

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

Issued by the Chief Inspector

Name of designated centre:	Willow Lodge Respite Care Service
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0007858
Fieldwork ID:	MON-0047246

About the designated centre

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

Willow lodge provides a respite service for up-to-three residents with physical and learning disabilities. Respite care is offered on a planned basis and emergency respite can be offered following an initial assessment of need as detailed in the centre's statement of purpose. Each resident had their own bedroom for the duration of their stay and the centre is adapted to meet the needs of residents with reduced mobility. Residents are supported by two staff members during the day and one waking staff and one sleep-over staff support residents during night time hours. The service is generally offered from Monday-to-Friday, but it is also operational for one weekend in the month. The centre is located in a rural setting, within a short drive of a local town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 September 2025	08:30hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Willow lodge, the inspector found that this was a respite service focused on residents' care, support needs and was very person-centred, ensuring that residents enjoyed their breaks. The residents were supported by a staff team who knew them well and focused on their plans, activities and goals during their stay.

This inspection was carried out over one day as the centre was closed on a Friday, was unannounced and conducted in order to monitor on-going compliance with the regulations, with specific emphasis on the safeguarding of residents. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance safeguarding systems in the centre.

During the inspection, the inspector spoke with two day staff on duty, one night staff and the person in charge, who arrived shortly after the inspector. A variety of documentation was reviewed, including relevant safeguarding documents and plans in place. Documentation reviewed on the day specific to the focused inspection, included safeguarding documents, communication assessments, and staff rosters. Residents were observed throughout the day engaging in their activities and going out with staff for planned activities.

Following the introductory meeting with the staff team on duty and the person in charge, the inspector completed a 'walk around' of the centre. The centre was spacious and well-maintained, laid out in accordance with the support needs of residents attending for respite. For example, there was suitable space in the centre to afford residents time alone for space and relaxation. At the end of the inspection it was noted that one resident was sitting enjoying a television programme after a very busy day of activities with staff.

Three residents were currently attending for respite on the day of inspection, and two were met with at various times on the day of the inspection. All of the residents met with communicated in their preferred manner with the inspectors. One resident spoke about their involvement in drama shows in Mayo, and another resident chatted about the arrangements between home and attending the centre. It was evident that staff were very familiar with the residents, their current goals and the provider's plans for the third resident transitioning to a full time placement.

Two of the residents were enjoying a relaxing morning and were receiving support as they required. They were both happy to meet the inspector on arrival and the inspector sat with them chatting about their day. One resident spoke about their day ahead, chatting and laughing with staff throughout, they requested pancakes with nutella for breakfast, while the other resident was making food with the staff. The inspector heard staff talking to residents in a reassuring and respectful manner. It was clear from all observations during the course of the inspection that residents were comfortable with staff members, and that they were supported in accordance

with their needs and preferences.

The inspector reviewed residents' records and found they were supported to identify activities they would like to do, and these activities were provided. For example, residents went out for meals, to the cinema, and for drives during their stay.

Residents told the inspector that the staff were responsive, supportive and kind in their interactions. One resident enjoyed staying a full week and stated they would stay for longer if possible, as they enjoyed their breaks. The inspector observed there were positive interactions between staff and residents. Staff helped residents to settle in during their breaks and the person in charge planned residents' stays around compatibility, ability and preferences to ensure breaks were enjoyable events.

The inspector spoke and met with two staff members over the course of the inspection. Staff told the inspector about some of the health and social care supports provided to residents, as well as some of the measures in place to protect residents. The inspector found that staff were knowledgeable on the specific needs of residents and the required supports to keep them safe. These included for example, safeguarding measures and control measures outlined in risk assessments. Staff had been provided with training in human rights, and a staff member described examples of how this impacted on practice by ensuring residents were given choice in activities, meals, bedrooms and personal care preferences, and to ensure that their dignity was respected, for example during personal care.

As part of the annual review the provider sought the views of all residents attending the centre, and got feedback from family members on the services provided. Positive feedback was received, and residents and families expressed they felt residents were safe in the centre, and their needs were being met.

Overall residents were provided with very meaningful stays in this respite centre, and support was provided by a staff team who knew residents' needs very well.

The next two sections of this report will outline the findings of this inspection in relation to the governance and management and arrangements in the centre and how these impacted on the quality and safety of safeguarding of residents at this centre.

Capacity and capability

There were governance and management arrangements in place to ensure residents were provided with a good standard of care and support and the services provided were monitored on an ongoing basis.

The staffing arrangements were adequate in meeting the assessed needs of residents attending for respite and where required, one-to-one staffing was provided

to support residents to achieve their health and social care goals. Overall, the inspector found that the service residents received when they attended for respite was very person-centred. Staff spoken with over the course of the inspection had an adequate knowledge of the residents' personal plans, so as to meet their assessed needs and ensure continuity of care.

Systems were in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Actions plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame.

Overall, the provider had effective systems which enhanced the quality and safety of care provided in this centre.

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place in the centre.

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed rosters for the three months prior to the inspection and found that the planned numbers and skill mix was maintained and that there was a consistent staff team who were known to the residents. Staffing levels were based on the needs of residents attending.

The provider had employed staff in the centre based on the needs of residents. For example, the provider increased staffing levels when a resident attended for respite who required higher support needs. This meant for this resident that a nurse was on duty when they attended both day and night during their respite stays. The centre was open throughout the day for six days a week and closed on Fridays only at present.

The inspector met with three staff members and the person in charge on the day of the inspection. They were found to be knowledgeable about the support needs of residents, and could readily answer questions relating to the safeguarding of residents, which included current compatibility needs where required.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff working in the centre received suitable

training to enable them to support residents effectively.

The inspector reviewed training records in place in the centre from January to May 2025 and found that this showed that staff were in receipt of all required training to support residents appropriately. Training included: safeguarding of vulnerable adults, Trust in care, children first, positive behaviour support and human rights. This ensured that staff had the appropriate knowledge to support residents effectively.

Staff discussed learning from various aspects of their training with the inspector, and documentation reviewed showed that training records were up-to-date, comprehensive in accordance with best practice, local and national policy

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the provider had effective oversight and management systems in place in this centre on the day of the inspection.

Overall, there was management systems in place to ensure the service provided to residents was safe and effective, and was monitored on an ongoing basis. There was a clearly defined management structure in place. Staff reported to the person in charge and person participating in management. All staff spoken with stated that all managers were accessible and that there was a clear on-call system, ensuring staff had access to support from line management at all times.

There was an ongoing review of the service provided, with a schedule of audits in place and completed and where issues were identified, the completion of each action was also recorded. Audits included: fire safety, hygiene, finance, safeguarding, documentation and training requirements.

An annual review of the safety and quality of care and support had been completed for 2024, and showed consultation with residents, relatives and representatives. The inspector reviewed the two most recent six-monthly unannounced visits by the provider, and all actions identified were completed. For example, risk assessments and risk register were updated and available, incident analysis were completed in the quarter and the preparation for quarterly notifiable events was underway.

Staff told the inspector they could raise concerns with the management team about the quality and safety of care and support provided to residents, should the need arise.

Judgment: Compliant

Quality and safety

The provider promoted residents access to person-centred care and support in Willow lodge respite centre.

There was a skilled and experienced staff team that was familiar with each resident's communication style and assessed needs. The voice of the residents was central to service provision, and a range of easy-to-read documents supported was available to support and promote their understanding.

Each resident had a range of assessment tools, protocols and plans to guide staff in order to provide quality care and support. Where issues arose, these were dealt with promptly, and residents were supported to understand how to be safe. For example, residents' attendance to the centre was planned around compatibility to promote a positive respite break in the centre.

Regulation 10: Communication

The provider ensured that residents were supported to communicate their needs and wishes.

Staff were observed speaking comfortably with residents. Staff were aware of the residents' particular communication needs and preferred topics of discussion.

The inspector reviewed the communication profile that had been developed for one resident. This gave information to staff on how to communicate and their preferred ways to communicate, such as objects of reference, pictures and daily board planners. Staff members working on the day of inspection were also very aware of each resident and their communication ability. One resident could easily and freely speak, but at times needed reminders and prompts throughout, such as appropriate personal contact. Another resident communicated slowly and required familiar staff as they provided the resident time and listened carefully.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that the needs of residents had been assessed and that the supports required to meet those needs had been put in place.

The inspector reviewed the assessments and personal plans of two of the three residents. These showed that the health, social and personal needs of residents had been assessed within the previous 12 months. These assessments were comprehensive and outlined the level of support required by residents to meet those needs. An annual review of the residents' personal plans had been completed in 2024. These meetings were attended by the resident and a family representative, if appropriate. The meetings included a review of the residents' progress towards their personal goals and outlined goals that had been achieved in the previous year, and goals identified for the coming year were discussed. There was evidence that residents had been supported to achieve their goals.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and measures were in place where safeguarding risks had been identified.

The provider was aware of the requirement to notify the Chief Inspector of Social Services on safeguarding incidents that had occurred in the centre. Where an incident had occurred, safeguarding plans had been developed. Staff spoken with were aware and familiar with the previous incident and the actions required to support should the resident require this.

Staff records reviewed on the day of the inspection showed that staff were up-to-date in safeguarding training, children's first and on personal and intimate care guidelines. These arrangements were effective in ensuring that all residents attending for respite had appropriate arrangements in place to support them during their short respite breaks.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted as they availed of respite stays in this centre, and residents chose how they wished to spend their time in the centre.

Staff facilitated residents' meetings on the evening they were admitted and throughout their stay in the centre. Residents were given the opportunity to talk about some of the meals they would like to have, and activities they would like to do during their stay. For example, a resident liked to go shopping, and from a review of activity records, shopping trips were facilitated, as well as cinema, drives and meals out. Some residents had preferences of the room they stayed in, and these choices

were facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the residents were supported to access emotional and therapeutic supports as required and regularly if needed.

The inspector found that, should a resident require this support, it was facilitated outside of the respite centre, and information was shared to ensure staff were advised of the resident's support requirements. These community supports included psychotherapy, psychiatry and behavioural support and was reflected in residents' personal plans where required.

On review of training records, all staff working in the centre had completed training in positive behaviour support and updates as required in the centre. There were restrictive practices in place in the centre for specific residents who attended, such as bed rails, monitors and lap belts. These were recorded, monitored and reviewed as required on a quarterly basis by the person in charge. These were used in line with recommendations from relevant multidisciplinary specialists. The practices required were used to promote the residents' health, safety and overall well-being.

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 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Positive behavioural support	Compliant