



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0046382

About the designated centre

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

The centre is located in a town in Co. Galway and provides residential and respite care for up to five male and female residents, who are over the age of 18 years. The centre is comprised of four self-contained apartments, a one-bedroomed apartment and three, two-bedroomed apartments. The model of care is social and the staff team is comprised of social care workers and care assistants. Responsibility for the daily management and oversight of the service is delegated to the person in charge.

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
Tuesday 15 April 2025	10:00hrs to 14:30hrs	Mary Costelloe	Lead
Tuesday 15 April 2025	10:00hrs to 14:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations and conditions of registration. The inspection was facilitated by the person in charge and team leader. The inspectors also met with two other staff members and with one resident who was living in the centre.

The registration of the designated centre was renewed in August 2024 with a non-standard condition attached to the registration. This condition required the provider to take all necessary action to comply with the regulations as outlined in the compliance plan responses submitted on 6 March and 22 May 2024 to the satisfaction of the Chief Inspector by 31 December 2024. The findings from this inspection indicated that the provider had largely implemented the compliance plans submitted and there was satisfactory compliance with the regulations reviewed.

At the time of inspection, there were three residents living in the centre who availed of full-time placements and one service user who was availing of a respite service. There was one other service user who separately availed of a respite service on alternative weeks. All residents with the exception of one attended local day services during the weekdays.

While residents were generally independent and in good physical health, some were of an aging profile and staff spoke of their increasing support needs. Others required support with communication, in managing some behaviours that challenged, with specific health care and personal care needs. The staff members spoken with were familiar with the residents and were knowledgeable regarding their individual support needs, likes, dislikes and interests. Staff had received various training relevant to their role. Staffing arrangements were in place to support residents in line with their assessed support needs. Staffing levels had continued to be flexible and kept under regular review. Additional staff were rostered to support a resident who had recently been discharged from hospital and also when another service user was availing of respite. The staff were observed to be professional and caring. During the inspection, staff were observed to be very attentive to the needs of the resident, regularly checking in with them to ensure that they were comfortable and that their needs were supported.

Riverside services is a large detached building containing four separate self-contained apartments with two apartments located on each floor. At the time of inspection, three apartments were being used for single occupancy and the other used by respite residents who normally attended on alternative weeks. The apartments were noted to be well maintained, visibly clean, comfortable and furnished in a homely style in line with residents preferences. Apartments were personalised and reflected the interests of each resident living there. Further improvement and refurbishment works had taken place to one of the first floor apartments used by respite residents to include a new accessible shower room.

All residents had access to the garden areas at the rear of the property, residents living on the ground floor could directly access the garden from their apartments, while residents living on the first floor could access the garden via side gates which were provided with key coded access. Some of the residents enjoyed visiting local garden centres and completing gardening activities. There were colourful flowering pots which had been planted by a resident providing an inviting entry to the main front door of the apartments.

On arrival to the centre on the morning of inspection, the team leader was meeting with the organisations occupational therapist (OT) and nurse who were visiting to complete an assessment of a resident who had been discharged from hospital a few days previous. Inspectors were also advised that the physiotherapist was also due to visit. The team leader spoke about the improved timely access to allied health supports in the organisation. The OT reported that the residents' mobility had improved since discharge from hospital and was making recommendations for additional equipment to manage fatigue and ensure that the resident could maintain their independence, mobility and access to the community.

Inspectors met and spoke with the resident during the inspection. They were observed to be comfortable and content in their own apartment as they relaxed with a cup of tea in their arm chair. The apartment was beautifully furnished and decorated with items of special significance to the resident including a large collection of china, mugs and magnets, as well as lots of Easter themed decorations and ornaments. They spoke of how they liked their apartment and enjoyed living there. They were happy to be home and hoping to fully recover so that they could get back to doing things that they enjoyed in the garden and out in the community. They spoke positively about staff and how they had supported them during their recent hospital stay. They mentioned that the organisations nurse, OT and physiotherapist had also visited them in hospital. They told the inspector how they could contact staff if they wanted support and showed them the call bell which they wore around their neck and bracelet alarm which they wore at night time. They advised that they could also use their mobile telephone to contact staff. They spoke of how their legs had greatly improved and were now fully healed and pain free. They spoke of how they maintained regular contact with family members via phone calls and of how family members visited him in the centre.

Staff spoken with, as well as documentation and photographs reviewed indicated that residents regularly got out and about to partake in activities that they enjoyed. Some residents enjoyed going out for regular walks, going on trips to the local shops, going on day trips, eating out, going for a pint, attending the cinema, attending music concerts, attending local GAA matches, and some had enjoyed overnight hotel breaks, attending musical shows and attending the St. Patricks day parade. Some residents enjoyed weekly reflexology, others enjoyed visiting local churches and religious sites, going to the local airport to see the aeroplanes and visiting animal farms. Residents also enjoyed spending time at home, relaxing, watching television, listening to music, writing letters, helping out with grocery shopping and other household tasks.

Residents were facilitated to maintain relations with their respective family members

and friends. There were no visiting restrictions in place. Each resident had their own apartment and could meet with visitors in private if they wished. Staff spoken with confirmed that some residents received visits from family members and friends in the centre and some routinely visited their family members at home.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with staff, and information reviewed during the inspection, that residents had a good quality of life and had choices in their daily lives.

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 that the service was being well managed, issues identified at the previous inspections had been addressed and improvements in compliance had been sustained.

There was a clear management structure in place. There had been recent changes to the local management team including the appointment of a new person in charge and area manager. The person in charge worked full-time and was currently responsible for two other centres in the organisation. However, they advised that the provider was currently reviewing this arrangement with a view to reducing the number of centres that they were responsible for. The person in charge was supported in their role by a team leader, staff team and area manager. Nursing supports were now provided, there was a nurse available in the organisation to assess residents and provide additional guidance for staff as required. There were on-call management arrangements in place for out-of-hours. The arrangements were clear and made available to staff who worked in the centre. Staff spoken with told inspectors that they felt very well supported by the local management team who had a regular presence 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. Staffing levels were kept under regular review. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 14 April 2025 to 20 April 2025 indicated that a team of consistent staff was in place.

Training was provided to staff on an on-going basis, however, some improvements were required to ensure that the training records of all staff including agency and relief staff were available in the centre. Training records reviewed indicated that all

regular staff had completed mandatory training, however, there were no training records available for a small number of relief and agency staff members. Staff were provided with regular supervision meetings from their line manager to support their work practice and development and a schedule of supervision meetings was documented.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six monthly reviews of the service. The last review took place in December 2024. All actions as a result of this review were set out in an action plan including the recruitment of a person in charge, review of the risk register and completion of monthly audits had been addressed.

The local management team had also systems in place to ensure regular reviews of the quality and safety of care in the centre. There were monthly service review meetings taking place, at which items such as health and safety, risk, in-house audits, restrictive practices, infection, prevention and control, incidents, complaints and medication management were discussed and reviewed. There was an audit schedule in place and regular reviews had taken place in areas such as infection, prevention and control, medication management, fire safety, restrictive practices, safeguarding and residents finances.

There were regular staff meetings taking place which were used as opportunities to discuss issues identified as a result of service reviews and audits, to share information and learning and to facilitate staff to have discussions or raise concerns about the service.

Regulation 14: Persons in charge

The person in charge had been recently appointed to the post and was still getting to know residents and the service. They were suitably qualified and experienced for the role. They worked full-time but were also responsible for two other designated centres located nearby.

Judgment: Compliant

Regulation 15: Staffing

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 staffing levels at the time of inspection met the support needs of residents. Staffing cover was maintained by a core staff team, with limited use of relief and agency staff. There was one staff vacancy at the time inspection which was being covered by a regular agency staff member. The inspectors were

advised that recruitment to fill this staff vacancy was currently taking place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all regular 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, feeding eating and drinking guidance and administration of medications. Some staff had completed training on open disclosure, national consent policy and on human rights. Improvements were required to ensure that the training records for all agency and relief staff were available in the centre. Training records reviewed indicated there were no training records available for a small number of relief and agency staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including annual and six monthly reviews of the service, monthly service review meetings and a schedule of audits. There was evidence that issues identified from reviews were actioned and addressed.

Judgment: Compliant

Quality and safety

Residents living in Riverside Services received a high standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence was promoted. Improvements required to personal planning documentation had been addressed. However, some improvements were required to ensuring personal emergency evacuation plans were up-to-date and reflective of

recent changes to residents support needs.

Residents had an assessment of their needs completed to ensure the service could meet their health and social care needs. The outcomes of the assessments were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. A sample of three residents' records were reviewed. In the main, the inspectors found that care plans reflected person-centred guidance on the current care needs of residents. A small number of residents had underlying complex care needs that when symptomatic of their condition required further clinical intervention management. The detail of this guidance and the steps to take in the unlikely event of a deterioration in the residents overall condition was not clearly outlined within the care plan documentation. This was discussed with the local management team and staff on the day of inspection who confirmed that the care plans were currently under review for content with the support of the organisations nursing team. The staff on duty displayed excellent knowledge of the current residents needs, likes and dislikes. The inspectors acknowledge that at the time of inspection, this finding was a documentation concern and not a reflection on the direct support given to residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need. There was clear evidence that advice received was acted upon which had a positive outcome for the residents. For example, the healing of wounds.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

The needs and preferences of residents who required supports in communicating were actively identified by staff, and efforts were made to support residents to communicate their views and needs directly. For example; care plans detailed the specific sounds and gestures made by residents and what each meant.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

There were systems in place for the identification, assessment, management and review of risk. There was a risk register in place which had been regularly reviewed, however, some improvements were required to updating the personal emergency evacuation plans for residents and to reviewing some risk ratings to ensure that they were reflective of risk in the centre.

Regulation 10: Communication

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed and supported to enable residents to make informed choices and decisions. Residents who required support with communication had a detailed communication support plan in place. The plans detailed the specific communication needs of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and review of risk. There was a risk register in place which had been regularly reviewed and risks were regularly discussed by the local management team. However, some improvements were required to updating the personal emergency evacuation plans (PEEPs) for residents and to review the risk ratings for some identified risks. Some PEEPs reviewed were dated 2023 while another PEEP required review to reflect recent changes to the support needs of a resident. The risk ratings for some identified risks required review to ensure that they were reflective of risk in the centre. For example, medicines was rated as the highest risk with no clear rationale for this rating. The person in charge advised that there were no issues identified in recent medication audits and no issues with medication errors. They advised that they had identified some improvements required to the medicines prescribing Kardex charts and had flagged these with the pharmacist who was in the process of updating their systems to address the identified issues.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' care plans were developed following assessment of need. Care plans were seen to be person-centred, and updated when needed. Care and support plans were in place for all identified issues including specific health care needs. Staff spoken with were familiar with, and knowledgeable regarding residents up-to-date care and support needs.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents, their key workers and family representatives, and regular reviews took place to track progress of identified goals. Residents' files and photographs reviewed indicated that residents had been supported to achieve their chosen goals during 2024. Improvements were noted to the personal outcomes

documentation. Goals planned for 2025 were found to be clearly set out along with a clear plan of action including the names of those responsible for supporting each resident achieve their chosen 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 timely access to health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) as required or requested. A review of residents' files indicated that residents had been reviewed regularly by the organisations nurse, occupational therapist and physiotherapist. Residents also had access to speech and language therapy, psychology and behaviour support. Records showed that guidance from health care professionals was available to inform and guide staff in the designated centre.

Residents were supported to avail of national screening and vaccine 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 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Inspectors were satisfied that a recent safeguarding incident reported to the Chief Inspector of Social Services was being investigated and managed in line with safeguarding policy. The local management team advised that there were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team supported residents to live a person-centred

life where their rights and choices were respected and promoted. The privacy and dignity of each resident was well respected by staff. Staff were observed to interact with residents in a respectful manner. The local management team and restrictive practice committee continued to review restrictive practices in use. Residents rights were discussed at team meetings and some staff had completed training in relation to promoting human rights and putting people at the centre of decision making.

There was evidence of ongoing consultation with residents, on a daily basis, at weekly house meetings and individually at key working sessions. The residents had access to information in a suitable accessible format, as well as access to the Internet, and their preferred television channels. Residents could attend religious services or visit religious places if they wished. All residents had access to their money and were supported to manage their own finances. Residents were registered to vote and staff told inspectors how they had supported two residents to attend the local polling stations during the most recent elections.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0046382

Date of inspection: 15/04/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge contacted agency providers on the 16th of April 2025 for confirmation of mandatory training and training records.</p> <p>The Person in Charge contacted relief staff on the 16th of April 2025 for confirmation of mandatory training and training records.</p> <p>The Person in Charge will complete a training matrix for all staff working in the service inclusive of agency and relief. This training matrix will be reviewed at monthly team meetings and as part of the support and supervision process.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge reviewed all residents' PEEPS on the 16th of April 2025 to ensure each one was reflective of each resident's support needs.</p> <p>A review and update of one resident's personal emergency evacuation plan (PEEP) has been completed following discharge from hospital. The resident's PEEP will be reviewed again in six weeks or as required to ensure it is reflective of any observed changes to the resident's support needs.</p>	

The Person in Charge reviewed all centre risk assessments and corresponding risk ratings on the 25th April 2025 to ensure risk ratings were based on a clear rationale. The medication risk assessment now clearly reflects the controls in place and corresponding risk rating.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/04/2025