



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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0004071
Fieldwork ID:	MON-0044942

About the designated centre

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

Holly Services is a centre run by Ability West. The centre provides a respite service for up to eight children aged from 0-18 years of age with an intellectual disability. The centre comprises of one building located on the outskirts of Galway city and is within walking distance of local amenities such as shops, leisure facilities and cafes. The centre comprises of 10 bedrooms, of which eight are used by residents who access the centre. The remaining two bedrooms are used by staff for overnight accommodation when required. Communal facilities available to residents include kitchen and dining rooms, bathrooms, sitting rooms, a sensory playroom, utility, staff office and outdoor play area. 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:	2
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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
Wednesday 25 February 2026	08:30hrs to 16:10hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. During this inspection, the inspector met with three children who were accessing respite in the centre and observed how they lived. The centre has a registered bed capacity of eight, however the provider described that the maximum they accommodate overnight is four children.

Based on the findings of this inspection, the inspector found children accessing respite in this centre had opportunities to engage in preferred activities, to develop independence skills and to express choices in their routine and preferences. Access to multidisciplinary support was not consistently in place to support all children's needs including assessed behavioural needs and oversight of restrictive procedures. During this inspection this impacted on a child's transport to attend school and also in relation to accessing activities outside of the centre.

The centre comprised of a detached two-storey house located close to the seaside and within walking distance of shops, cafes and restaurants. The layout of the centre allowed the provider to create four separate spaces for children attending respite; the provider also had flexibility to open areas further should children wish to spend time with others. Children had ample space to spend time privately or to engage in their preferred activities. The inspector saw children had access to different rooms to relax with beanbags, comfortable furniture, projectors and sensory items available for children. On the ground floor, the provider had developed a sensory room, this room was equipped with specialised equipment such as an infinity tunnel, soft seating and lighting to provide a stimulating environment for children. During a walk-around of the centre, the inspector observed the premises was well maintained with adequate bathrooms for children.

The inspector observed children's assessed needs throughout the inspection and also discussed these needs with local management. Children accessing overnight respite on the day of inspection were supported with a 1:1 staffing ratio and records reviewed found this was consistently in place. Assessments of need were in place for all children accessing respite and the provider ensured all stays were planned to consider compatibility with other children and the assessed needs of each child.

Upon the inspector's arrival to the centre, they were greeted by a child downstairs who was awaiting to travel to school with staff in the centre. This child used some words to communicate along with using gestures. They were observed to be relaxed and content engaged in listening to their headphones. Another child who had attended respite in the upstairs of the centre was also awaiting to travel to a nearby school with the support of family, as they were not currently accessing the providers transport due to identified safety concerns. Both children were planned to stay in respite again on this night and staff clearly communicated this to children along with using visual aids to demonstrate this. Children who access respite in this centre

attend nearby schools and where possible transport is provided to and from school. Later in the afternoon the inspector met a third child who was accessing day respite in the centre, they greeted the inspector and appeared very happy with plans to leave the centre for an activity soon after arriving from school.

During this inspection, the inspector had the opportunity to speak with a family member of a child who receives respite in the centre. This person described that they are very happy with the care and support received in the centre, describing staff as helpful and supportive. They described the support they had received from the centre in relation to attending the barber, this was a difficult experience for this child and this family member described the supports and efforts of staff to support this situation. This has now resulted in a positive outcome for this child. This family member did raise a concern in relation to access to multidisciplinary support, stating that access to some supports was not currently available and this meant that each time their child was in respite this family had to bring their child to and from school despite transport been available in the centre. They also described an impact on this child emotionally as they became upset and confused in relation to their routine in the centre. This family member described a lack of guidance specific to safety measures for use on transport as the cause of this issue and described this as ongoing for the past two months.

The inspector found that overall children had opportunities to engage in a wide range of activities. These included going to play grounds, attending events such as the circus, eating out, going to the beach and going for walks. Staff also described a variety of home-based activities that children enjoyed, including using the swings and play equipment in the garden, baking, art and crafts and celebrating occasions such as pancake day or valentine's day.

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

Capacity and capability

This inspection found the provider had good arrangements in place for the management and monitoring of the service. However, this inspection found access to the multidisciplinary team was not in place for all children, this will be further discussed in the subsequent areas of this report.

The centre had a clear governance structure with defined roles and responsibilities. There was a suitably qualified and experienced person in charge. The person in charge was supported in the day-to-day management of the service by a team leader. Both the person in charge and team leader were very familiar with the care and support needs of children who attended for respite and they focused on children enjoying their respite stays and in the development of personal skills. Children were

supported by a consistent staff team and one staff member spoken with described having worked in the centre for many years. The provider had ensured that staff numbers and skill mixes were in line with the assessed needs of the children and were appropriate to the layout of the centre.

The centre was adequately resourced to meet the needs of children attending respite. These resources included safe and suitable accommodation, transport, Wi-Fi and outdoor recreational spaces. Training records reviewed found that all staff had completed all mandatory training. All staff had also received additional training to support them in their roles, including epilepsy and assisted decision making.

The service was subject to various monitoring and oversight systems, these included an annual review of the centre and provider six-monthly unannounced audits. These oversight arrangements were effective in identifying areas for improvement. For example, gaps in multidisciplinary input for some children was identified by the provider. Notwithstanding this, the provider was required to review access to specific allied healthcare professionals to ensure children's needs were fully met during respite stays.

The inspector reviewed accident and incident records for January 2025 and found the highest type of incident recorded was behavioural incidents. The provider had good oversight of incidents in the centre, however as discussed under regulation 7, improvement was required to ensure staff had the most appropriate guidance available to provide suitable supports.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre.

The person in charge was the manager for this centre only and performed both direct care and support duties and the administration for the centre. This role was full-time and the person in charge was supported by a team leader in the governance and operational management of the centre. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each child attending respite in the centre, and was also aware of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were appropriate to the assessed needs of children attending for respite in the centre.

The inspector reviewed staffing rosters for January and February 2025. Due to differing assessed needs for children, staff ratios varied during this period but were consistent with children's assessed needs. A review of these rosters confirmed that children were supported by a consistent staff team and an appropriate number of staff were available and allocated to support children during their respite stays.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received training appropriate to their roles and responsibilities to support them to provide suitable care to children attending this centre for respite.

The inspector reviewed training records that demonstrated that all staff had mandatory training in fire safety, positive behaviour support, children's first, and safeguarding. Staff spoken to confirmed that they had undertaken refresher training where required and a newly recruited staff member described having completed in person training as part of their induction. Staff had also undertaken additional training in areas such as medicines management, feeding eating drinking and swallowing (FEDs), epilepsy, respiratory emergencies, hand hygiene, and first aid.

Staff spoken with and records reviewed demonstrated that staff regularly received formal supervision from their line manager. In addition, the person in charge had prepared a plan for 2026 planned meetings.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection, there was effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to children who took respite breaks in the centre. Local management had identified a risk in the centre in relation to multidisciplinary team access for all children, this impacted on the guidance available to staff in relation to behavioural needs and also the review of restrictive practices.

The provider had identified and escalated this issue with accessing the supports of the multidisciplinary team for some children with assessed behavioural needs to their commissioner of services. The most recent six-monthly provider unannounced audit of the centre evidenced the provider was actively pursuing these services for children accessing respite. From discussions had and records reviewed, it was unclear when this issue would be resolved and appropriate access to the

multidisciplinary team would be in place. This will be discussed further under regulation 7.

There was a clear management structure to manage the centre, with the person in charge holding overall responsibility for the management of the centre, they were also supported by a team leader. The centre was subject to various monitoring and governance systems, such as an annual review and provider six-monthly unannounced audits. The provider had prepared an annual review for 2025. The inspector read this and found the provider had sought feedback from children and their representatives. This feedback was very positive and demonstrated a high level of satisfaction with the service. A sample of feedback stated 'my child loves coming to respite... staff are fantastic and very helpful to my child'. Other feedback from children stated; 'more pizza and help with cooking' and 'more playgrounds and swimming'. The inspector viewed the most recent unannounced provider audit undertaken in February 2026. Any areas for improvement had been identified and action plans had been developed to address them.

The centre was suitably resourced to ensure the effective delivery of care and support to children accessing respite. These resources included the provision of child friendly accommodation, transport vehicles, Wi-Fi, projectors and adequate staffing levels to support children's preferences and assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents who availed of respite care in the centre.

The inspector read the statement of purpose and found that it described the respite service being provided to children and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of care delivery to children attending for respite. However, improvement was required to ensure that appropriate guidance was available to staff to support children with identified behavioural needs and also to ensure restrictive practices were applied in line with evidence-based practice.

The centre was located in a residential area beside the sea and close to a large city. Transport was provided to support children to attend school, attend appointments and access activities. Children had access to an impressive garden, with a climbing frame, swings, games and areas for play. The centre was decorated with murals throughout creating a fun child friendly atmosphere.

Fire safety equipment and systems were in place to ensure the protection of children from the risks associated with fire. Records reviewed evidenced that children could be evacuated in a timely manner in the event of an emergency. The person in charge had developed a fire drill planner for 2026 and this was displayed clearly in the centre office. The inspector observed an up to date personal emergency evacuation plan (PEEP) was displayed in each child's bedroom during respite stays. On the day of inspection, maintenance was ongoing in the centre; this included the finalisation of upgrades to fire doors that were identified by the provider as requiring improvement in an internal audit in 2025.

The provider had prepared assessments of health, personal and social care needs for each child. Personal plans had been developed for each child based on their assessed needs and along with their families and representatives. Guidance on the management of behaviours required improvement to ensure staff were consistent in their proactive approach to children and also to ensure reactive responses to behaviours are appropriate and support the wellbeing of children. Restrictive practices were not consistency under review on the day of inspection with some practices due for review and others requiring an initial review.

There were systems for the management of identified risks in the centre. The provider had developed a risk register in which specific risks and control measures had been identified. The inspector saw escalation processes were in place in relation to concerns over access to the multidisciplinary team.

Overall, there were good management systems that were maintained under review. However, supports for children with assessed behavioural needs and restrictive practices required the review of the provider. This area for improvement was discussed with the local management prior to the close of this inspection.

Regulation 10: Communication

The provider had systems in place to support and assist children to communicate in accordance with their needs and wishes during respite breaks.

Children had various supports in place to assist communication, such as visual aids and the use of Lámh. The inspector saw pictorial cues available to help children and staff to communicate and support choices.

Staff had received training in communication and local management discussed the role of a 'communication champion' within the team to enhance communication systems and support children to trial new systems such as 'talking mats'. A sample

of two communication profiles was reviewed. These records were up to date and provided guidance to staff members on children's preferred communication styles. Children had access to assistive technology, and the inspector observed a child using a computer tablet throughout the morning of inspection.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of children during their respite breaks, was in good repair, well maintained, and decorated in a welcoming child-friendly manner. Throughout the centre, there were colourful themed murals that were visually pleasing and contributed to a fun, child-friendly atmosphere. Children had access to a secure outdoor play area, which included a variety of swings, a climbing frame and large garden games such as connect four.

During a walk around the centre, the inspector found the centre to be at a comfortable temperature. Local management described that air conditioning units had recently been installed to help maintain a comfortable temperate during summer months. The front of the premises was largely made of glass and offered views of the ocean. The centre was visibly clean and nicely furnished. Each child had their own bedroom during respite breaks, and these had adequate furniture such as wardrobes in which children could store clothing and belongings. The provider had recently upgraded the wardrobes throughout the centre. There was a well-equipped kitchen on the ground floor, and each separate area also had access to a small kitchen and cooking facilities, based on each child's assessed needs. The centre also had laundry facilities available for children to use during respite stays, if they wished, and the centre was serviced by an external refuse collection service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place which included the maintenance of a risk register for the centre which included both local and environmental risks and individual risk assessments for each child. The provider had identified their top five risks in the centre and these aligned to the findings of the inspector, these risks included behaviours of concerns, risks relating to transport and restrictive practices.

The inspector reviewed individual risk assessments for two children. These addressed identified risks, such as the risk of absconding, behaviours of concerns and risks associated with using transport. The provider had suitable control

measures in place to manage these risks overall and where further control measures were required these were escalated to senior management for further consideration. For example, issues in relation to a child accessing centre transport were escalated to senior management and actions taken were clearly outlined.

The inspector reviewed incident records for January 2026. These records demonstrated that the person in charge had thoroughly reviewed all incidents and applied learning from each one. The provider had an on-call system to provide support during out-of-hours and weekends in response to any emergencies within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had measures in place to ensure fire safety in the centre. These measures included well-maintained fire safety equipment throughout the centre, evacuation plans, frequent fire evacuation drills and suitably trained staff.

The inspector reviewed fire safety records, including those for fire alarm testing and firefighting equipment, and found these to be up to date. Records of fire drills were reviewed for 2025 and up to February 2026, these indicated that fire drills took place both day and night and all staff were supported to partake in drills. These drills evidenced that children could be evacuated in a timely manner. There was a personal emergency evacuation plan (PEEP) in place for each child, and these were regularly reviewed and updated with any learning from fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had developed personal plans for all children and these were based on each child's assessed needs and were realistic to their time spent accessing respite.

The inspector reviewed a sample of two personal files, comprehensive assessments of health, personal and social care needs of children had been carried out. Care plans had been developed to provide staff with guidance to support children in relation to specific needs, such as toileting and communication. Personal centered goals were in place for children and these were developed collaboratively with children's families and representatives. For example, a respite report was completed in October 2025 that outlined achievable personal goals for a child during their respite stays, these goals included the use of a 'first and then' communication system and increased independence with dressing and personal hygiene. Daily notes

reviewed demonstrated these goals were been supported and progressed by staff in the centre.

Local management described a recent initiative in the centre whereby staff supported children to take part in seasonal and fun activities. The inspector saw pictures of children partaking in making dream catchers, celebrating pancake day and also celebrating occasions such as valentine's day. A detailed plan child friendly plan was available to view with past plans and upcoming events for children to enjoy during their respite stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

The providers' measures to support positive behavioural support required improvement. Behaviour support plans were inconsistent in quality and detail. Some plans included clear proactive and reactive strategies. Others lacked clear guidance for staff on how to respond to behaviours.

There was inconsistent multidisciplinary input, resulting in unequal levels of support for children. Restrictive practices were not appropriately reviewed or overseen by the multidisciplinary team. Examples include locked doors, video monitoring, and use of equipment (e.g. lap belts). Some required restrictive procedures had not been implemented or reviewed, despite identified needs. This created risks to children's safety and wellbeing.

There were delays and difficulties accessing multidisciplinary input, impacting decision-making and care planning. The lack of appropriate review and input negatively affected children's daily lives, including access to school, and preferred activities. Although the provider had identified the need for improvements, there was no clear timeline for when adequate supports would be in place. Overall, children may not be receiving appropriate, consistent, and safe behavioural support in line with their assessed needs.

Judgment: Not 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 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Holly Services OSV-0004071

Inspection ID: MON-0044942

Date of inspection: 25/02/2026

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 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Within the existing constraints the following measures are being implemented to ensure a safe service.</p> <p>All staff are trained in de-escalation and intervention techniques, namely Studio III, to meet the needs of the children.</p> <p>Additional training has been scheduled and completed with our Ability West studio III trainers; this is to ensure that training meets the specific needs of the child to ensure safe support of the children attending Holly Services.</p> <p>This training is discussed and reviewed regularly at scheduled monthly staff meetings. There is a daily, weekly and monthly review completed by all the staff team within Holly Services of restrictive practices.</p> <p>There is a review meeting of all incidents within the organisation completed weekly which is chaired by the Director of Quality, Compliance and Nursing. The following meeting members are in attendance; Chief Executive Officer, Senior Management Team, Heads of Departments such as Positive Behaviour Support, Psychology and Social Work, Area Service Managers, Health and Safety Officer, Quality and Compliance Support Officer. Any interventions are identified and discussed during these meetings.</p> <p>Prior to this weekly incident review meeting, the Person in Charge engages and completes an extensive review of all incidents within their service.</p> <p>Within the organisation, there is an internal Human Rights Promotion Committee with a purpose to support the Person in Charge to review restrictive practices where clinical input has been given and deemed as necessary.</p> <p>The organisation has actively engaged with HSE Disability Service Manager and relevant Children Disability Network Team's to ensure that any restriction in place has the relevant clinical oversight. A meeting took place on 8th April 2026 between Ability West and the HSE General Manager - Children's Disability Services. After this meeting the General Manager was provided with a list of children who require further clinical</p>	

oversight, and will discuss with the appropriate CDNT and revert with updates. The Centre's Risk Register and individual risk assessments will be reviewed and updated to include any additional controls where required.

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	29/05/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	26/06/2026