitable home. The inspector met with the person in charge, the team leader and the area manager, and viewed a range of documentation and processes.

Residents who lived in the centre for residential and respite care experienced a good quality of life, and were involved in activities that they enjoyed.

The centre did not accommodate a large number of residents for respite. Although registered for eight beds, it was not operating at full capacity. This ensured that the provider was able to deliver care and support in line with the assessed needs of residents. Staff were knowledgeable about residents' needs and the provider had suitable arrangements in place to ensure the centre was appropriate to support these needs. For example, arrangements were in place to ensure the personal safety of residents during respite stays and these were well known to staff.

It was clear from a walk around the centre that safe and comfortable accommodation was provided to residents. The centre consisted of one large two-storey building, located on the outskirts of Galway city, near the seaside and close to many attractions, restaurants, shops and other amenities. The centre was well furnished and presented comfortably. There was adequate communal space which ensured that each resident could enjoy privacy as they wished. Each resident had their own bedroom and there was adequate storage for residents' clothes and personal belongings. Residents accessing residential care personalised their bedrooms with belongings important to them and residents availing of respite personalised their bedroom by using preferred bedding.

On arrival at the centre, the inspector met a resident who was leaving to attend their day service in a nearby location. They greeted the inspector in a friendly manner, and appeared to be content and relaxed. Due to communication differences they were unable to describe the care and support in the centre but smiled at the inspector and appeared happy. Staff spoken with told the inspector they had plans to celebrate national gratitude day and were planning to attend another day service location to enjoy some festivities.

The inspector met with another resident before they left the centre for the day to attend their day service. They told the inspector they were happy living in the centre

and their plans to move to a new home in the coming months. They discussed their wishes for a specific bed and the person in charge later confirmed this bed would be in place for the resident in their new home. The resident spoke about their family and upcoming planned time at home. The inspector saw this resident make choices in their daily life, for example regarding their morning routine and also decisions on healthcare matters. The inspector heard this resident discuss and plan their healthcare appointments with staff.

Residents were involved and had choice in menu planning and food preparation where they wished. Weekly house meetings were used to plan preferred menu options. The person in charge told the inspector residents have flexibility and often choose to shop on the day for meals they wish to eat. Residents were also supported to eat out or get takeaways. Staff spoken with were knowledgeable regarding residents who required modified or specialised diets.

Residents' rights were promoted and a range of easy-to-read information was available to residents in a suitable format, such as the complaints procedure and information on restrictive practices. Staff ensured that residents' preferences were met through daily consultation, house meetings, the personal planning process and ongoing communication and feedback from residents and their representatives. Residents had access to television, Wi-Fi, radio and newspapers. Some residents had their own mobile telephones and others their own computer tablet. Inspectors saw staff respect residents' dignity and privacy throughout the inspection, for example, seeking permission to enter a resident's personal space.

Overall, it was clear from observation in the centre, conversations with residents and staff, and information and processes viewed during the inspection, that residents were supported to make choices and have a good quality of life. The provider has ensured that residents are supported to partake in enjoyable activities, with an emphasis on ensuring compatibility of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents in this centre. Improvement was required to ensure contracts for the provision of services detailed all additional charges.

There was a clear organisational structure in place to oversee and manage the centre. There was a suitably qualified person in charge who worked closely with the team leader to plan, manage and maintain oversight of the quality and safety of the

service. The person in charge was regularly in the centre and therefore had a close working relationship with residents, staff and residents' representatives.

The centre was adequately resourced to ensure the effective delivery of care and support to residents. Residents were provided with a safe and comfortable home and the provider maintained the staffing levels required. Due to the respite nature of this service, staffing levels were rostered in accordance with the assessed needs of those availing of this service at any given time. There was a consistent staff team who were suitably trained and demonstrated good knowledge of the support needs and preferences of residents. A range of allied health services, such as behaviour support, psychology and social work were available to support residents as required.

The provider had systems that maintained oversight of the effectiveness of local systems of management. These systems included provider unannounced audits undertaken every six months and an annual review of the service. A provider unannounced audit was undertaken by the provider in August 2025 and was available to the inspector. This report had identified areas for improvement along with persons responsible and completion time frames. The inspector noted some actions were completed, such as the review of residents' meetings to ensure all residents have the opportunity to participate. The provider had completed an annual review of the quality and safety of care and support of residents and the inspector read the annual review for 2024. The provider had sought feedback from residents and residents' representatives, this indicated overall general satisfaction with the service however an increase respite availability was identified as an area of feedback from residents' representatives.

There were processes in the centre to manage and investigate complaints. The inspector found complaints were being taken seriously by the provider and that systems were in place to investigate and resolve complaints. Information about the complaints process was made available to residents and their representatives.

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development. The inspector viewed training records and a sample of the certification of courses for core staff. Those reviews found that staff had received a variety of training in order for them to carry out their roles safely and effectively.

Staff received training in the areas deemed mandatory by the provider, such as fire safety, safeguarding adults and positive behaviour support. In addition, staff had undertaken training in medicines management, epilepsy, infection prevention and feeding, eating and drinking (FEDs). The provider had ensured where refresher training was required, this was scheduled accordingly.

There was a schedule of supervision planned for 2025, this was maintained by the person in charge and meetings were taking place as planned. The team leader told

the inspector staff meetings are also used to offer support and supervision to staff members.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of resident which include the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to the admission and discharge of each resident was maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Based on these inspection findings the centre was effectively managed and governed. There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported in the role by a team leader. The team leader had an allocation of 15 hours each week in the centre.

The provider had various monitoring and oversight systems in place to monitor quality and safety in the centre. These included an annual review of the care and support of residents and provider unannounced audits undertaken every six months. The annual review of the centre for 2024 was read by the inspector, and where areas for improvement were identified, there were quality improvement plans in place or completed. For example, the identified need for recruitment in the centre was in progress and the team leader gave an update on this to the inspector. A provider unannounced audit had taken place in August 2025. This audit focused on specific aspects of care and support, such as, residents' files, fire safety, incident management and safeguarding.

Regular team meetings were held and minutes were maintained from each meeting. Standard agenda items included safeguarding, shared learning and staff support and supervision. Minutes of these meetings were reviewed, areas raised by staff were in progress, for example, the management of behaviours of concern was raised as an agenda item and the inspector saw the provider had responded with supports for the staff team.

The provider had ensured this centre was adequately resources to meet the assessed needs of resident. For example, staffing levels and skill-mix were allocated based on the assessed needs of residents. Where additional supports were required to access community based activities the provider ensured this resource was

available. For example, the provider had a staff member rostered in the centre to provide additional support for residents when they choose to access the community.

The person in charge had a monthly schedule of audits, including audits of medicine management, complaints, incidents, restrictive practices and risk management. The inspector saw, areas identified were actioned by the person in charge. For example, a medicine audit identified a medication error, the person in charge had investigated this and put measures in place to reduce the likelihood of it reoccurring.

Overall there were effective monitoring and oversight that ensured that good standards were maintained and that any areas for improvement were addressed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a contract of care in place for each resident. The inspector viewed a sample of two contracts and found further details of some charges for additional services were not covered in the contract. For example, costs associated with pharmacy expenses were not detailed in the contract.

The provider had ensured prospective residents and their family representative had the opportunity to visit the centre before admission. Records reviewed by the inspector demonstrated comprehensive planning with the resident and their representative prior to admission to the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had policies and procedures for the receipt and management of complaints.

The inspector viewed the complaints log for the centre and saw the provider had recently received and progressed a complaint in line with their procedures. The inspector saw the complaints procedure was accessible to all residents and was displayed prominently. Records reviewed demonstrated staff support residents to understand the complaints procedure along with access to advocacy services during keyworker sessions. The inspector observed the person in charge monitored complaints received in the centre, each month they completed a review of the complaints procedure through an audit to ensure its effectiveness.

It was evident that residents and their representatives were supported to raise any concerns, and that a transparent process was in place for managing complaints.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. However, fire containment required improvement. The provider had identified this using their own monitoring systems and this was in the process of being addressed.

Residents were well supported to enjoy a good quality of life. The person in charge and staff ensured that residents enjoyed activities and lifestyles of their choice. Records reviewed in the centre and observations from the day of inspection showed that residents were out and about on a daily basis.

The provider had systems in place for the regular review of risk in the centre including regular review of incidents and accidents, fire safety and medication management. The person in charge had maintained a risk register that was reviewed in September 2025 and this was found to be reflective of risk in the centre. The inspector saw the provider had responded to incidents related to behaviours of concern with control measures such as, bespoke behavioural support and psychology input. Fire drills were carried out on a regular basis. The records of recent fire drills were reviewed and provided assurances that residents could be evacuated in a timely manner in the event of fire.

Assessments of the health, personal and social care needs of residents had been carried out, all residents had individualised personal plans in line with assessed needs. The documentation reviewed was found to clearly identify goals and a plan of action to support each resident to achieve their goals. Review meetings took place annually with regular progress meetings taking place to progress and track each resident's goals.

The centre was designed and laid out to meet the assessed needs of residents. It was comfortable, visibly clean, bright and spacious. The provider had identified compatibility concerns in the centre between residents and had modified the environment to support a resident to have their own self-contained area within the centre.

The management team had taken measures to safeguard residents from harm and abuse. All staff had received training in safeguarding. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was discussed with residents at weekly house meetings. The designated officers contact details were clearly displayed. Residents spoken with said they felt safe in the centre

and were happy. The person in charge advised the inspector that the compatibility of residents was taken into consideration when planning respite schedules of stays and staffing resources. The person in charge advised while there were no active safeguarding plans at the time of inspection, the local management team continued to implement control measures such as, allocated staffing ratios and environmental management to protect all residents from harm and abuse.

Regulation 10: Communication

There were effective systems in place to support residents to communicate.

The inspector saw that residents in the centre were supported to communicate in line with their assessed needs and wishes. Staff interactions with residents were observed to be suited to the resident's communication style. For example, staff were observed speaking clearly and using eye contact when communicating with a resident.

The inspector spoke with a resident who competently initiated and engaged in conversation. They discussed a range of topics in relation to their life and told the inspector of their wishes for their new home. A sample of two communication profiles were reviewed, these records were up to date and provided guidance to staff members on residents preferred communication styles. Some residents had their own mobile phones, and all residents had access to Wi-Fi. Residents had access to assistive technology, for example the person in charge told the inspector one resident uses a computer tablet and may also communicate using written messages.

Judgment: Compliant

Regulation 18: Food and nutrition

the provider had ensured that each resident was provided with choices at meal times. Residents were involved in the planning of meals. The inspector reviewed records of residents' meetings and found these included discussions around menu options. The person in charge told the inspector residents were supported to partake in baking or cooking activities as wished.

The centre had two fully equipped kitchens where food could be stored and prepared in hygienic conditions. Residents went shopping with staff as they wished. A resident spoken with told the inspector they have the option to go food shopping. Some residents were assessed as requiring specialised diets and these were provided in the centre. For example, guidelines on a low fodmap diet were available to staff and staff were knowledgeable on this specialised diet. The inspector reviewed food records and found the options offered to residents to be nutritious

and varied. A sample of two food records reviewed indicated that residents had a choice at each meal.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

The provider maintained a risk register which included both local and environment risks, and individual risks to residents. The inspector saw that individual risks identified had a risk management plan, and each of these was risk rated appropriately. For example, a risk assessment was in place regarding a resident leaving the centre unattended, this was appropriately risk rated with clear control measures in place. This risk had a clear management plan which included guidance for staff how to respond should an incident occur. The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the centre.

The provider had a system in place for reporting and reviewing incidents and accidents that occurred. For example, the person in charge had identified an area for improvement in relation to staff safety in the workplace and had escalated this to senior management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems. For example, the inspector saw that emergency lighting, a fire detection system, fire fighting equipment and fire-resistant doors with self-closing devices were all in place.

The provider had completed a review of fire safety and identified that certain parts of the fire doors required replacement or upgrades in the centre. The provider had a date for this replacement or upgrade work to commence and had also a fire containment plan in place in the interim. This containment plan had control measures in place, such as daily visual inspection of fire doors and the use of equipment such as the tumble drier during day time hours only. Records reviewed demonstrated staff completed fire safety checks, such as a weekly test of the fire detection system. Although, fire safety was promoted, the provider needed to

complete upgrades to the fire door to ensure they were not compromised in the event of a fire.

The inspector reviewed fire drills in the centre and found regular day and night drills were taking place involving all staff and residents. Fire-drill records reviewed by the inspector indicated that residents could be evacuated safely and in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs was completed and care plans were developed where required. There were assessments in place in areas such as falls management and healthy eating.

Personal goals were clearly set out for each resident including evidence of review meetings and progress updates. It was evident multidisciplinary input was available when required. For example, the inspector saw input from social work and psychology where required. Residents were assigned a key worker, with regular meetings taking place. These meetings discussed areas such as personal planning and upcoming activities with residents. Files reviewed showed that residents had been supported to achieve their chosen goals during 2024 and to date during 2025.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures to guide staff on the identification, reporting and response to any concerns. All staff had completed safeguarding training. The provider had identified compatibility of residents as a potential safeguarding concern and planned respite stays to ensure safeguarding was prioritised.

The inspector observed the provider had taken appropriate steps where safeguarding concerns may occur to ensure the safety and welfare of residents. For example, planning the environment for residents to allow adequate space and private areas based on their assessed needs.

There were no active safeguarding plans in progress on the day of inspection. Records reviewed indicated the person in charge had regular contact with the designated officer and actively reviewed safeguarding practices in the centre. The

inspector was satisfied safeguarding incidents reported to the Chief Inspector of Social Services had been managed in line with the safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives.

The inspector spoke with a resident who described how they were supported to choose their daily routines and activities they wish to partake in. For example, the resident spoke about visiting their family and the support of staff to plan these visits. The person in charge described the planning process for a resident to move to their new home. This resident was supported to design their new home with the assistance of an interior designer, ensuring that their preferences in décor and furnishing were incorporated into the final design.

The local management team reviewed restrictive practices ensuring the least restrictive practice was used for the shortest time possible and as a last resort. Restrictive practices in place were reviewed by a human rights promotion committee. The inspector saw, where doors had keypads to control access the provider had supports available to support residents to use these independently where appropriate.

The provider had supported residents to have access to their money based on their assessed needs. For example, the inspector saw a resident was supported to open a bank account and manage their money using online banking and their personal mobile telephone.

It was evident throughout the inspection that the rights of residents were upheld, and that all efforts were made to ensure that their voices were heard.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Avalon Respite Services OSV-0004070

Inspection ID: MON-0048290

Date of inspection: 25/09/2025

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: An addendum has been drafted for all current contracts of care. This addendum clearly outlines additional cost, which may be incurred by Respite and Residential persons supported. This addendum will be reviewed by all Respite and Residential persons supported, followed review each individual will have the opportunity to sign the addendum if in agreement with the contents. Completion Date; 21 November 2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An external review of all Fire Doors was completed on the 10/06/2025. A schedule of works has been submitted and the completion date confirmed for the 8th of December 2025. Completion Date: 08/12/2025.	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	21/11/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	08/12/2025