



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Gréine Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2025
Centre ID:	OSV-0005537
Fieldwork ID:	MON-0049051

About the designated centre

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

Ard Na Greine Services is a designated centre operated by Ability West. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey dwelling house, located on the outskirts of Galway city, close to a wide range of amenities. Residents have their own bedroom, access to communal areas, bathrooms and garden space. Transport and staffing arrangements are in place to support residents to regularly access the community. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 26 November 2025	10:15hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. Overall, this was a very positive inspection, where the provider demonstrated high levels of compliance with the regulations they were inspected against, with some attention just required to aspects of medication management, which will be discussed in more detail later on in this report.

The day was facilitated by the person in charge and team leader, with feedback joined by the person participating in management. Upon arrival to the centre, the inspector got to meet with the staff that were on duty and with two of the residents, with the third resident having already left for their day service by the time the inspector arrived. Both of these residents greeted the inspector, one of whom was heading out the door to the gym with the support of staff. The other resident had decided not go to day service that morning, and staff were supporting them with an alternative plan for their day.

At the time of this inspection, there was one bed vacancy and the three residents that resided in this centre had lived together for a number of years and generally got on well together. At the time of this inspection, the provider had no plans to admit another resident to the service. All residents were well, and mainly required staff support in relation to positive behavioural support, aspects of their personal and intimate care, each had nutritional care needs, and all required staff support with their social care. One resident did required the support of one-to-one staff support during waking hours, and this was consistently provided to them.

The centre comprised of one two-storey house located in a quiet housing estate. The maintenance and upkeep of this house was very important to staff and the residents, as they took pride in how it was presented. Due to the variety of communal rooms in this centre, it meant that each resident either had their own living room or sitting room, which gave them the option of spending recreational time alone away from their peers, if they so wished. Residents had already started decorating their bedrooms and living spaces for Christmas, with one resident showing the inspector their tree and festive decorations. Two of these residents had a very keen interest in the same soccer club, with both having decorated their bedrooms that very much reflected their love for the sport. In response to a falls related incident that occurred a few months prior to this inspection, the third resident's bedroom was recently relocated to the ground floor. When doing so, the resident was fully involved in decorating their new bedroom and painted and dressed their bedroom in their favourite colour pink. Since the last inspection, the centre had remained a very well-maintained home, with some new furnishings added to some of the living areas, which had created a very homely feel.

These residents lived very active lifestyles and loved to get out and about. Two of them accessed day services in the community, while the third resident had a

wraparound day service, and were supported to do so in the comfort of their own home. As earlier mentioned, two of these residents were soccer fanatics and often went to watch local matches, and were also planning to head overseas in the new year, with the support of staff to watch their favourite soccer club play. In the last few months, another resident had gone away with staff for a night to a hotel, which was a new activity for them, and staff said that the resident had really enjoyed this. As well as doing activities independent of their peers with staff support, these residents often liked to do activities together as a group. They liked to go out for something to eat, went swimming, availed of local leisure facilities, attended beauty appointments, some were planning a foreign holiday in the new year, others were heavily involved in Special Olympics, with some of them preparing to head to a local fashion show on the evening of this inspection. At all times there was adequate transport arrangements and enough staff on duty to support these residents to get out and about as much as they wished.

The compatibility of residents in this centre was subject to on-going review, due to negative peer-to-peer incidents which had occurred in the past. Although some incidents of this nature did still occur from time to time, these were happening less frequently and of low level, and were well responded to by staff and further reviewed by local management. In addition to this, such incidents were also subject to review by the designated officer for safeguarding, if so required. The additional measures that the provider had put in place over the years in response to previous incidents that had occurred, had resulted in these residents getting on better living together as a peer group. In addition, the provider had identified some potential changing needs relating to one of the residents that lived in this centre. In response to this, at the time of this inspection, the provider was in the early stages of future planning for this service, should the future assessed needs of this resident warrant adaptation of the layout of the centre.

Since the last inspection, the provider reconfigured this centre's local management structure, which had a positive impact on oversight arrangements. This included the appointment of a team leader, who provided additional managerial support to the person in charge. In addition, the provider had also sustained a consistent staff team, which again had a positive impact for residents, as it meant they were only supported by staff whom were very familiar with. Over the course of this inspection, staff were observed to interact very friendly and kindly with the residents, and residents appeared very comfortable in their company.

Overall this was a very positive inspection, where residents were supported in a caring and happy environment, by those that they knew well. Although there were some issues identified with regards to medication management, it is important to note that these findings did not have any negative impact on the quality of life that these residents enjoyed by the service they received.

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

Capacity and capability

Overall, this was a well-run and well-managed centre that ensured residents were receiving a good quality and safe service. Many examples of where care was being delivered to a high standard were found over the course of this inspection, with effective oversight arrangements in place to ensure this standard was being sustained.

The person in charge held the overall responsibility for the running of this service, and they were supported in their role by a team leader, their line manager and staff team. They regularly were present at the centre and had very good knowledge of the residents and the service delivered to them. They were very responsive to when issues required their attention, and made sure all staff were kept informed of any changes required to residents' daily care and support arrangements.

There was good staff retention in this centre, which provided residents with continuity of care. Most of the staff working in this centre had done so for quite a period of time, and were very familiar to the residents. When additional staffing was required, there were regular relief identified to provide this cover. Staff team meetings were also happening, which provided staff with the opportunity to bring up any issues or concerns directly with the local management team. In addition to this, in-between their visits to the centre, the person in charge maintained daily contact with the team leader about residents' care and support arrangements. They also received good support from the line manager and senior management team, whom they also had regular meetings with. Staff training was also regularly overseen by the person in charge, with all staff having up-date training in all relevant areas at the time of this inspection.

The monitoring of the quality and safety of care in this centre was largely attributed to the completion of routine provider-led visits and internal audits. Furthermore, all members of local management held a full-time administrative position, which meant that they were able to fully afford their time to overseeing and monitoring the quality of care delivered. Where improvements were identified, there were clear action plans put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider satisfactorily submitted an application to the Chief Inspector of Social Services, to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre to meet with the residents and with their staff team. They were knowledgeable of the residents' assessed needs and of the operational needs of the service delivered to them. They did have responsibility for two other designated centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was being effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, to ensuring that a sufficient number and skill-mix of staff were at all times on duty. Where additional staff support was required from time-to-time, the provider had arrangements in place for this. Where residents' assessed needs required them to have one-to-one staff support, this was consistently provided to them. There was also a well-maintained staff roster in place, which clearly named all staff and their start and finish times worked in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring all staff had received the training they required to fulfil their duties. When refresher training was required, this was scheduled accordingly by the person in charge. All staff also received on-going supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the assessed needs of residents. There were suitable persons appointed to manage and oversee the running of this centre, with clear lines of accountability and responsibility also in place. There was good internal communication maintained, with

regular staff team meetings occurring. Local and senior management team meetings were also frequently occurring, with any updates on operational changes quickly communicated back to the local staff team.

The monitoring of the quality and safety of care in this centre was regularly completed by this provider, with six monthly provider-led visits occurring in line with the requirements of the regulations. A copy of the most recent visit was reviewed by the inspector, and was found to review relevant aspects of care and support that these residents received in this centre. Along with this, local management also completed a number of internal audits on a scheduled basis. Where improvements were identified through these monitoring systems, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, which contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service that was operated in accordance with residents' assessed needs, wishes and preferences for their own care and support arrangements. Although there were many positive findings to this inspection, some aspects of medication management did require review by the provider.

Medication prescription and administration records were found to be well-maintained and legible, and there was clear evidence that residents' medicines were subject to on-going review. However, over the course of the inspection, the inspector did observe some areas that required the attention of the provider which related to

prescribing and medication dispensing practices. This was discussed with the team leader and person in charge, who were putting plans in place to address these issues after this inspection.

Residents' needs were well-known and well-documented in this centre, and were subject to regular review. The staff team and local management were cognisant of the changing needs of some of these residents, and had been responsive to these. The input of behavioural support was minimally required in this centre, as the effective implementation of existing behaviour support plans had resulted in a significant decline in the number of behaviour related incidents happening in this centre.

Risk management was another aspect of this service that was working well. There was a good incident reporting culture among staff, with all incidents subject to review by management. Where incidents of a moderate to high risk-rating had occurred, there was clear evidence of where prompt action was taken, and this was very much observed by the inspector in relation to safeguarding and falls related incidents that had occurred. There were a number of risk assessments supporting how identified risk was being responded to, with the team leader and person in charge in the process of fully reviewing all assessments at the time of this inspection, in light of recent changes that had occurred in this centre.

Fire safety was often discussed with residents as part of their house meetings, and they regularly took part in fire drills and were able to evacuate the centre with minimal staff support. In recent months, the provider had completed some upgrade works to fire containment, and regular fire safety checks were routinely carried out by staff. However, during a walk around of the centre, it was observed that two fire doors required review. The person in charge took immediate action when this was identified by them, with maintenance staff promptly attending the centre to assure these doors were in working order.

Safeguarding arrangements were taken seriously in this centre, with any concerns relating to the safety and welfare of residents were subject to immediate review by management and safeguarding designated officer. In the months prior to this inspection, some incidents of negative peer-to-peer interactions were reported; however, following the effective implementation of specific measures by staff as set out in safeguarding plans, no further such incidents had re-occurred. However, staff and local management maintained vigilance with regards to resident supervision arrangements to monitor for any potential re-occurrence of a similar safeguarding concern. At the time of this inspection, there was one long-standing safeguarding plan active in this centre, which was subject to regular review, with all staff aware of the importance of adhering to the specific safeguarding arrangements, as set out in this plan.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that

these residents were supported by staff to communicate their wishes. The continuity of care provided to these residents through this centre's staffing arrangement, had resulted in staff knowing these residents very well, and in being able to effectively interpret residents preferred communication style.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that each resident had multiple opportunities for social engagement, and to enjoy activities that were meaningful to them. Residents were consulted regularly about how they wished to spend their time, with sufficient staffing and transport available at all times to ensure their preferences and wishes for social activities were upheld. The layout of this centre gave residents the choice to spend recreational time on their own, or in the company of their peers, with three separate living areas available to allow them to do so. Residents enjoyed a variety of activities, to include, trips away, concerts, going out for lunch, attending day services, going to local leisure centres, attending football training and matches, swimming, and attending local discos.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house, providing residents with their own bedroom, shared bathrooms, and communal use of a sitting room, two living rooms, kitchen and dining area, and utility. There was also a well-maintained garden that residents had access to, with one resident having a range of garden figures which they liked to display. The maintenance of this premises was maintained under very regular review by the person in charge, who ensured any repair works were quickly reported and rectified. Residents had decorated their own bedrooms in accordance with their own personal interests, and were supported to lock their bedroom door, if they so wished. Overall, the house was well-maintained, clean, bright and spacious in layout.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents enjoyed a wide variety of menu options at all mealtimes, and were

consulted with daily with regards what they wished to have. Where their assessed nutritional care needs required modification to their diet, the provider had ensured their meals were appropriately prepared. Staff also provided supervision and assistance to residents at mealtimes, and residents at all times had refreshments and snacks available to them. Residents meals were prepared by staff, with opportunities for residents to also regularly dine out, if they so wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a Residents' Guide available at this centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective risk management systems in place, whereby, when risk was identified it was quickly responded to. This was very much seen in terms of falls management, where in response to the re-assessed needs of a resident, the provider was proactive in relocating this resident's bedroom to ground floor level, so as to ensure safer arrangements were in place for this resident. Furthermore, another example of this was also observed in relation to how the provider had responded to managing a risk posed to a resident, following that resident's decision not to adhere to recommended nutritional care guidelines. In this instance, the provider had sought the involvement of the relevant allied health care professionals in the management of this risk, and had put additional risk management measures in place to ensure the resident's safety was regularly monitored for at mealtimes, while also giving due regard to respecting the resident's decision to not engage with nutritional care guidelines.

There was also good internal communication maintained between all staff in relation to risk management measures, with risk regularly discussed at staff meetings. Local management also maintained good oversight of the adherence of these measures and were proactive in reviewing all incidents that were reported to them. There were a number of risk assessments in place supporting all identified risk, which the person in charge maintained under regular review. Where any high-rated risk was identified, they had an escalation pathway available to them to bring this to the attention of senior management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, fire detection and containment arrangements, all staff had received up-to-date training in fire safety, fire exits were kept clear, and there were also regular fire safety checks being carried out. Fire drills occurred frequently, with the records of these providing assurances that staff were able to support these residents to evacuate in a timely manner. Each resident had a personal evacuation plan in place, and there was a clear fire procedure in place to guide staff on what to do, should a fire occur. There was also a waking staff arrangement in this centre, meaning that should a fire occur at night, staff were available to quickly respond.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe storage arrangements in place for medicines, and all staff had up-to-date training in the safe administration of medications. However, over the course of the inspection, medication errors were identified by the inspector. These related to:

- Indications for use not prescribed for all as-required medicines
- One prescription had two forms of pain relief prescribed on an as-required basis; however, contraindications for their administration were not identified
- One medicine dispensed within blister pack did not correspond with the description on the label provided, so as to allow staff to clearly verify the identification of the medicine dispensed

Although medication audits were occurring each month, a review of the effectiveness of these were required to ensure their overall effectiveness in detecting similar issues, as to those identified upon this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed on an on-going basis, and personal plans were updated, as and when required, based on the outcome of re-assessment. Residents were encouraged to be involved in the planning of their own care and support. Personal goal setting was also carried out with each resident, with each resident having a named staff member to support them with their chosen goals. All aspects

of residents' assessment and personal planning arrangements was maintained under very regular review by the person in charge and team leader.

Judgment: Compliant

Regulation 6: Health care

Although residents' health care needs were minimal in this centre, the provider did ensure this aspect of their care was subject to on-going review. Where residents had assessed nutritional care needs, these residents received regular review by an appropriate allied health care professional, and there were clear risk assessments and personal plans in place guiding staff on how to support these residents. Residents had access to a variety of allied health care professionals, as and when required. Furthermore, staff were at all times available to support residents to attend health care appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where some residents required on-going positive behavioural support, the provider had suitable arrangements in place for this. The centre was supported by a behavioural support specialist, as and when required, and any behavioural incidents were reported and reviewed by management. In response to some residents' assessed needs, there were some environmental restrictions required, which were all subject to on-going multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding procedures in place, to ensure each staff member was aware of how to report, respond to, and monitor for any concerns relating to the safety and welfare of these residents. At the time of this inspection, there was one active safeguarding plan in place, which clearly outlined very specific measures to be implemented by staff to as to ensure residents didn't not come to any harm. This plan was subject to regular review, and local management maintained oversight to ensure it was at all times adhered to.

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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ard Na Gréine Services OSV-0005537

Inspection ID: MON-0049051

Date of inspection: 26/11/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Medication review completed and documented. 28/11/25

- Kardex sent for review and updated to ensure accuracy and prescribing clarity. Completed 28/11/25
- Pharmacy contacted and PRN medications separated for improvement. Indications for all medications, including PRN, clearly documented on Kardex/MAR.
- Blister pack labelling verified against contents to ensure medication identification accuracy.

Completed 1/12/25

- Weekly Medication Practice Audit established and completed to maintain safe medication practice and documentation standards.

Completed 28/11/25

- Monthly Management Medication Practice Audit for PIC/Team Leader introduced and completed, ensuring oversight and governance.

Completed 28/11/25

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/12/2025