



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

Issued by the Chief Inspector

Name of designated centre:	Seirbhís na Beanna Beola
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 August 2025
Centre ID:	OSV-0005032
Fieldwork ID:	MON-0048001

About the designated centre

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

Serbhís na Beanna Beola can provide an integrated residential, day and respite service for up to 7 male and female residents over the age of 18, who have a mild to profound intellectual disability. The centre comprises of a single dwelling house which is split over two levels and has ample outdoor space with sea views. Each resident has their own bedroom, which is decorated to their own individual tastes. There are adequate bathroom, kitchen, laundry and recreational facilities in the centre for residents' use. The centre benefits from their own vehicle for residents to access a range of amenities, and residents also have access to public transport links. The centre is staffed by a skill-mix of social care workers, support workers and nursing staff and has waking night staff in place each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 21 August 2025	09:25hrs to 15:50hrs	Jackie Warren	Lead
Thursday 21 August 2025	09:25hrs to 15:50hrs	Maureen McMahon	Support

What residents told us and what inspectors observed

Residents who lived in the centre had a good quality of life, had choices in their daily lives, and were engaged in activities that they enjoyed.

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. This inspection also examined the provider response to a serious incident which had occurred in the centre in the earlier part of this year. The findings from this inspection demonstrated a high level of compliance with the regulations. As part of this inspection, inspectors met with two residents who lived in the centre and observed how they lived.

Inspectors also met with the person in charge, staff on duty and the sector manager, and viewed a range of documentation and processes. An inspector met briefly with a family member of a resident. This provided an opportunity to gain insight into the family's views on the quality of care provided.

Inspectors met with two residents who communicated verbally and initiated and engaged in conversations. Residents discussed a range of topics in relation to their interests and plans for the day. On arrival, a resident answered the door, greeted inspectors and made staff aware of the callers. This resident then returned to relaxing in the sitting room and watching a morning television programme.

Throughout the day inspectors met with this resident again and also had opportunity to meet another resident who lived in the centre. These residents were open and generous with their time, showing inspectors their rooms and items that reflected what was important to them, such as family pictures. Residents confirmed that they went out to interesting places that they enjoyed. A resident told an inspector of a recent outing to the Museum of Country Life in Mayo. They said that it was an enjoyable day and that they had also had meal out. They also told of going to an activity park where they had had great day. They had had lunch out and had taken part in a teddy bear making project where they had made a teddy to add to their collection of soft toys. The resident had been to the city the previous day for a clinical appointment and had also been shopping for new shoes, which they showed to an inspector. Residents also confirmed that they were involved in light housework tasks such as grocery shopping and laundry. During the inspection, inspectors saw both residents preparing clothes for laundering. Some residents had their own mobile phones and used them for communicating with family or online banking. Residents also had access to televisions, Wi-Fi and radio. Residents told inspectors that they had watched the Rose of Tralee event on television the previous night and had really enjoyed it. Residents also spoke of enjoying watching football and horse racing on television.

There were flexible daytime arrangements available to residents, and a range of day service options were in place. For example, one resident attended a day service outside of the centre on weekdays whilst some others had a home based service and attended day activities as they choose. The provider had provided additional

staffing arrangements to support residents to either attend day service activities as wished either in the centre or elsewhere. A resident who had a home based service also confirmed that they could get up at whatever time they liked, and could lie on in bed until 11am if they wished to.

Seirbhís na Beanna Beola is a split level detached house located in a quiet rural area on the outskirts of a village by the sea. The centre is spacious and comfortable and has gardens both to the front and rear of the house. However, the provider acknowledged that the centre required some refurbishment to improve the levels of comfort for residents. Each resident had their own bedroom in the centre. When one resident brought an inspector to see their bedroom, they were very proud of the décor and their personal belongings. This resident told the inspector about a recent shopping trip and plans for another trip to Galway city to do some returns. Another resident had plans for a meal out with family and an overnight stay away. This resident was observed by inspectors excitedly packing their bag and they had their money ready in their wallet for the trip. An inspector met with this resident in their room, which was nicely furnished and decorated with family photographs. The resident fondly spoke to the inspector about their family and also deceased members of their family. This resident told an inspector they are very happy living in the centre and also told the inspector about their enjoyment of music and dance in the day service. An inspector also had opportunity to meet with a family member of a resident. This family member expressed a high level of satisfaction with the service provided and the centre, and were particularly complimentary of the care provided by staff.

Inspectors spoke to staff about the care and support needs of residents. Staff were knowledgeable of residents' support needs. For example, staff spoke in detail regarding the management of a healthcare condition for one resident and the responsibilities of staff in the management of this condition. The person in charge and staff ensured that a person-centred service was delivered to residents.

Inspectors observed staff spending time and interacting with residents, chatting and offering choice. For example, staff were observed to offer choices of activities to a resident and allowing time for a choice to be made. Also inspectors saw staff speak with residents about food choices that were available and supported them to choose their preferred option.

It was evident that residents were involved in how they lived their lives in line with their assessed needs. One resident told inspectors about their involvement with advocacy groups and taking part in meetings about the running of the centre. Inspectors found that residents appeared happy, relaxed and enjoyed the company of staff.

The next two sections of the report present the findings of this inspection in relation to governance and management in the centre, and how these arrangements affect the quality and safety of the service and the quality of life of residents.

Capacity and capability

Based on these inspection findings, this centre was effectively managed and governed. The provider had effective systems of quality assurance that maintained oversight of the quality of care and service delivered to residents.

The person in charge was responsible for the day-to-day management and oversight of the centre. The person in charge had the support of a team leader with allocated administration time in the centre. There were arrangements in place in the centre to manage the centre in the absence of the person in charge, and these arrangements were effective at the time of inspection. The person who deputised for the person in charge was present during the inspection and was aware of their regulatory responsibilities and knew the care needs of the residents. In this inspection report, that person will be referred to as 'the person in charge'. Staff told inspectors that the person in charge was regularly present in the centre. It was evident from speaking with the person in charge they knew the residents' assessed needs very well and were familiar with the specific needs of the service. The person in charge regularly met with their staff team to discuss residents' care, and to ensure all staff were updated when any changes to care occurred. An inspector reviewed minutes of regular meetings held with the staff team. The person in charge convened and attended each of these meetings.

The provider maintained oversight of the local systems of management. For example, the provider had completed the centres' annual review which described the quality and safety of care residents received. The person in charge, as part of this process, had sought feedback from residents' and their representatives on the service. The provider had also ensured that the quality and safety reviews were occurring twice each year, in line with the requirements of the regulations, and where improvements were identified, quality improvement plans were put in place for these. The person in charge had effective oversight of accidents and incidents that occurred and inspectors saw regular review of risks and how it was managed. There had been a significant incident in the centre earlier in 2025, and the provider had responded promptly to this event by initiating comprehensive reviews of the incident, and by reviewing risk management arrangements in the centre. The provider had also been proactively exploring options to improve the physical premises.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of residents. Inspectors noted that there were adequate staff on duty to support residents on the day of inspection. The provider was, as mentioned in the opening section of this report, providing additional staffing to support residents to attend activities either in the centre or elsewhere. Also, the provider had ensured that the centre had adequate staffing and transport resources, ensuring residents always had access to staff support and means to get out and about, as they wished.

Overall, inspectors found that the provider had implemented oversight arrangements which actively promoted the welfare, safety and wellbeing of residents.

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents.

An annual review of the quality and safety of care had been completed for 2024. The provider had identified areas for improvement and was in the process of addressing these areas. In addition to the annual review, the service was subject to ongoing audit and review. This included unannounced audits carried out twice each year on behalf of the provider. An inspector reviewed the most recent of these audits which was carried out in May 2025, and had overall identified a high level of compliance in the centre. The provider had quality improvement plans in place to address any areas where improvement was required. For example, there was a plan for records to be uploaded to the provider's information system, with clear time frames set out. An inspector also viewed quarterly audits carried out in the centre, these included audits in accidents and incidents and restrictive practices. Overall these audits also showed high levels of compliance with regulations and plans had been developed to address any areas for improvement identified in these audits. For example, the provider had identified an increased trend in medicine management incidents and had put a plan in place to address this.

Regular team meetings were being held, and a record was kept of these meeting and required actions arising from them. An inspector read minutes of team meetings that took place in February and July 2025, and found that standard agenda items discussed at team meetings included, personal profiles, residents' rights and health and safety.

An organisational structure with clear lines of authority had been established to manage the centre. There was a suitably qualified and experienced person in charge and there were effective arrangements in place to support staff when the person in charge was not on duty.

The centre was well resourced to deliver care to residents. Inspectors saw that these resources included comfortable accommodation, adequate staff numbers, and transport for resident to use. The provider had identified where improvement to the centre was required and was working on a plan to achieve this.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector of Social

Services within specified time frames. A review of information in the centre indicated that these notifications had been made appropriately. An inspector read incident records for 2025, and found that these had been appropriately recorded and, where required, notifications had been made to the Chief inspector in a timely manner.

Judgment: Compliant

Quality and safety

The provider had ensured that residents received good quality care in the centre. Inspectors found that the centre was a pleasant place to live and that residents enjoyed a good quality of life. The care and support provided responded to residents preferred lifestyle and activities. This inspection did identify the premises required to be upgraded and also that the provider needed to support residents to exercise aspects of their civil and political rights.

The support and care observed by inspectors was respectful and appropriate to residents assessed communication needs. Staff were observed speaking in both Irish and English, which were appropriate to residents' communication preferences.

Inspectors reviewed some records relating to residents' support and care, and found a high standard of assessment and planning for supporting the assessed needs of residents. An inspector spoke with staff and reviewed some daily support plans, and found that staff followed the guidance of the plans, for example, in relation to nutritional needs, positive behaviour support needs and residents' healthcare needs.

The provider had effective systems for the identification, management and ongoing review of risk. Each identified risk had a risk assessment and management plan. records showed that the person in charge reviewed risks, and these was closely linked to residents' assessed needs and to incidents and accidents that occurred. Inspectors saw evidence of risks escalated to the provider and actions taken. For example, additional measures were introduced in response to a serious incident which had occurred in the centre, and when a risk had been identified in relation to medicine management, additional supports had been allocated.

Residents who required positive behaviour support had comprehensive plans in place to support residents and to guide staff. These plans were reviewed regularly and there was evidence of ongoing multidisciplinary team involvement. Inspectors saw a holistic approach to understanding and managing behaviour, for example, the use of mindfulness techniques and online resources.

Inspectors viewed all areas of the centre including the garden. Residents were provided with a comfortable home suited to their needs. Each resident had their own bedroom, there were suitable kitchens in each section of the centre, and there were laundry facilities for residents to use. However, this inspection did identify

areas for improvement in the premises. The provider had recognised that the centre required an upgrade and was working to achieve this.

Throughout the inspection, inspectors saw that staff were supporting residents to make choices in their daily routines. The quality of social care was regularly reviewed to ensure each resident had access to a range of activities. Staff were very aware of the individual residents' interests and were mindful to ensure activities were meaningful to residents. However, residents interest in having voting rights and or passports for foreign travel had not been explored to establish residents' preferences.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Inspectors viewed a sample of two communication profiles, which were informative and included clear guidance on the best communication techniques for these residents. Staff spoken with were very clear on the communication needs of residents. Inspectors observed staff effectively communicating with a resident with hearing loss by speaking clearly and maintaining eye contact. Residents who met with inspectors spoke both Irish and English fluently. The staff on duty were also fluent in both languages enabling effective communication. Some residents had their own mobile phones and used them for communicating with family or online banking. Residents also had access to televisions, Wi-Fi and radio.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, clean and spacious and provided comfortable accommodation for residents. However, as the centre was an older building, some areas such as flooring had become defective and required to be upgraded. The provider had recognised and acknowledged that the centre required an upgrade, and explained to inspectors the plans which were being explored to address this. Some necessary improvements had already been completed. The centre was a large split-level house which had been divided into two separate self-contained living areas. The main house was on the upper level and the downstairs area, which was accessed by a separate entrance had two separate living spaces. Three residents lived on a full time basis in one part of the house and one resident lived in a separate self-contained area. Laundry and kitchen facilities were provided for residents on both levels. The house was found to be visibly clean, spacious and homely. Inspectors

saw that the main sitting room was spacious and comfortably furnished with individual armchairs for each resident's specific needs and preferences.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported in line with their assessed needs, and residents were being offered choice at mealtimes.

The centre had well equipped kitchens where food could be stored and prepared in hygienic conditions. An inspector saw a resident prepare their lunch with the support of staff. Staff were observed to discuss lunch options with the resident and offer choice. Main meals were freshly prepared and served in line with each resident's assessed needs and staff were knowledgeable of these requirements. For example, inspectors saw a resident's lunch prepared in line with the resident's modified requirements. This meal appeared wholesome and nutritious. A resident told an inspector that the food is good in the centre. A resident who lived in a self-contained apartment was supported with main meals from the centre. This resident had access to snacks in their apartment, and these arrangements were in line with the resident's specific nutritional plan. A sample of two food records were reviewed by inspectors; these records indicated that residents have access to a variety of foods and a balanced diet. Residents told inspectors they are supported to take part in food shopping for the centre. Inspectors viewed the personal plans of all residents who required special diets and noted involvement, where required, from speech and language therapists. For example, a resident, who required a special diet, had a plan in place in relation to feeding, eating, drinking and swallowing. In a sample of files viewed, inspectors also saw that staff monitored residents' weights each month.

Judgment: Compliant

Regulation 26: Risk management procedures

Good measures were in place to manage a risk which had become evident in the centre. A significant incident had taken place in the centre earlier this year and inspectors examined the measures that the provider had taken in response to this event, and to keep all residents safe. The provider had instigated a comprehensive review of the incident which was currently in progress with results pending later in 2025. The provider and its management team had also introduced measures in the centre to ensure that residents were not exposed to a specific risk. The centre's risk register had been reviewed and updated to reflect this risk and the measures

required to address it. Inspectors viewed how these measures were being managed in the centre and found that it was in line with safety recommendations.

An inspector reviewed accident and incident data in the centre from January 2025 to date. The inspector found that these records were well documented. The management team kept incident records under review to identify trends, and to implement improvements as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenged.

Some residents required support to manage behaviours of concern. Inspectors viewed a sample of two support records and saw that, where a risk for such behaviour was identified and assessed, positive behaviour support plans had been developed. Inspectors observed where an assessed risk had been identified, the resident had a comprehensive positive behaviour support plan. The plan viewed was clear and up to date and had been developed with involvement from the positive behaviour support specialist so as to guide staff. This plan included areas such as reactive and proactive supports for the resident. An inspector also saw a comprehensive support plan for a resident focused on anxiety management. The plan included strategies such as mindfulness techniques, distraction and breathing exercises.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from all harm and abuse.

Residents who spoke with inspectors were clear about safeguarding and what it meant to stay safe. Information about staying safe was displayed in the centre and was also made available to residents in user friendly formats. Residents told an inspector that they felt safe in the centre and should they have any concerns they would tell staff, the person in charge or a family member. Staff and residents told an inspector about the monthly residents meetings that take place in the centre. Staff told an inspector that each month a specific theme is discussed. For example, in the days prior to the inspection residents had taken part in a fire drill and fire safety had been discussed at a residents meeting. There were no formal safeguarding plans were in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days, and how their lifestyles were being managed. However, some improvement was required in relation to some aspects of residents' civil rights.

Throughout the inspection, inspectors saw that residents had choice and control in their daily lives. Residents were being supported in an individualised way to take part in preferred activities. For example, a resident chose to spend some time in their room watching television while another resident chose to leave the centre with day service support.

The feedback provided by residents, and observed by inspectors, indicated that residents were happy with the choices that they had. For example, a resident planned to go out in the afternoon but had not yet decided if they would go for coffee or do some shopping. Staff were observed to allow the resident time to choose the activity and offer support as necessary. Residents had access to, and managed their own money, and were supported to spend their money as they wished. Inspectors met one resident who had gone shopping the day prior to the inspection and had purchased new shoes. Also, another resident was planning to have a meal out later in the evening with family as part of an overnight hotel break.

Residents' meetings were taking place each month in the centre, although records were not available to view. However, a resident told an inspector about the monthly meetings, and that they discuss advocacy at these meetings. It was also clear that there was ongoing consultation between residents and staff. Inspectors noted that any information in relation to residents' personal support needs was securely stored in the office and not available in shared spaces. Inspectors viewed information that demonstrated that residents had access to both internal and external advocacy services.

Inspectors found that some residents were not registered to vote and it was unclear as to whether or not residents had passports. However, staff told inspectors that these areas were being explored, to establish residents' wishes and to secure voting rights and passports for those who wished to have them.

Judgment: Substantially 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Seirbhís na Beanna Beola

OSV-0005032

Inspection ID: MON-0048001

Date of inspection: 21/08/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In accordance with Regulation 17 (1)(b) the provider has planned a complete renovation of the property to ensure that the premises is brought up to standard in line with regulations. This will ensure that the premises is of sound construction and kept in a good state of repair externally and internally.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: In accordance with Regulation 9 (2)(c) the person in charge followed up with the team leader after the inspection and has confirmed that all residents have passports and are on the electoral register. While one resident has previously voted, the focus for the team will be on providing information in accessible format for all residents to enable and support them to vote in upcoming elections if they so wish.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2026
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	25/10/2025