



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	03 February 2026
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0044895

About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that can provide care to seven residents, both male and female who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 3 February 2026	09:45hrs to 16:15hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in February 2024.

The findings from this inspection indicated a well managed service with good compliance with the regulations reviewed.

Throughout the inspection, it was evident that the local management team and staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the well-being and quality of life of residents. Improvements identified at the last inspection regarding the provision of nursing supports had since been addressed. The inspection was facilitated by the person in charge. The inspector met and spoke with two staff members who were on duty and also met and spoke with four residents.

The designated centre comprised of two houses located in close proximity to one other and located in residential areas on the suburbs of a city. Most residents living in this centre had resided together for many years and knew one another well. One resident had moved into the centre in June 2025. Another resident had recently transitioned to live in a different centre operated by the provider in order to better meet their assessed needs. Four residents currently shared one house and normally attended day services during the weekdays, they were supported by staff during the day and at night-time. Two residents who shared the second house were supported to stay in their homes independent of staff and they went about their own routines on a daily basis. There was specific staffing arrangements in place for these residents, including, allocation of weekly staff support hours to assist these residents with various aspects of their social care. The person in charge reported that all residents were doing well, that while their healthcare needs were generally stable, some required increasing supports due to cognitive decline and issues relating to continence.

There was consistent stable staffing arrangements in place which had a positive impact on residents experiences. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests. Residents were seen interacting with staff members, enjoying their company and it was clear that they had developed trusting relationships with one another.

The first house visited was the larger of the two houses. It was detached, dormer style and at the time of inspection accommodated four residents in individual bedrooms. There were two bedrooms located on the ground floor and one had its own en-suite shower room. At the time of inspection, one of these bedrooms had been recently vacated and the provider had plans in place to renovate and refurbish this bedroom and en suite facilities. There were three bedrooms located on the first

floor. There was a separate sitting room, kitchen dining room and shower rooms located on each floor. The house was comfortable, warm, visibly clean, decorated and furnished in a homely style. There was an accessible garden area to the rear of the house which could be easily accessed. There was a paved patio area with wooden bench seating and a variety of plants and shrubs. There was an array of colourful spring plants which residents had planted in a variety of pots and containers providing an inviting and colourful entry to the house.

On the morning of inspection, all four residents had just left to attend their respective day services. Later in the morning, the person in charge was notified that one resident had become unwell at their day service. The person in charge immediately arranged for this resident to return home where they were made comfortable and offered a light snack. In consultation with the resident and following their assessment a visit to their general practitioner(Gp) was arranged and supported. The inspector met with the other three residents when they returned from day service programmes later in the afternoon. They were all in great form and were happy to chat with the inspector. They spoke about how they were enjoying living in the house and loved when the fire was lighting in the living room when they returned home in the evenings. They told the inspector that they were getting on well with one another and were supported to attend outings and activities of their choice in the evenings and at weekends. They mentioned how they had all been out for dinner over the weekend, some had attended a music concert , some had visited family member's and another was looking forward to attending a show in a local theatre during the week. They spoke about how they planned and arranged their weekly menus with each resident taking a leading role of cooking on one evening per week. They showed the inspector the weekly menu plan that they had decided upon and they mentioned how they liked including a lot of fish on the menu. The inspector observed one resident prepare the vegetables for the evening meal. They advised how they enjoyed cooking and often referred to cookery books and cookery programmes on television for meal ideas. Residents continued to enjoy a range of activities , some continued to attend weekly basketball, some enjoyed going for walks, going shopping, having pedicures and attending the beautician to have their nails manicures and painted. One resident who attended a creative arts based programme told the inspector how they were looking forward to upcoming rehearsals and performing for a new show. Resident's also enjoyed eating out, day trips, nights away, attendance at local community events, parades, music concerts and festivals. It was evident from the person centered plans reviewed that residents were supported to achieve their individual goals. The centre had its own minibus which residents could use to attend activities. Some residents independently used taxi services and some used public bus transport to independently go shopping. Others walked independently to the local shops and church services. Residents also enjoyed spending time relaxing at home, watching their preferred television programmes and videos or listening to music on their laptop, hand held tablet or on the television. They also mentioned how they liked making their own lunches, completing laundry and other household tasks.

The inspector visited the second house in the early afternoon and met with one of the residents living there. It was a two storey terraced house which accommodated two residents in separate bedrooms. There was a kitchen cum dining room and a

separate living room on the ground floor, two bedrooms and a bathroom located on the first floor. Residents had access to a large garden area to the rear of the house which continued to be maintained by an external contractor. The house had been refurbished in recent years. The house was decorated in a homely manner with residents own effects including framed artwork, photographs and items of significance to them. The resident spoken with told the inspector how they continued to enjoy living independently and knowing that staff support was available if required. They spoke about how they used their own mobile telephone to keep in contact with staff, how they sometimes visited the other house and at times enjoyed going for drives with the other residents. They mentioned how they enjoyed going into town independently on the bus, visiting the shops, eating out as well as visiting and meeting up with their sisters. They spoke about how they enjoyed spending time alone in the house, going about their own routines, using their computer tablet, completing arts and crafts activities such as jewellery making and remodelling items purchased from charity shops. The person in charge advised that the other resident living in the house continued to live a busy life including working part-time three days a week, as well as other weekly activities including swimming, woodwork and guitar lessons.

Overall, staff demonstrated a strong commitment to advocating on behalf of residents, ensuring their rights, preferences and well being were actively promoted and respected. All staff had completed training on human rights. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, monthly one to one meetings, the personal planning process and ongoing communication with residents and their representatives.

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 findings from this inspection indicated a well managed service with clear governance and effective oversight arrangements in place to support the delivery of safe, good quality, person centered care. Issues identified at the previous inspection had been addressed.

There was a clearly defined management structure with clear lines of accountability. The person in charge worked full-time in the centre. A team leader had been appointed since the previous inspection in order to further strengthen the governance arrangements. They were supported by the local area manager. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for the month of February indicated a team of consistent staff. The roster clearly set out the staff on duty including their roles.

Training was provided for staff on an ongoing basis. There was a training schedule in place for 2026. The training matrix and training records reviewed identified that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had effective systems in place to monitor and review the quality and safety of care in the centre including regular audits, oversight of incidents and review of outcomes to inform quality improvement. The annual review for 2025 had been completed and a quality improvement plan had been devised with an importance placed on ensuring that staff support each individual resident in achieving their personal goals with a continued emphasis on independence and involvement in their local community. The provider had continued to complete six-monthly unannounced reviews of the service, the most recent review having been completed in October 2025. Issues identified as a result of the review had been addressed and learning shared with staff. The person in charge and team leader continued to complete a range of weekly and monthly audits of areas such as identified risk, incidents, fire safety, medication management, restrictive practice and residents finances. The area manager continued to meet with the person in charge on a regular basis to discuss risk and other issues pertaining to this centre.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. They were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They were knowledgeable regarding their statutory responsibilities and showed a willingness to comply with the regulations. They had a regular presence in the centre and were well known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. A

team leader had been appointed and nursing supports were available as required. There were consistent and stable staffing arrangements in place. The staffing rosters reviewed for the month of February 2026 accurately reflected the staff on duty. There was a pictorial staff roster also displayed which residents could refer to which promoted residents rights to accessible information and also promoted their sense of security.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, administration of medications, human rights, risk management, restrictive practices and positive behaviour support.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with residents and their representatives. The provider had maintained stable staffing levels which supported continuity of care and contributed positively to the overall quality and safety of the service

Judgment: Compliant

Quality and safety

Staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. Residents were supported

to make choices about their daily lives including participation in a wide range of activities and being supported to go places of their choosing.

Care planning documentation reviewed was of a good standard and clearly reflected residents assessed needs preferences and goals. The inspector reviewed the files of two residents. Each resident had a recently updated comprehensive assessment of need completed. A range of risk assessments had also been completed and care and support plans were in place for all identified issues. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service, as well as, timely access to a range of allied health services. Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health-care needs including residents with specific health-care conditions.

Risks to residents were well identified, assessed, and managed with appropriate measures in place to support residents safety while promoting autonomy and quality of life. The local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. The management and staff team continued to promote a restraint-free environment and restrictions in use were being managed in line with national policy.

The provider and local management team had fire safety management systems in place. The provider had completed an audit of all fire doors in May 2025 and following the findings of the audit had recently replaced many of the fire doors in the centre. All staff and residents had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner. A resident spoken with confirmed that they were involved in regular fire drills and were knowledgeable regarding procedures in the event of fire especially at night-time.

Regulation 11: Visits

Residents continued to be supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit and stay with family members at home. Some of the residents had been supported to visit family members at home and another visited a family member in a nursing home over the weekend prior to the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The emergency evacuation plan and individual personal emergency evacuation plans had been recently updated. Fire drill records reviewed by the inspector indicated that fire drills took place regularly in both houses and provided assurances that all residents could be evacuated safely in the event of fire. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that there had been no issues in evacuating residents in a safe and timely manner. Recent refurbishments including the provision of new fire doors further enhanced fire safety management in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The person in charge demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were completed, the results of recent audits indicated satisfactory compliance.

All medicines were appropriately stored and managed. Systems were in place for checking medicines on receipt from the pharmacy and for the return of unused and out-of-date medications to the pharmacy.

The inspector reviewed two medicines prescribing and administration charts and found that all medicines were administered as prescribed.

All staff had been provided with medicines management training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents. The inspector reviewed a sample of two residents files. There were recently updated comprehensive assessments of need completed. There were individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of regular review and progress updates. It was clear from speaking with residents, as well as, records and photographs reviewed that residents were supported to achieve their individual goals.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, psychologist, psychiatrist,

dentist and chiropodist. Residents were also supported to avail of vaccine and national screening programmes.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had positive behaviour support plans in place. There was limited use of restrictive practices in the centre and all were found to be managed in line with national policy. There was evidence of multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use. All restrictions were regularly reviewed by the organisation's rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre. The provider had recently notified the Chief Inspector of a safeguarding concern relating to third party assuming control over a resident's personal finances. This concern was being actively managed in line with safeguarding policy and the provider was advocating on behalf of the resident to ensure their rights and best interests were protected.

Judgment: Compliant

Regulation 9: Residents' rights

The provider, local management team and staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service.

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner.

Information on human rights was displayed on the notice board. All staff had completed training on human rights. There was evidence of ongoing consultation with residents, on a daily basis, at weekly house meetings and individually at regular key working sessions. Residents spoken with confirmed that they were consulted with and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions, computer tablets, laptops and mobile telephones. Residents could attend religious services if they wished and some attended local churches. All residents were registered to vote and could choose to vote if they wished. Restrictive practices in use were discussed with residents and reviewed regularly by the organisations human rights committee.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant