



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

## Issued by the Chief Inspector

Name of designated centre:	Letteragh
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	03 March 2026
Centre ID:	OSV-0009092
Fieldwork ID:	MON-0048193

## About the designated centre

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

Letteragh Residential Services can provide full-time residential care for up to 6 adults (male & female) with an intellectual disability and/or intellectual disability and autism who have been identified as requiring a support level ranging from minimum to high as per medical/psychological classification. The service accommodates persons up to a seven-day week residential basis. The age ranges the service can accommodate is persons from the age of 18 upwards. The centre consists of a 4-bedroom bungalow and two first floor self-contained apartments, all buildings are located adjacent to one another. The staff compliment is based on the assessed needs of the residents, and the operational needs of the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 3 March 2026	09:40hrs to 16:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was the first inspection following the registration of this designated centre in September 2025. The inspection was announced at short notice and carried out to assess the provider's compliance with the regulations. Letteragh services is a residential service which can accommodate up to six adults. The inspection was facilitated by the team leaders and area services manager. The inspector also met with three other staff members. At the time of inspection, there were four residents living in the centre. Two residents were accommodated in individual self-contained apartments and two residents were accommodated in the main house. All four residents had moved into the centre in recent months. Three residents normally attended day service programmes during the weekdays and one resident was currently provided with a wraparound service from their apartment, however, there were plans in place to provide a suitable day programme for this resident. Residents and staff spoken with confirmed that all had settled in well and were enjoying living in their new home. The findings from this inspection indicated that the centre was being well managed and there was good compliance with the regulations reviewed.

Letteragh services is a new purpose built residential centre located in a residential suburb of a city. It consists of a large 4-bedroom bungalow and two separate first floor self-contained apartments. The buildings are located adjacent to one another. The bungalow has four large bedrooms, one with an en suite shower room as well as three additional fully assisted shower rooms. There are overhead ceiling hoists fitted to bedrooms and bathrooms. Residents have access to a large open plan kitchen/dining room and sitting room. The house is spacious and bright, designed with wide corridors to facilitate residents with mobility issues. The communal areas open directly to landscaped paved and garden areas. There is a utility room located off the kitchen area and a separate laundry room located off the bedroom corridor. The two first floor apartments are self-contained. Both have an open plan kitchen/dining and sitting area. There are two bedrooms, one with an en suite shower room, as well as a separate shower room in each apartment. One bedroom in each apartment is used by staff as office/sleepover room. The provider also operates a day service programme from the ground floor area of the apartment building.

The local management team outlined that residents had varied support needs. Some residents required support in managing specific healthcare needs, mobility issues, communication, personal care, managing behaviour and in fulfilling their social care needs. Some residents were assessed as requiring 2:1 staff and the inspector found that staffing arrangements were in place to support residents in line with their assessed support needs. There were normally six staff on duty during the day and evening with two staff members on active duty and one staff member on sleepover duty at night-time. The staff members spoken with were familiar with the individual support needs, likes, dislikes and interests of residents. The team leaders reported

that residents were generally doing well and that their healthcare needs were stable. Staff reported that there were no safeguarding concerns at the time of inspection.

On the morning of inspection, three residents had already left to attend their respective day service programmes. The inspector met with one resident when they returned to the centre around mid-day. They were observed to be in good form and were happy to show the inspector around their apartment. They told the inspector how they liked their own apartment and had settled in well. They had been involved in choosing their preferred colour schemes and furniture. The apartment was personalised with the residents own photographs, ornaments and other meaningful possessions which reflected their personal taste and individual identity. The resident told the inspector how they enjoyed going for walks and how they had just returned from a walk on a local beach. They also mentioned how they liked to get their nails done and having their own make-up. They had their own transport vehicle which they could use to go on outings and attend activities of choice with the support of staff. They also advised that they liked to relax and watch their preferred programmes on television and 'You Tube' . They also enjoyed preparing and cooking their own meals. The resident continued to have regular weekly visits with family members.

The inspector also briefly met with two residents later in the afternoon when they returned from their day service programmes. Both residents were in good form and were observed to be very comfortable with staff supporting them. One resident was unable to tell the inspector their views of the service but they were observed to be relaxed and content in the company of staff. The resident and staff were observed to interact with one another in a familiar way and staff responded promptly to the residents gestures to go for a walk. The inspector spoke with the other resident who said that they liked the new house and were happy living in the centre. They liked the spacious rooms and corridors and found it easy to get about. They spoke about how they choose the weekly menus and were looking forward to the evening meal. They mentioned how they enjoyed going out to play a game of pool or go bowling. They were looking forward to the summer months and were planning to attend an agricultural show and visit a pet farm.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Staff strived to ensure that the support provided was person-centred in nature and that they prioritised the well-being, autonomy and quality of life of residents. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and regular key working sessions. From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was evident that residents had choices in their lives and that their individual rights and independence was promoted.

Overall, the transition to the new centre appeared to have had a positive impact on residents well-being. Residents appeared to have adapted well to their new environment. The new homes had provided improved living conditions, that offered greater space, comfort, privacy and a sense of stability for residents.

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 residents lives.

## Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations.

The provider had recently appointed a new full-time person in charge. The person in charge was on leave at the time of inspection but was normally rostered five days a week in the centre. The person in charge was supported in their role by two team leaders, the staff team including nursing staff and area services manager. There were on-call management arrangements in place for out of hours and at weekends.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of residents. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for March 2026 were clear and indicated that a team of consistent staff was in place. The area services manager advised that recruitment for additional staff was in progress in order to support the planned admission of two new residents.

Staff training records reviewed indicated that all staff including relief staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some residents. Training requirements and opportunities were regularly discussed with staff at team meetings and at individual supervision meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. As this was a new service which had opened in September 2025, only one provider led audit had been completed to date. This review had taken place on 17 February 2026. Actions identified as a result of this review had been addressed including a review of the staff rosters, risk register and maintenance issues.

The local management team also had systems in place to regularly review and oversee areas such as staff training, health and safety, fire safety, infection prevention and control, medication management, restrictive practices, care planning documentation, incidents and safeguarding. The results of recent audits reviewed indicated satisfactory compliance. Regular local management and staff team meetings were taking place at which the results of audits and actions required were

discussed. The behavioural support therapist also attended team meetings to review and discuss incidents and provide additional guidance and support to staff.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre and the hours worked were clearly set out in the staff rota.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the assessed needs of residents living in the centre. The staffing skill-mix was appropriate to meet the needs of residents. Nursing staff were also available to support and oversee the medical needs of residents. Rosters reviewed for the month of March 2026 indicated a consistent staff team. Further recruitment of staff was in progress in order to meet the needs and support the planned admission of two new residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling, safeguarding and Children First. Additional training was provided to staff in various aspects of infection prevention and control, safe administration of medications, epilepsy care, feeding, eating and drinking guidelines, open disclosure, respiratory emergencies, and a human rights based approach to care. There were systems in place to oversee training and to ensure all staff were provided with refresher training as required. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

Judgment: Compliant

#### Regulation 23: Governance and management

The findings from this inspection indicated that the centre was 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 had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of residents. The providers investment in this new centre demonstrates organisational commitment to regulatory compliance and person-centered care.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service. There was evidence that issues identified from a recent review had been addressed.

Judgment: Compliant

## Quality and safety

The purpose built design of this new centre supported the delivery of good quality care and support. The accessible facilities, space and layout promoted privacy, dignity and independence as well as contributing to the overall well-being of residents. Residents were observed to be comfortable in their environment and with staff supporting them. Residents spoken with indicated that they had settled in well, liked living in the centre and enjoyed partaking in a range of outings and activities. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal goals. The stable and consistent staffing supported the continuity of care and contributed positively to the overall quality and safety of the service.

Staff were familiar with, and knowledgeable regarding residents' up-to-date health care needs. The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been completed. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

Personal plans had been developed in consultation with residents, family members and key working staff. Files reviewed showed that residents had goals clearly set out for 2026. There were progress notes recorded and photographs demonstrating achievement of some goals.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff.

Safeguarding was a standing agenda item and discussed at all staff meetings. They advised that there were no safeguarding concerns at the time of inspection.

The provider and local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. The management and staff team continued to review restrictive practices in use. Restrictions in use were being managed in line with national policy, had been risk assessed with a clear rationale outlined for their use. All had been reviewed by the organisations restrictive practice committee.

The provider and local management team had fire safety management systems in place. All staff and residents had been involved in completing fire drills. Fire drill records reviewed indicated that improvement to evacuation times had taken place as a result of learning from drills. The records of the most recent fire drills provided assurances that residents could be evacuated in a timely manner.

All buildings in the centre were found to be comfortable, visibly clean, spacious, furnished and decorated in a homely style. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. There were service contracts in place to ensure that all equipment was serviced in line with service schedules.

### Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Some residents received regular visits from family members and friends in the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector provided assurances that residents could be evacuated in a timely manner.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. The local management team demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were completed, the results of recent audits indicated satisfactory compliance.

All medicines were appropriately stored and managed. Systems were in place for checking medicines on receipt from the pharmacy and for the return of unused and out-of-date medications to the pharmacy.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that support care plans were regularly reviewed and updated as required. Documentation reviewed indicated that a resident had benefited from improved physical health with greater stability. This positive impact on their well-being had been attributed to consistent staffing including nursing support, close monitoring and early interventions.

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 regular and timely access to general practitioners (GPs), consultants and health and social care professionals. A review of residents' files indicated that residents had been reviewed by the GP, occupational therapist, physiotherapist, speech and language therapist, behaviour support therapist and podiatrist. Residents were supported to avail of vaccination programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

## Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to behaviour support and behaviour guidelines were in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. Staff outlined how support strategies were generally working well. The behaviour support therapist visited the centre on a regular basis to discuss and review any behaviour related incidents with staff. They provided additional guidance for staff in implementing behaviour support strategies and ensuring that approaches remained consistent and person centered. The staff team outlined how some restrictive practices were in use in response to some behaviours and associated risks. There were clear rationales outlined and written protocols in place for the use of all restrictive practices. All restrictions were regularly reviewed.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to ensure that residents accommodated were protected from abuse. All staff had completed training in relation to safeguarding and Children First. The local team advised that there were no active safeguarding concerns in the centre at the time of inspection. Safeguarding and associated topics were regularly discussed with residents at weekly house meetings and with staff at monthly team meetings.

Judgment: Compliant

## Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. Some staff had completed training on promoting human rights in health and social care. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. There was evidence of ongoing consultation with residents with regards to choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions, radio and mobile telephones. Topics including rights, how to make a complaint, fire safety, the right to feel safe, weekly activity plans, menus, advocacy and staff rosters were regularly discussed with residents. Some residents were registered to vote and could choose to vote in elections if they wished. Residents who liked to attend religious services or visit their local church were supported to attend as they wished. Residents had their own bank accounts and were supported to access their money and manage their finances. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant