



**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:	Lakeshore Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	25 June 2025
Centre ID:	OSV-0008333
Fieldwork ID:	MON-0038313

About the designated centre

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

Lakeshore Services is a designated centre operated by Brothers of Charity Services CLG, which intends to provide residential care for up to two male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is situated in a lakeside area, on the outskirts of a town in Co. Galway. Here, residents have their own apartments, each comprising of an open plan kitchen, living and dining area, bedrooms, bathroom facilities, utility rooms, hallway, with a garden to the rear. 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:	2
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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 25 June 2025	10:30hrs to 17:40hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met and spoke with both residents who lived in the centre. The inspector also met with the person in charge, team leader and two staff on duty, and viewed a range of documentation and processes.

The person in charge and staff prioritised the wellbeing, autonomy, human rights and quality of life of residents. It was clear from observation in the centre, conversations with residents and 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 live their lives as independently as possible.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet with both residents during the course of the inspection. Residents were very clear about what the inspection involved and why it was taking place. One resident had said that they were happy for the inspector to be based in their apartment for the duration of the inspection. Each resident showed the inspector around their own apartments. Each resident spent time sitting with the inspector in their apartments for a chat. During this time, residents told the inspector that they were very comfortable and happy in the centre and enjoyed their daily lives there. Residents told the inspector that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. Residents said that they would feel comfortable to raise any concerns with staff and they knew that any issues would be addressed. Residents knew who was in charge, and they said that they trusted the staff. They also said that staff were good company and they had fun with them.

As this was a home-based service, residents had choices around doing things in the centre, attending their preferred and selected activities at external services, or going out to do things in the community. However, they said that they preferred to be 'on the go' and spent a lot of time out doing things during the day. Social interaction was very important to these residents and family visits, meeting with friends and communication with others were being supported and encouraged by staff. Both residents explained to the inspector that they were very active on social media, and used this technology for communicating with friends, sourcing information and for shopping.

Residents told the inspector that they enjoyed being involved in the local community. As the centre was centrally located, residents could go out for various activities either on foot or in the centre vehicle, and the inspector observed this happening on the day. Activities that residents were involved in were worthwhile and meaningful to them. Resident said that they enjoyed going out in the community for meals, outings to places of interest, going for walks and meeting up

socially with friends. They also enjoyed taking part in everyday community activities such as going to the hairdresser, banking and going to the post office, recycling, attending medical appointments and going to the supermarket for grocery shopping. A resident told the inspector which were the best hairdressers and nail salon in the area, and explained that they went to these frequently for hair styling and manicures. As well as social activities, residents took part in personal development projects. A resident told the inspector about having two voluntary work placements which they enjoyed, one of which they had completed training for. They were also currently doing an eighteen-month training course based on an area of healthcare and were due to graduate soon. They had identified another learning skill that they intended to achieve and had identified this as one of their goals. They said that they would be doing this later this year.

On the day of inspection, both residents were taking part in activities outside the centre. One resident was gone out to a healthcare appointment, and later in the day, to their job. The other resident had go a day service where they did some baking. They brought home chocolate brownies that they had made and offered them to the inspector and staff to have with a cup of tea. Afterwards they relaxed while listening to soft music in their apartment.

Although residents lived separately, they said that they get on well together, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. They said that they often went out together and had 'great craic'. Holidays and outings were important to residents and they discussed holidays that they had been on, and holidays and trips planned for this year. One resident enjoyed foreign travel, while the other said that they preferred shorter outings in Ireland. They also talked about places of interest that they went to for outings, such as other towns for shopping trips and to Mullingar to buy a specific type of chocolate from the manufacturer.

During the inspection, residents spoke about their rights and how they were supported. They were very aware of their rights and explained how they made choices. They also discussed safeguarding with the inspector; they understood about safeguarding and knew how to report it if they had any concerns. On the day of inspection, the inspector noticed that residents were dressed in fashionable, comfortable and age-appropriate clothing.

It was very clear throughout the inspection that residents had good quality and fulfilling lifestyles. The person in charge and staff prioritised their independence and autonomy and ensured that they were supported to live their lives as they wished.

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

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, improvement was required to review of operational policies and to some documentation and records kept in the centre.

The provider had developed a clear organisational structure for the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the centre. They were very familiar with residents who lived there and were focused on ensuring that these residents would receive high quality of care. They also ensured that their human rights were being supported. The management team for this service also included a team leader, a service coordinator and a clinical nurse manager.

There were a range of systems in place oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents. The centre was also suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. Adequate staffing levels were available on the day of inspection to support residents' preferences and assessed needs. The centre was suitably insured and the provider had agreed in writing with each resident, the terms on which that resident would reside in the centre.

There were suitable arrangements in place for the management of complaints should this be required. A statement of purpose had been developed which described the service provided to residents and which met the requirements of schedule 1 of the regulations.

Documents required by the regulations were kept in the centre and were available to view. Overall, records viewed were clear, informative, up to date and well organised, although records of food provided to residents were not being maintained. A wide range of policies were also available to guide staff. The inspector viewed a sample of three policies and found that two of these policies, namely the communication and nutrition policies, had not been reviewed within the past three years as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as

required. The inspector viewed this information and found that it had been suitably and accurately supplied.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge of the designated centre.

The role of person in charge was full-time. Prior to the inspection, the inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. The person in charge was very knowledgeable regarding the individual needs of each resident and was aware of their regulatory responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured that the information required by regulation 19 was in place for each resident.

The inspector viewed the directory of residents which included the required information relating to both residents who lived in the centre.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date. However, records of meals supplied to residents were not being kept.

Documents required by the regulations were kept in the centre and were available to view. A sample of records required by the regulations were viewed and were clear, informative, up to date and well organised. Documents viewed during the inspection included the register of residents, personal profiles, care plans, audits, and minutes of meetings with staff and residents. However, records of food provided for residents were not being maintained. Consequently, information was not available to determine if the diet was satisfactory and nutritious.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. This was being achieved by a clearly defined management structure, management meetings, and internal and external auditing systems. Annual reviews of the service were being carried out as required by the regulations.

There was a clear organisational structure in place to manage the centre, 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, were taking place and all audits showed high compliance levels. The centre was suitably resourced to ensure the effective delivery of 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' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were suitable written agreements for the provision of service in place for all residents.

The inspector read both residents' service agreements, which had been developed in both regular and easy-to-read formats. The agreements included information about the service to be provided and the fees to be charged. Both agreements had been agreed and signed both by residents and on behalf of the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. The inspector read the statement of purpose and found that it was informative and met the requirements of schedule 1 of the regulations. Furthermore, the statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

There were processes in the centre to manage and investigate complaints.

Although there had been no complaints in the centre, it was found that systems were in place to investigate and resolve complaints. Information about the complaints process was made available to residents and residents told the inspector that they knew that they could raise any concerns and knew that they would be addressed. The inspector viewed records that showed that the complaints process had been discussed with residents at house meetings and key worker meetings with residents. The complaints process was also displayed in a prominent place in the centre, and staff showed the inspector the complaints recording form that would be used if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some policies required by schedule 5 of the regulations had not been reviewed with the past three years as required by the regulations.

This regulation was not examined in full at this inspection. The inspector saw that the provider had developed a range of policies and guidance documents which were available to staff in an online format. The inspector viewed three operational policies

that related to areas being examined on the day. However, of the three policies reviewed, two were out of date, as they had not been reviewed within the time frames specified by the regulations.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported.

The centre suited the needs of residents, and was clean, comfortable, modern and well maintained. The centre comprised two adjoining self-contained apartments within walking distance of a rural town. Each apartment had an open plan kitchen, dining and sitting room, a spacious en-suite bathroom, and separate utility room with laundry facilities. Each apartment had well-kept back gardens, and a furnished patio overlooking a lake at the front.

Residents in this centre had an option to attend day service activities of their choice on weekdays or to receive a home-based service. Staff were available to support residents at all times throughout the day if they chose the home based option. This gave all residents the opportunity to take part in the activities that they preferred either in their home, at day service or in the community. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and activities, socialising with friends and going out for something to eat. Residents' contact with family and friends was also being supported in line with their wishes.

Residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Residents had good communication skills and did not required any additional communication supports or interventions.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise, and residents who were eligible could avail of national health screening programmes. Residents' nutritional

needs were well met. Well-equipped kitchen facilities were available for food preparation, and residents liked to take part in grocery shopping and food preparation. Assessments of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for residents based on these assessments, and residents' personal goals had been agreed at annual planning meetings.

Regulation 10: Communication

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

Residents who lived in this centre had strong verbal and written communication skills, and good levels of comprehension. However, their communication options were being enhanced in various ways. Residents told the inspector that they had used various social media platforms to communicate with family and friends, to source information and for entertainment. The centre was equipped with Wi-Fi to enable residents to do this. The inspector also saw that several documents such as complaints information, service agreements, safeguarding information and personal outcomes had been developed in easy-to-read formats to make them more accessible to residents.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents, was of sound construction and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre was made up of two adjoining self-contained apartments, each of which could accommodate one resident. The apartments were modern, bright and spacious. During a walk around the centre, the inspector found that the apartments were warm, clean, comfortable and nicely furnished. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings in their bedrooms. Rooms were personalised with belongings that were of interest to residents, such as photos and pictures, cosmetics, soft toys, and lights. There were separate well-maintained gardens behind each apartment. The centre was served by an external refuse collection service and there were laundry facilities in each apartment. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs and preferences were being well supported in the centre.

Both houses in the centre had well equipped kitchens where food could be stored and prepared in hygienic conditions. The inspector saw that a fridge, freezer and dry goods store were well stocked with a variety of foods for residents use, including protein sources, fruit, vegetables and snacks. Residents explained to the inspector that they had been fully involved in all aspects of catering and always had meals that they liked. Both residents said that they went grocery shopping with staff and they chose the foods that they wanted, and also did most of their own cooking. The inspector saw that weekly food choices and preferences were discussed with residents and recorded, and residents explained that this formed the weekly shopping list. However, residents told the inspector that these were flexible plans and that they could have something different if they wished. Both residents liked cooking and told the inspector that they enjoyed preparing their own meals. During the inspection, the inspector saw a resident going to the fridge and choosing and cooking what they wanted for their lunch.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had been developed in an easy-to-read format and met the requirements of the regulations. Other information that was relevant to residents, such as staff on duty, local events, and complaints information, was also provided through notice boards and discussions with staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' needs were being identified and met.

Assessment of residents' health, personal and social care needs had been carried out, and individualised personal plans had been developed for residents based on

their assessed needs. The inspector viewed both residents' personal plans and found that multidisciplinary involvement had been provided as required. Meaningful personal goals had been developed for each resident and the inspector saw that progress in achieving these goals was being recorded. Staff who spoke with the inspector were very familiar with residents' personal plans and goals and with their care needs. Both residents told the inspector about their current goals, some of which had already been completed and some which were still in progress.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided for each resident. The inspector viewed the healthcare plans for both residents and found that their healthcare needs had been identified and that they had good access to a range of healthcare services, such as general practitioners and multidisciplinary support. Plans of care had been developed to manage any identified healthcare needs. A clinical nurse manager was available in the local area to monitor and review residents' healthcare needs as required. The person in charge confirmed that both residents had access to general practitioners in the local community. Both residents had also been advised of national health screening programmes and had had a choice to either avail of these services or to opt out.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how they managed their lifestyles.

Residents told the inspector that they were very involved in decision making in the centre, and they were seen making plans and discussing their wishes with staff during the inspection. Residents also told the inspector about their rights and confirmed that staff had told them about these. To promote residents rights awareness, the provider's advocacy group had brought out a rights workbook, The Power of Choice, in the current week. One resident had already read and worked through this workbook and had also taken part in a Rights Awareness Programme, which explained rights to relationships, friendships, community and managing ones own money. The other also planned to do these in the coming weeks. They also explained that they could live their lives as they chose and received staff support as required to do this. They knew the complaints process and felt confident that if they raised any complaint or concern that it would be addressed. Both residents had

passports, and a resident spoke of a foreign holiday and another one planned for this summer. Residents also told the inspector that they had full control of their own money and property. Both residents have passports and are registered to vote.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lakeshore Services OSV-0008333

Inspection ID: MON-0038313

Date of inspection: 25/06/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: There is now a record held at a local level documenting food provided within the Centre on a daily basis. This is reviewed by the Team Leader and person in charge regularly to ensure food is satisfactory and nutritious.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: This matter has been escalated to the Brothers of Charity Policy Review Group, which is responsible for reviewing and updating policies within the specified timeframe. BOCSI Food, Nutrition and Hydration Policy is now updated. The national policies are all completed in draft form; however, there is no set implementation date for their release. The Person in Charge (PIC) has escalated this issue to the provider.	

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	26/06/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/01/2026