Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Moorehaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-0007838
Fieldwork ID:	MON-0047427

About the designated centre

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

Moorehaven Services is a centre run by Brothers of Charity Services Ireland CLG. The centre is intended to meet the needs of up to four residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey building, which provides some residents with their own apartment, comprising of a bedroom, bathroom and living area. Other residents have their own bedroom, access to shared communal areas and multiple living areas to use as they wish. Staff are on duty both day and night to support the residents who live here. An on-call arrangement is also in place to support this centre's night-time staffing arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 18 June 2025	10:15hrs to 17:10hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced safeguarding thematic inspection. It followed a regulatory notice issued by the Chief Inspector of Social Services (The Chief Inspector) in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support. It defined that safeguarding was more than the prevention of abuse, but a holistic approach that promoted people's human rights and empowered them to exercise choice and control over their lives.

Based on the findings of this inspection, the inspector found that residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a safe service was provided for residents, and that residents were well informed about recognising and responding to harm.

The design and layout of the centre ensured that residents lived comfortably and had access to private space when required. The centre consisted of one large house, located in a rural area. A nearby village and city were accessible by car, which gave residents good access to a wide range of facilities and amenities. The centre was domestic style, spacious, and comfortably decorated. Each resident had their own bedroom with en-suite bathroom facilities, and those that the inspector visited were comfortably and nicely decorated, and also had sufficient furniture for residents to store their personal belongings. The layout of centre provided several separate sitting rooms, and adjacent to each resident's bedroom, which ensured that each resident could have their own private space as they wished. Changes to the spaces occupied by residents had recently taken place to suit the changing needs of two residents and to increase safety and comfort for both individuals. This provided greater physical support for one resident and an individualised living space for another and suited the needs of both residents. It was also found that the centre was accessible to those with physical disabilities, with wide corridors doors which provided for wheelchair access. The centre wa bright and clean, it had recently been freshly painted, and on the day of inspection some internal flooring was being replaced.

As this was a home based service, residents had the flexibility to take part in activities of their choice at times that suited them. On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. Although most residents were out during the day and one resident stayed in bed as they were not well, the inspector had to opportunity to meet briefly with all residents and observed residents relaxing in the centre in the evening when they returned from activities. Some residents did not have the verbal capacity to discuss their views, or preferred not to engage with the inspector It was clear during the inspection that there were techniques and cues in place to support residents to communicate in their own way. Residents appeared relaxed and comfortable in the centre and in the company of staff and each other. One resident,

using their own form of communication, clearly indicated that they did not wish to interact with the inspector.

The person in charge and staff ensured that a person-centred service was delivered to residents. Throughout the inspection staff were observed spending time and interacting warmly with residents, having fun, chatting and communicating with them, and supporting their wishes. All residents had choices around how they lived their lives and there were adequate staff and transport available to support these choices. Residents enjoyed activitiies such as visting local cafés for coffee, outings to beaches and places of interest, swimming, cinema, and walking. Residents also took part in regular community activities such as going to the barber, pharmacy, recycling centre and to local pubs for a pint. Staff also ensured that residents who had specific personal interests were support to enjoy these individually. These interests included attending drumming classes and practice, going to football and rugby matches, involvement in equine therapy, and a resident liked drop-in visits to a day service where they had friends. A resident who enjoyed household maintenance had mowed the lawn at the cente the previous day.

It was clear from observations in the centre, meeting with residents, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the wider community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy of residents and ensured that they were safe.

The next sections of this report present the inspection findings in relation to governance and management in the centre, and how it protected residents from harm and promoted their rights and quality of life.

Capacity and capability

The outcomes of this inspection found that the provider had good arrangements in place for the management and monitoring of the service, for ensuring that residents' rights were being supported, and that they were being protected from harm.

There was a clear governance structure with defined roles and responsibilities identified to manage the center. Residents were safeguarded through consistent care and support which was provided by a suitably trained and knowledgeable staff team. The management systems in place ensured that the provider's commitment to safeguarding was appropriate, and had a positive impact on the lives of residents. There was a suitably qualified and experienced person in charge was also responsible for the management of another designated centre, and split their time equally between the two centres. The person in charge was very familiar with the

care and support needs of residents who lived in this centre and focused on ensuring that these residents would receive high quality of care and support. The person in charge was supported in the day-to-day management of the service by a team leader who was based in the centre. A service coordinator and a clinical nurse manager were also available to provide managerial and clinical support. There were arrangements in place for management support at weekends and when the person in charge was not on duty, and these arrangements were clearly communicated to staff.

There were a range of policies and procedures in place to promote residents' safety and protection. Policies that were in place to ensure the safety of residents included safeguarding, intimate care, provision of behaviour support, communication and staff t raining and development. These policies were found to be kept under review by the provider and were up to date.

The provider had ensured that the staff numbers and skill mixes were in line with the assessed needs of the residents and appropriate to meet their safeguarding needs. The inspector noted that there were adequate staff on duty to support residents throughout the inspection, and review of staffing rosters showed that these levels were being consistently maintained.

There were processes and resources in place to ensure the safe delivery of care and support to residents.. These included accessible complaints and advocacy processes, strong communication systems and maintenance of a safe and accessible living environment. Resources also included comfortable accommodation, transport vehicles, and adequate numbers of suitably trained staff.

Regulation 15: Staffing

Adequate staffing levels were being maintained in the centre to provide appropriate care to residents, and to ensure that they were safe.

The inspector reviewed the staffing roster for May, June and July 2025 and found that planned and actual rosters were maintained. Rosters showed that sufficient staff were consistently being rostered to meet the wellbeing and safety needs of residents.There were always four staff on duty during the day, three in the evenings and early mornings, and two at night. A clinical nurse manager who was based in the local area was available to provide clinical support to residents and also provided clinical involvement to the delivery of safe healthcare to residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received training to support them to provide suitable care to residents and to ensure that residents were protected from harm.

The inspector viewed the staff training records which showed that staff had received mandatory training in fire safety, behaviour support, and safeguarding. Staff said, and records confirmed, that they had also taken part in human rights training which was relevant to the safeguarding of residents. Most staff had also completed training in communication with just one remaining staff to complete this training. The management team were mindful of sourcing training that was relevant to the safety and wellbeing of staff and staff had commenced deep pressure sensory training which was being delivered to all staff. There were also a range of policies to guide staff in the protection and safety of residents. These included up-to-date policies and procedures for adult safeguarding, provision of intimate care, provision of behaviour support, communication, complaints and risk management. Staff supervision meetings were taking place at least twice each year.

Judgment: Compliant

Regulation 23: Governance and management

Based on the findings of this inspection, there was a good level of compliance with regulations relating to how residents lived their lives, how their rights were supported, and how they were protected from any form of harm. The person in charge and staff in this service were very focused on ensuring that residents had information about being safe, were supported to communicate effectively, had comfortable and safe living environment, and were aware of their rights.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. There was a team leader based in the centre who supported the person in charge with the day-to-day management of the service. Further managerial support was provided by a service coordinator and a clinical nurse manager who were both based in the local area. The service was subject to ongoing monitoring and review. Internal and external audits, including unannounced audits on behalf of the provider, and all audits showed high compliance levels. From review of information and records, the inspector found that oversight of safeguarding and residents' rights was important to the management team. For example, safeguarding was a topic at monthly staff team meetings, safeguarding was also being examined during the provider's audits of the service, and there was a process for the ongoing checks of residents' money to ensure that their finances were being safely managed. The provider responded to any areas in audits that were relevant to the safety of residents. For example, a handrail had been fitted for safety, and communication training had been organised for staff

arising from recommendations from an audit.

The centre was suitably resourced to ensure the delivery of safe care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate staffing levels to support residents' safety, preferences and assessed needs.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to how residents who lived in the centre were protected from any form of harm. The person in charge and staff in this service were very focused on ensuring that residents had information about being safe, were supported to communicate effectively, had comfortable and safe living environment, and were aware of their rights.

The centre was made up of one house, which could accommodate up to four residents. The centre suited the needs of the residents, was of sound construction and well maintained, and was clean, safe and was suitably decorated and equipped throughout. During a walk around the centre, the inspector found that the house was clean, comfortable and nicely furnished. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in residents' bedrooms, where they could safely store their clothing and belongings. The centre was also equipped with Wi-Fi and televisions which residents could use for entertainment, information and communication.

The provider had arrangements in place to safeguard residents from any form of harm. These included safeguarding processes, and systems to support resident to manage behaviours of concern as required. There was limited use of restrictive practice in the centre, and the restrictions that were in place to keep residents safe were under ongoing review and many of them had been reduced or discontinued.

Residents had access to information, including information about their rights and about keeping safe. The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes, and that they had been provided with information about protection and staying safe. Information was also made available to residents in user friendly formats to increase their awareness and understanding of safeguarding. Residents had access to both complaints and advocacy processes.

Assessments of health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for residents based on their assessed needs, and meaningful personal goals had been agreed with each

resident. Plans of care had been developed to guide staff on the appropriate and safe management of residents' healthcare, safeguarding, and social and developmental needs. Where required, personal planning information included positive behaviour support guidance to ensure that staff had the information to support residents appropriately.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes, and that they had been provided with information about protection and staying safe.

The person in charge and staff were very focused on ensuring that they communicated appropriately with residents. When residents were present in the centre, the inspector saw staff communicating with them in line with their capacity. This was through a combination of verbal communication and other systems that suited the needs of residents. The inspector saw that there were other communication systems in place to support a resident who required additional support, and these included an up-to-date communication plans for each person, visual images and objects of reference were in place to supports some residents to make choices, and social stories were also in use for some residents.

A staff member who spoke with the inspector was very focused on enhancing the communication skills and options for residents. This staff explained that they had attended communication training and were exploring the use of further communication techniques, especially the use of communication technology, for residents. They had ordered talking mats and a computerised tablet for a resident and expected that they would be delivered and introduced to the resident in the coming days.

To support the comprehension and understanding of all residents, a range of easy read information documents had been developed and made available to them. The information that related to keeping residents safe, included complaints and education. The inspector saw records of weekly one-to-one key working sessions between residents and staff and safeguarding was always discussed at these meetings. Records also showed that the provider's complaints process, 'I am happy, I am not', was also discussed and explained to residents at these meetings.

There was a communication policy to guide practice and the services of a speech and language therapist and an occupational therapist were available to support residents.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, was safe, and met the assessed needs of residents.

The centre comprised one house in a rural area. There were no issues identified in the centre which would would impact negatively on the safety of residents. Transport was available for residents to access the facilities of the neighbouring villages and towns. During a walk around the centre, the inspector saw that all parts were well maintained, clean, comfortably decorated and safe. All residents had their own bedrooms, which were personalised to their liking. There were gardens surrounding the centre. Most residents did not currently require specialised equipment although there was an overhead hoist in one bedroom to suit the needs of a resident. The person in charge explained that rooms were constructed to allow for the installation of additional hoists at any time if required. Other features that enhanced the safety of residents included hand rails in some circulation areas, and contrast colour strips on edges of stair steps to increase residents' visual awareness of the steps.

The centre was served by an external refuse collection service and there were laundry facilities for residents to use.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs.

Comprehensive assessment of the health, personal and social care needs of residents had been carried out and, individualised personal care plans had been developed for each resident based on their assessed needs. Clear plans of care had been developed to provide staff with the information required to support residents to live safe and meaningful lives. The inspector viewed a sample of two residents' personal plans and found that these had been developed with input from the provider's multidisciplinary team, and these plans had been made available to residents in easy read formats.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

The inspector reviewed the support plans for two residents who required support to manage their behaviours. There were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. These plans was clear and up-to-date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with and supported residents as required. The centre was adequately staffed to ensure that each resident had appropriate levels of staff support.

Staff had been suitably informed regarding behaviour support requirements. All staff had attended training in behaviour support management and there was an up-to-date policy to guide practice. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support residents. There was limited use of restrictive practices in the centre and the practices that were in place were largely to ensure the safety of residents. The person in charge was very focused on reviewing and reducing these practices where possible. The inspector saw that previous restrictions, such as locked doors, and restricted kitchen access had been removed.

Judgment: Compliant

Regulation 8: Protection

The provider had good systems in place to safeguard residents from any form of harm and to ensure that residents were safe. Although there were no identified safeguarding issues in the centre, the provider's systems continued to keep residents safe, ensure that they knew about safeguarding, and provide for the management of safeguarding concerns should this be required.

The inspector reviewed the arrangements in place in the centre to safeguard residents from harm. These included development of intimate care plans and missing person profiles for each resident, and access to a safeguarding process. Information was also made available to residents in user friendly formats to increase their awareness and understanding of safeguarding. The inspector saw that information about safeguarding was presented to residents in appropriate formats that they could understand, and weekly key worker meeting between staff and residents always included a discussion on the right to feel safe.

There was an up-to-date policy to guide practice. A safeguarding team was available in the local area to support residents and staff, and all staff had attended safeguarding training. A national working group on negatively impactful peer-to-peer behaviour had recently been set up by the provider, and the person in charge was a member of this group.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on discussions with residents, assessments, observation, and knowledge of each individual. Staff ensured that residents were supported to make their own decisions. All residents managed their own finances and property with the required levels of support from staff. Residents choose whether or not to partake in their rights to vote and practice their religion. Some residents chose not to be involved in voting or religious practice and this was respected.

Residents had comfortable accommodation that suited their needs. Each resident had their own bedroom and there was ample communal space for residents. The layout of the centre provided each resident with a sitting area, either adjoining or close to their bedroom, which ensured that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes and this information was freely available in the centre to inform residents. Training records confirmed that all staff had attended training in human rights and it was clear during the inspection that residents' rights to choose were being taken into consideration and were being supported. staff told the inspector that that human rights training had increased their awareness of facilitating residents to make their own choices about their lives and respecting and accommodating these choices. During the inspection, a resident indicated that they did not want the inspector present in their living space and this wish was respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant