



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

Issued by the Chief Inspector

Name of designated centre:	Hillcrest Apartments
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	23 July 2025
Centre ID:	OSV-0001780
Fieldwork ID:	MON-0047601

About the designated centre

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

Hillcrest Apartments is centre run by Western Care Association. The centre can provide residential care for up to three male and female residents who are over the age of 18 years with an intellectual disability. The centre comprises of a two-storey house which contains three separate apartments located in a village in Co. Mayo. Each apartment provides residents with their own bedroom, bathroom, hallway and kitchen and living area. Residents also have access to a large garden area. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 23 July 2025	09:15hrs to 18:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements in response to information received by the Chief Inspector of Social Services relating to the provider's governance and oversight of Hillcrest Apartments. The inspector reviewed care and support practices at the centre, which related to the information received and found that overall good practices were in place at the centre ensuring the safety and well being of residents. Minor improvements were required with two regulations reviewed on the day and this is discussed later in the report.

As part of the inspection, the inspector met with the person in charge, assistant manager and staff on duty who were supporting residents on the day of the inspection. Both managers attended from scheduled events later on that day but were happy to facilitate the inspection. On arrival to the centre, the inspector was met at the door by a staff and a resident. The resident and staff reviewed the inspector's identification and invited them into their house. Two of the residents were up and preparing for their day ahead, and another resident was enjoying their morning routine as per their assessed needs. All of the residents were busy in the morning getting ready and preparing for their daily activities and outings with staff support. Shortly after the inspector's arrival, they were advised that a third resident was happy to meet. The inspector met, interacted and heard of their plans that day. The inspector noted the ease at which all residents interacted with the inspector, with one resident sitting with the inspector and engaging warmly and comfortably throughout.

From speaking with the person in charge and staff team, it was clear that many measures were in place to care and support residents in line with their assessed needs, while also ensuring that all residents benefited from a good quality of life that is person centred. It was very clear on the day of the inspection that residents were assisted to understand and manage their schedules effectively. Residents had weekly meetings and individual time every week to plan and discuss their activities for the week ahead with staff. The inspector noted that staff were engaging warmly with residents, and were mindful of their interactions with residents who had behaviour support guidelines in place. All of the residents present were in receipt of home based activities with one resident enjoying a day service programme.

As this was a home based service, residents had the flexibility to take part in activities of their choice at time that suited them. From the inspectors arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. The inspector had the opportunity to meet with all of the residents for varying time periods. Some of the residents did not have verbal capacity to discuss their views or preferences, it was clear that staff had techniques and cues in place to support residents to communicate in their preferred way.

In summary, the inspector found that residents' safety and social care activities were paramount to all systems and arrangements the provider had put in place in

Hillcrest apartments. Oversight systems were in place and effective to ensure the quality and safety of care provided was monitored effectively. Residents were clearly supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home based on their needs and abilities.

The next two 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. The inspector found that minor improvements were required in training and development which are discussed later in the report.

There was a clear governance structure with defined roles and responsibilities identified to manage the centre. 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 who 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 care and support. The person in charge was supported in their role by an assistant manager who assisted with the management of both designated centres. On the day of the inspection, the management structures had recently been reviewed and the assistant manager was also relocating to another region after they had provided a comprehensive handover to their replacement in the centre. This further ensured that the care and support needs were paramount to the focus of the management team at all times.

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 included comfortable accommodation, transport vehicles, and adequate numbers of suitably trained staff.

Governance and oversight arrangements at the centre ensured that the needs and preferences of residents were paramount at the centre in day to day operations in Hillcrest apartments.

Regulation 15: Staffing

From conversations with staff members, it was clear to the inspector that consistency of care and support was paramount for residents living in this centre. The inspector found that while adequate staffing levels were being maintained due to the residents' assessed needs, gaps were noted on the staff roster.

The inspector reviewed staffing rosters from January 2025 to the day of the inspection and noted that there were four staff lines vacant and recruitment had been unsuccessful at present. One staff member was returning from leave, and this reduced the deficit to three staff. Gaps were filled by the management team and staff members working in the centre to ensure consistency was maintained for the residents at all times in line with their assessed needs.

The inspector saw that staff meetings were occurring and were in line with the local policy, which specified that staff meetings should occur at a minimum of four times a year. A schedule of meetings was displayed in the staff office, and there was a set agenda with opportunities for staff to raise additional items for discussion. Staff spoken with on the day of the inspection were clear that management was available formally and informally when required.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff who worked in the centre were in receipt of appropriate training to equip them to provide suitable support and care to the residents in line with their local policies.

The inspector reviewed staff training records from January 2025 to the day of the inspection, which showed that while staff had received training in fire safety, safeguarding, medication management, and epilepsy training, five staff were yet to complete neurodiversity training, two staff required refreshers in fire safety, and a new staff member required face-to-face fire safety training, after receiving informal guidance from the management team.

The person in charge and assistant manager showed the inspector the supervision planning schedule for 2025. This indicated that the person in charge and assistant manager were completing supervisions with all staff in line with local policy. This support was provided formally and informally in the centre by the person in charge and assistant manager allocated to the centre.

Judgment: Substantially 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 living in Hillcrest apartments.

The inspector found that care practices at the centre were subject to regular review by the provider, person in charge, or a nominated staff member through a range of audits, the provider had completed an annual review of the quality and safety of care provided in this centre for 2024. The inspector reviewed a sample of audits for January 2025 to May 2025, including staffing, policies and procedures, risk management, health and safety and infection control. Audits showed a high level of compliance at the centre, and where improvements were identified, a clear action plan was in place to address them, including suitable completion dates. An annual review of the care and support of residents was completed in May 2025 by the providers' representative, and the report was in draft format, while awaiting approval with the senior management team. Actions were identified and the person in charge and assistant manager were both aware of all actions, for example recruitment and documentation. The inspector found that this process of addressing the actions had commenced and was part of the handover process for the management team.

The inspector found that the provider had recently reconfigured the management structures in the organisation, which resulted in a newly appointed person in charge and assistant manager at the time of the inspection. The assistant manager remained present at the time of the inspection as they were completing a thorough handover process for the new management team and supporting them to become established in the centre. The inspector found that the assistant manager was very aware of any deficits evident in the centre, such as training gaps and staff recruitment.

There were clear lines of accountability in the centre. Staff knew who to contact should any issues arise. Information was shared at team meetings and through a communication book. Team meetings were completed as scheduled, and the inspector reviewed minutes of the meetings from December 2024 to June 2025. Meeting records showed discussions on specific issues relating to residents' care such as a review of incidents/accidents as well as staffing, such as the weekly roster and leave arrangements.

Judgment: Compliant

Quality and safety

Overall, the provider showed a good level of compliance with the regulations relating to the quality and safety of care, and the provider ensured that all residents received a person-centred service with minor actions for improvement, which is discussed under each regulation, including risk management and positive behaviour support.

The person in charge, assistant manager and staff team were very focused on ensuring that residents' community involvement, social skills, activities and development were prioritised at all times in the centre. This included access to day services and home based activities where required for residents. Residents had access with staff support to a range of community services. This included services such as, day services, shops, leisure amenities, restaurants and coffee shops. Suitable communication techniques were being used in the centre to ensure that residents and staff could communicate in line with their assessed needs.

Review meetings took place annually, at which residents' support needs for the coming year were planned. Residents' goals and plans were supported by both day and residential staff and family. The personal planning process ensured that residents' social, health and developmental needs and preferences were identified and that supports were put in place to ensure that these were met.

There were arrangements to ensure that residents' healthcare was being delivered appropriately in the centre. This included comprehensive assessments, care plans and protocols to guide staff in support practices for each resident. Protocols were in place to ensure suitable practices were in place and guided staff in their practice.

Residents' safety was also promoted at the centre, through a range of safeguarding procedures to both identify and mitigate against any possible risks to resident well-being.

Residents' nutritional needs were well met. Each resident had a well equipped and accessible kitchen was available for the storage, preparation and cooking of residents' food. Residents could choose to have meals that they liked, and those who wished to, were involved in the preparation and cooking of their own meals. The inspector saw that one resident had engaged in a healthy eating programme with support from staff and relevant multidisciplinary (MDT) staff.

Regulation 18: Food and nutrition

Residents' nutritional needs were supported in this centre. Residents had a choice around food and dining options available both in the centre and in their local community.

Suitable foods and nutritional arrangements were provided to suit residents' identified requirements. This included access to relevant multidisciplinary support on dietary needs, such as a dietician. All of the individual living apartments in the centre were provided with suitable kitchen facilities, storage, and equipment to

support each resident and ensure their dietary needs were well met. This included where residents had modified diets, staff received suitable training from a speech and language therapist to guide them in their practice, which ensured residents were appropriately supported at all times. All of the residents present in this centre required modified diets and were supported to access relevant multidisciplinary supports, to monitor and review all care guidelines in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had systems in place for the identification, assessment and management of risks in the centre, including a system of responding to emergencies, however the policy on risk management still showed gaps as the provider was awaiting the completion of a new policy as required by the regulations on the day of the inspection.

The gaps on the risk management policy included for example: the measures and actions in place to control specified risks: the unexpected absence of any resident and accidental injury to residents, visitors or staff, aggression or self-harm.

The management team were getting familiar with a new online risk register on the day of the inspection. This was made available to the inspector, and it showed that the management team had identified and recognised all risks relevant in the centre, such as managing behaviours of concern, incidents, and road safety.

Records reviewed showed the risks were communicated to staff through team meetings for example. All relevant controls to mitigate the risks were clearly listed. The risk register and assessments were monitored and reviewed by the management team as scheduled.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents needs were monitored and re-assessed on a regular basis and there were personal plans then developed to guide staff on how best to support the residents. The inspector reviewed a sample of three personal plans relating to how residents' care was provided which gave clear guidance on residents' nutritional, communication, and behavioural needs for example.

Residents were also supported in personal goal setting, supported by a key working

arrangement and regular updates were completed and maintained in line with local policy. Residents were achieving goals of community engagement and skills building in line with their assessed needs. For example, accessing multi-sensory facilities, walks in local areas, horse riding, shopping and eating out.

The inspector reviewed three personal plans on the day of the inspection. Goals that were meaningful to residents was identified and the achievement of these was supported by day service staff, and residential staff. The information in the plans at present were clear and incorporated all aspects of residents assessed needs, and at the time of this inspection were person centred for each resident.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met in line with their personal plans, and residents had access to medical and healthcare services to maintain their well-being in the centre.

The inspector reviewed three resident personal plans, which included clear and comprehensive information on how the residents' health needs were to be supported at the centre. Protocols were in place to ensure effective management of specific medical conditions such as epilepsy, including the administration of emergency medication. Healthcare plans and protocols were subject to regular review and where required, were updated following medical professionals recommendations. Staff knowledge was on how to support residents' individual healthcare needs were further supported through access to a variety of specific training on health conditions. Each resident also had a "hospital passport" to ensure that in the event of any resident requiring admission to hospital, their support needs were communicated to ensure their care needs were consistently supported.

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 a support plan for one resident 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. The plan was clear and up-to-date. A recent changeover in behaviour support staff due to a reconfiguration of internal multidisciplinary services

resulted in the behaviour support assessments being updated through staff engagement and information gathering of residents' daily routines and support needs. 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 behaviour 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 management team were very focused on reviewing and reducing these practices where possible.

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.

At the time of the inspection, there were no open safeguarding issues in the centre. The provider's systems continued to keep residents safe, ensured they knew about safeguarding, and provided for the management of safeguarding concerns should this be required.

The inspector reviewed the arrangements in place at the centre to safeguard residents from harm. These included the development of intimate care plans, and missing 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 regular keyworking meetings 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.

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 tasks or activities of their choosing in line with their assessed needs.

The inspector saw 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 were supported to manage their finances and property with appropriate support from staff. Residents chose whether or not to be involved in religious practice or other activities in their local community.

Residents had access to comfortable accommodation that suited their needs. Each resident had an apartment with access to communal areas in the centre, with staff support. The layout of each apartment provided residents with a sitting area, bedroom, kitchen, and dining area close to their bedroom, which also ensured that residents could enjoy time alone as they wished.

Residents were supported with access to complaints and advocacy processes, and this information was freely available in the centre to inform residents. It was clear during the inspection that residents' rights to choose were taken into consideration, and increasing their awareness of facilitating residents to make their own choices about their lives, and respecting and accommodating these choices.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially 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

Compliance Plan for Hillcrest Apartments OSV-0001780

Inspection ID: MON-0047601

Date of inspection: 23/07/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training needs analysis for Hillcrest Apartments was completed by the PIC. Deficits were identified. Two staff members require fire safety refresher training and have been enrolled to the organisational training programme learn upon to complete this. PIC has addressed this with staff members Five staff members are yet to complete neurodiversity training. They have been enrolled through learn upon. Person in charge has highlighted this training requirement to the training department. All staff training will be completed by 01/11/2025	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider has reviewed and updated the Risk Management Policy to include guidance on, and signposting for all of the specific risks identified in Regulation 26, to include control measures and mitigating actions in place, including the following risks: • Unexpected absence of any resident • Accidental injury to residents, visitors or staff, • Behaviours of concern (to include aggression and violence) • Self-harm. The revised Risk Management Policy will be issued 01/09/2025	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/11/2025
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/09/2025