



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

Issued by the Chief Inspector

Name of designated centre:	Clochatuisce Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0046951

About the designated centre

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

Clochatuisce Services is a designated centre run by Ability West. The centre comprises of one large bungalow which provides full time residential care for up to seven male and female residents, over the age of 18 years with an intellectual disability. Clochatuisce can provide accommodation for those with a range of medical and physical needs. The centre is located on the outskirts of Galway city and is located near local public transport services and amenities. Each resident has their own bedroom with access to a shared shower room. Each resident bedroom has overhead hoist and includes double doors for emergency exit. There are shared communal areas and a garden space which is wheelchair accessible. The centre has it's own mode of transport to support residents to access community based activities. Clochatuisce Services has a team of staff who are on duty both day and night to support residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 4 September 2025	09:00hrs to 14:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to follow-up on the actions required by the provider, after the outcome last inspection of this service in January 2025. Upon that inspection, significant concerns were identified around this centre's staffing levels, and also with regards to aspects of day service provision for residents, which this inspection found that the provider had since satisfactorily addressed. The day was facilitated by the person in charge and the person participating in management, with the inspector also getting to meet with six of the residents that lived in this centre, along with some of the staff who were on duty. Overall, the improvements made by the provider since the last inspection had made considerable improvement to the overall service provision for residents, the centre was found to be well-managed, with many examples identified of where care was being delivered to a high standard.

This centre was home to seven residents, all of whom had lived together for a number of years, and they all ranged from having medium to high support needs. Their assessed needs primarily related to manual handling and mobility support with most being full-time wheelchair users, each required full support with their intimate and personal care, some required skin integrity management, others had very specific health care needs, some had nutritional care needs with most requiring support at mealtimes, and many had communication needs. To support them with this, the provider had resourced the centre fully with the required equipment, and had very strong involvement and support from various allied health care professionals. The provider had also had an established staff team in place in this centre, which had made a significant impact on ensuring these residents were only supported by staff who were familiar with their specific care and support requirements.

The centre was a purpose-built premises located on the outskirts of a city. It comprised of large individual resident bedrooms with most having over-head hoists, and there were jack and jill style shared bathrooms fitted with shower chairs and bed-trays. There was also an additional large bathroom in this centre which comprised of an assisted bath for residents to use. Each bedroom had a double-door fire exit to aid the fire evacuation of these residents, with each bedroom having being personalised to reflect the interests and preference of residents. There were two large living areas available for residents to use, a kitchen and dining room, a staff office and sleepover room, and hallways were large enough to accommodate all residents who were wheelchair users. A well-maintained garden surrounded the centre, with multiple exits opening out onto it, allowing for ease of access for both residents and staff. The centre was very well maintained, clean, nicely furnished and provided a homely environment for these residents.

Upon the inspector's arrival to the centre, there was a very relaxed and calm atmosphere, with a number of residents up and sitting at the kitchen table, while others were being supported by staff with their personal care needs. One of these

residents told the inspector that they were waiting to leave to attend their day service in the community, where they got to do arts and crafts, went on various outings, and also got to meet with their peers. They also mentioned that over the summer they had gone on a boat trip which they really enjoyed. Later on the morning, the inspector also met with another resident, who had recently returned back to the centre following hospital discharge. They said they were happy to be home, and spoke briefly about a garden party that was hosted in the centre a number of weeks back. They were relaxing in one of the living rooms, and had the person in charge put on their favourite programme for them which they often liked to watch. The other residents all had assessed communication needs and were unable to speak with the inspector about the care and support they received. One of whom did use sign language, which the inspector observed the person in charge to effectively use in their interactions with this particular resident. Over the course of the day, staff supported six residents with a warp around day service, with staff scheduled to take some residents out for a drive, while others remained back at the centre to take part in more sensory based activities.

Due to the care and support needs that these residents had, this was a very busy service. Staff often had to support residents throughout the day with transfers back to bed, to assist them with their intimate care, to provide pressure relieving care, also assist them at mealtimes, while also ensuring each resident was suitably supervised. As well as this, many of these residents liked to get out and about as much as possible, with some enjoying to go on regular drives, others often went to visit family members, and some liked to avail of nearby attractions that were based close by. The changes made to the centre's staffing levels since the last inspection had made a profound impact to how this centre operated in supporting residents' social care, aswell as ensuring that adequate staff were on duty at all times to cater for the daily care that they required.

Along with the regular presence of local management, there was also an on-call management system in place to support staff during out-of-hours. Overall, this centre was found to have good oversight systems in place, which had ensured that the improvements made from the last inspection had been consistently sustained, resulting in a better quality of service being delivered to these residents.

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

Capacity and capability

Following the outcome of the last inspection, the provider submitted a compliance plan response, outlining the actions the planned to take to address the areas of non-compliance found. This inspection found that this had effectively implemented this plan, resulting in an increase in staffing levels, and better arrangements around day service provision for these residents. Of the other regulations that the provider was

inspected against as part of this inspection, they were found to be in full-compliance with these.

The person in charge held the overall responsibility for this centre, and was based full time there. Due to the adequacy of staffing levels, this had meant that the person in charge was able to assume a full-time administration role, which greatly enhanced their capacity to full-full their managerial duties. They regularly held meetings with their staff team to discuss resident related care and support arrangements, and also maintained regular contact with their line manager regarding operational matters. Due to the complexity of some of the care and support needs that some residents were assessed with, the person in charge placed particular emphasis on internal communication systems, to ensure that all staff were maintained aware of any changes to residents' care, and also about any operational changes impacting their daily duties.

As earlier mentioned, the provider did take action following the last inspection around this centre' staffing arrangement, and had increased both night and day time staffing levels. This had made a marked improvement to the staff support that these residents received, with adequate staff now on duty to support residents to get out and about, to support them with their bedtime routines, and to also ensure that enough staff were on duty to support residents with their care and support during night-time hours. This was a change that the provider consistently maintained, and was continuing to keep under review.

Since the last inspection, the provider had continued with all internal oversight and monitoring arrangements, ensuring that where improvements were identified, these were addressed. Along with improving staffing levels, the provider had also revised residents' day service arrangements since the last inspection. This had resulted in a wrap around service being established, which also had made a marked improvement to the reporting, accountability and responsibility for all care delivered to these residents.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. They were very knowledgeable of the assessed needs of the residents, and of the operational needs of the service delivered to them. They were supported in the running and

management of this centre by their staff team and line manager. This was the only designated centre operated by this provider in which they were responsible for, and current governance and management arrangements gave them the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

Following the outcome of the last inspection, the provider revised the staffing levels for this service. This resulted in an increase in day and night-time staffing levels, with five staff now on duty each day, and two waking and a sleepover staff now on duty each night. This change in staffing levels was consistently maintained, and due to the high health care needs that this centre catered for, there was also good oversight of any changes required to the skill-mix of staff on this centre. There was a well-maintained staff roster in place, which clearly outlined this change in the centre's staffing arrangement, also ensuring that the full names of staff were indicated, and their start and finish times worked. Where additional staffing resources were required from time-to-time, the provider also had adequate arrangements in place for this.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured effective staff training arrangements were in place, and also ensured all staff were subject to regular supervision from their line manager. Where refresher training was required, this was scheduled accordingly by the person in charge. Due to the specific health care needs that some were assessed with, training in this particular areas had also been made available for staff working directly in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the needs of all residents, and had also ensured that there were suitable persons appointed to manage and oversee the running of this centre. There were various monitoring and oversight systems in place, and where any improvements were

identified, this were quickly addressed. Six monthly provider-led audits were being conducted in line with the requirements of the regulations, and at the time of this inspection, the person in charge was in the process of closing off all actions that had derived from the most recent visit in July 2025.

Since the last inspection, the provider had revised the day-service arrangements for residents in this centre. This revision had included a change in the centre's staffing arrangement, resulting in a wrap around service being provided for residents, who were supported by the centre's residential staff team. This had resulted in better consistency and continuity of care for these residents, and also ensured clearer lines of reporting and accountability.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, and at the time of this inspection, the person in charge was in the process of making minor updates to this document for the purpose of the provider's application to renew the registration of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a process in place for reviewing all reported incidents, and ensuring these were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Due to the assessed needs of these residents, there were a number of systems required in this centre so as to ensure that their needs were met, and that they were maintained safe from harm at all times. The provider had effectively implemented their own systems so as to provide these residents with the care and support that they required, with many good examples of this found throughout this inspection.

Health care was the primarily aspect of this service that required on-going oversight by local management, to ensure residents were getting safe and good quality care. The service was supported by a nurse, who attended the centre each week to review residents' health care needs, and made any recommendations regarding changes that needed to be made. In recent weeks, some residents had required hospital admission in response to their health care needs, and the person in charge had ensured thorough discharge planning, so as to ensure the service could continue to meet their needs upon their return. There were many risk assessments and personal plans in place for residents with specific health care needs, which were available and well-known to staff, some of which were in the process of being updated at the time of this inspection, following two residents' recent discharges from hospital.

There was a large emphasis placed on risk management in this centre, with many systems in place so as to quickly identify any threat to the safety and quality of service that these residents received. This very much attributed to the regular presence of local management at the centre, staff adherence to reporting all incidents, aswell as multiple internal communication systems. Risk was quickly responded to when identified, and staff were alerted to where new control measures were required to be implemented.

This was a purpose built premises, with its design and layout giving due consideration to the assessed needs of these residents, so as to aid quick evacuation. Each residents' bedroom had a fire exit to allow for bed evacuation, and there were also multiple other fire exits throughout the centre. Detection and fire containment arrangements were in place, and there were also regular fire drills being carried out. Again, due to the high care and support needs of these residents, fire safety was largely emphasised and routinely overseen by the person in charge.

All staff had received up-to-date training in safe administration of medicines, and there was also weekly routine checks completed by staff when medicine supplies were received from the pharmacy. There was regular oversight of medication management practices and in more recent months, a pattern in medication errors had been identified by the person in charge that warranted addressing. In response to this, new measures were implemented along with increased monitoring, which had resulted in no further issues arising.

Regulation 20: Information for residents

There was a residents' guide available at this centre, and at the time of this inspection, the person in charge was in the process of making minor updates to this document for the purpose of the provider's application to renew the registration of this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place, which they were utilising effectively so as to identify, respond, assess and monitor for all risk in this centre. When incidents occurred, these were reported and reviewed by the person in charge, which had resulted in the provider responding to potential risks so as to ensure residents were maintained safe. There was also good oversight by local management of this centre, which equally attributed to the quick identification and response to risk. Specific risks associated with residents' care and support needs were well-known and well-documented, as too were organisational specific risks. There were a number of risk assessments in place in this centre to support the oversight and monitoring of these, and at the time of this inspection, the person in charge was carrying out a piece of work to update a number of these risk assessments, following recent incidents that had occurred, along with recent the hospital discharge of some residents back to the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The layout and design of this centre provided residents and staff with a multiple of fire exits, to include, double doors within each resident's bedroom to aid bed evacuation, should it be required. Fire drills were regularly occurring, and records of these showed that staff could support these residents to evacuate in a timely manner. In the months previous to this inspection, the provider conducted an assessment of all fire doors and identified that some repair works were required which were awaiting to be completed; however, assurances were provided that these works did not impact the fire containment capacity of these doors. There was a fire procedure available at the centre, and all residents had their own personal evacuation plan in place. All staff had received up-to-date training in fire safety, and there were regular fire safety checks being carried out to ensure any threat to fire safety in this centre, would be quickly identified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were and safe and suitable storage arrangements were in place for all medicines, with the majority of medicines dispensed via blister pack system. Medicines were delivered weekly, and were double checked by two staff members, with a system in place for all medicines dispensed within blister pack systems to be

identifiable. Of the prescription and administration records reviewed by the inspector, these were found to be well maintained and legible. At the time of this inspection, there were no residents taking part in the administration of their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were regularly re-assessed for, and any changes to their care and support arrangements were quickly communicated between all staff. Personal plans were in place, and available at the centre to guide staff on the specific supports that residents required. There was good oversight of this process maintained by the person in charge, who at the time of this inspection, was updating various personal plans and assessments relating to the residents that were recently discharged back to the service.

Judgment: Compliant

Regulation 6: Health care

Residents' assessed health care needs were well-known in this centre by all staff. There was good involvement of allied health care professionals in the review of this aspect of residents' care, and the centre was also well supported by a nurse who attended the centre at minimum once a week. Some residents had specific health care needs in relation to their elimination, some experienced frequent seizures, others had nutritional care needs, many required on-going skin integrity management, and some had recently required hospital admission for medical treatment. The provider had ensured sufficient arrangements were in place to meet these needs, and where any changes occurred to the health status, there were very effective internal communication systems in place to ensure all staff were immediately made aware of these changes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, the provider had arrangements in place for this. The centre was supported by psychiatry services and by a behaviour support specialist, who supported this service with this aspect of

residents' care. Where behavioural related incidents did occur, these were reviewed and used to inform any changes to residents' behavioural interventions. There were some restrictive practices in use in this centre, all of which were subject to regular multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had a procedure in place to guide staff on how to identify, respond, report, and monitor for any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and the topic of safeguarding was very often spoken about with residents as part of their house meetings. At the time of this inspection, there were no safeguarding concerns in this centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant