



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

Issued by the Chief Inspector

Name of designated centre:	Hillview House
Name of provider:	St Christopher's Services CLG
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0001837
Fieldwork ID:	MON-0043666

About the designated centre

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

Hillview House provides residential services to up to six adults with a primary diagnosis of intellectual disability and who have moderate to severe support needs. The centre can also support residents with mental health needs. There are six en-suite bedrooms and one single bedroom. There is a large, well-equipped kitchen with an adjoining dining area, a comfortable living room, and a large recreation/hobby room among other facilities. Residents participate in individualised day service programmes. The house is located in a rural setting and is provided with transport. A social model of care is provided in this centre, and residents are supported by a combination of social care workers and support workers on a 24-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 10 June 2026	09:15hrs to 18:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were six adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing. All regulations reviewed were found to be compliant with the exception of Regulation 17: Premises and Regulation 29: Medication which were found to be sub-complaint.

On arrival to the centre, the inspector was greeted by two staff members, one who was at the end of their night shift and the morning staff member. All residents at the time of the inspector's arrival were attending day service. The inspector met with each resident in the afternoon on their return. Staff were available on the day of the inspection, should a resident choose to remain at home from day service.

Some residents on their return choose to show the inspector around their home showing them their personal items such as CDs, DVDs, pictures and also woodwork. One resident appeared to enjoy showing the inspector their person centred plan and the photos of social events and achievements. Another resident had recently moved to the centre and felt improvements were required in the maintenance of the hedging outside their bedroom and also internal painting. Other residents had also raised requests for external house painting and raised this in their discussion with the inspector. The inspector on their walk through of the property observed the works referenced by the residents. This is discussed further in the report.

Residents while speaking with the inspector spoke about their busy social lives and upcoming events. Some residents were planning a short holiday to Donegal for a music event, others spoke about community social groups such as flower arranging and a local men's shed. It was evident the residents enjoyed social events and were actively supported to attend events of their choosing. Engagements between staff and residents were observed to be thoughtful and engaging and staff were very familiar with each residents communication style and preferences. Residents were also seen to interact well together and share jovial interactions and engagements. One resident prepared hot drinks for the table and was observed checking with each resident about their preferences.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by Head of Residential and Respite services. The Head of Residential and Respite services and another person participating in management from another centre facilitated the inspection as the person in charge was on planned leave on the day of the inspection.

In summary, the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were

supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

Residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre.

Regulation 15: Staffing

The planned and actual roster between 04/05/26 and 28/06/26 was reviewed. There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

The staffing ratio's and rosters in the centre reviewed were found to be meeting residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and a sample of training certificates , the inspector found that staff were provided with the required training to respond to the needs of the residents.

For example staff had training in:

- fire safety
- safety intervention techniques
- safeguarding
- basic first aid
- food safety
- safe administration of medication

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on how complaints were to be managed.

Information was available to residents about how to complain and residents were aware of and supported to raise any complaints.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans and risk documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

Some improvements were required in the upkeep of the property, which was predominately painting. The provider was aware of this requirement and was in the process of progressing the works required.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the risk management arrangements and found the provider ensured that risks were appropriately managed. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to.

Improvements were required in medication management to ensure documentation was reflective of the resident's current placement and there was appropriate management of medicines

The residents were observed to appear comfortable and content in their home.

Regulation 13: General welfare and development

Residents were found to be very well supported to be active and engage in meaningful activities.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Residents attended days services and were supported by staff who ensured that a number of recreational and social activities were made available to them.

Residents engaged in activities such as:

- Day service
- Mens' Shed
- concerts
- choir
- holidays
- woodwork
- fishing trips

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and for the most part well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them.

All residents had their own bedroom which were decorated to reflect their individual tastes.

Some improvements were required in the upkeep of some areas, there was an area of damaged plaster on a corridor wall, the provider was aware and was in the process of addressing same. Painting had been identified as required in 2024, however was yet to be completed. While the inspector reviewed and recent quote for the painting a date had not been confirmed. Residents had raised the issue prior to and during the inspection and were not happy with how the house presented.

There was a covered seating area to the rear of the property which the residents had participated in planning and developing. in addition there were a number of well maintained flower beds and pots on display which the residents had also contributed to.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. There were systems to ensure fire equipment was serviced and maintained. Daily, weekly and monthly inspections of all fire safety systems were taking place and fire fighting equipment was serviced as required by an external specialist.

Staff and residents were completing regular fire safety evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to support the safe prescribing , administration and storage of medication within the centre. The inspector reviewed a sample of medication administration practices and found that medicines were administered in line with residents assessed needs.

However, the inspector identified not all medication such as creams had been labelled on opening. In addition residents risk assessment in relation to self administration required review to ensure it was applicable to the centre as the one reviewed referenced their previous accommodation. These gaps had the potential to impact on the safe administration of medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Over the course of the inspection, the inspector reviewed the personal plans and associated care and support plans for a sample of residents. The review found that the plans were reflective of the current and evolving needs of the resident. The plans reviewed were informative and practical, providing clear guidance on how best to support each individual.

The inspector observed that staff members were familiar with the content of these plans and demonstrated a strong understanding of each resident's needs. Staff were seen responding appropriately to residents and were able to articulate their support strategies confidently during discussions with the inspector.

These findings indicate that the centre was delivering individualised and responsive care, underpinned by effective planning and staff awareness.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health

passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion. A review of resident meetings showed they were occurring regularly

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview House OSV-0001837

Inspection ID: MON-0043666

Date of inspection: 10/06/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The improvements required to maintain the upkeep of the premises have been addressed. The damage to the paint was because of a hidden leak which has been fixed. Quotation has been received for the preparation and painting of this area, along with the exterior of the house and boundary walls. All painting works interior and exterior will be completed by 31.10.2026	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medication such as creams have been dated on opening. Staff communication sent to reiterate the importance of accurate labelling and dating of medication when opening. Updates were also made to the local procedure in place and communicated to staff. A risk assessment in relation to self administration required for one resident has been reviewed to ensure it was applicable to the Centre. All documentation in relation to the resident has been reviewed to ensure that references to their previous accommodation is removed where relevant. All staff are aware of changes. The resident has discussed their care plans and risk assessments giving signed consent to same.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2026
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	16/07/2026