



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	25 February 2026
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0040593

About the designated centre

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

Mountain View Residential and Respite Services is a designated centre operated by Western Care Association. The centre can provide residential and respite care for up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, located a short distance from each other, on the outskirts of a town in Co. Mayo. One house provides a residential service for three residents and the second house provides respite care for up to five residents. Each resident has their own bedroom, some en-suite facilities, bathrooms and shared access to communal living and garden spaces. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 25 February 2026	08:30hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Mountain View residential and respite services, the inspector found that this was a service focused on the residents' care, support needs and was person-centred, ensuring that the resident enjoyed their time in the centre. The resident was supported by a staff team who knew them very well and focused on their plans, activities and goals during their time in the centre.

This inspection was carried out over one day. It was an announced inspection and conducted in order to monitor on-going compliance with the regulations. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance the quality of care and support of the residents living in Mountain View respite and residential services.

The centre consisted of two houses. It suited the needs of residents and provided them with a safe and comfortable living environment. The location of the centre in a residential area close to a busy coastal town, gave residents good access to a wide range of facilities and amenities. Both houses in the centre was clean, bright, suitably furnished and decorated, and there was adequate communal and private space for residents. All residents had their own bedrooms in residential and during respite breaks. There were well-equipped kitchens in both houses as well as refuse collection services and laundry facilities.

The inspector attended both houses on the day, commencing with the respite service and moving to the residential service that morning. The inspector met four residents before they attended their day programmes. It was clear that all residents were happy with the service and supports provided in this centre. The inspector also noted that the residents were very comfortable and relaxed with staff during the inspection. Later on the day of this inspection, the inspector was advised of one resident returning from hospital to the service. The inspector then met with this resident and their staff and noted the supports provided to assist the resident. It was clear that the resident was tired but was enjoying chatting with the inspector and staff. The inspector found that it was very clear that staff knew the residents well and were very respectful and supportive throughout this observation.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were well supported with their care needs. Staff were very focused on ensuring that a person-centred service was delivered to residents and that they enjoyed their time in the centre. From conversations with staff, observation in the centre, and information viewed during the inspection, it was very clear that the wellbeing and quality of life of residents was being prioritised. This ensured that they had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community. Residents who chose to were also supported to attend day service activities. Some of the activities that residents

enjoyed and took part in included going to the cinema, bowling, parties and outings to places of interest, going for meals, and shopping.

The residents were observed to be at ease and comfortable in the company of staff, and appeared relaxed and happy in the centre. Staff were observed spending time and interacting warmly with the residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Staff were very aware of the communication needs of residents. There were a range of communication aids in place and these were in use to support residents to express their views. The inspector also saw that information and sources of knowledge were being provided to residents to enhance their comfort and safety. For example, fire safety and rights training were delivered to any residents who wished to take part.

It was clear from observation in the centre, conversations with a resident and staff, and information viewed during the inspection, that residents had a good quality of care during their respite breaks. Residents had choices around how they spent their time and were supported by staff to attend day services and to be involved in other activities that they liked, both in the centre and in the local community.

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

Capacity and capability

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of the resident living in this centre.

The provider had maintained good oversight of the service through a schedule of routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of the resident. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

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

The inspector read this documentation and found that it had been suitably submitted. This ensured that the required information available to the Chief Inspector to assess the fitness of the provider and to inform the registration renewal decision.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as training in manual handling and people movement, basic first aid, epilepsy awareness and rescue medication, infection control and hand hygiene. Training in restrictive practice, personal outcomes and code of practice were also being delivered to staff. The range of training provided to staff ensured that staff had the knowledge and skills to support residents appropriately and safely.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had recorded the required information in relation to the resident as outlined in the regulations.

This included a recent photograph, the name, address and contact details of their general practitioner and a record of all belongings for a resident as outlined in schedule 3 of the regulations.

Judgment: 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 insurance arrangements which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it provided insurance cover for residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed.

This ensured that a good quality and safe service was being provided to residents who availed of residential services. An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The centre was suitably resourced to ensure the effective delivery of care and support to residents. The inspector saw that these resources included the provision of suitable, safe and comfortably furnished and equipped accommodation, transport, and adequate staffing levels to support residents. Clear informative and up-to-date records and documentation were being maintained in the centre, to guide practice. The provider was also mindful of addressing any required improvements in the centre. For example, since the last inspection of the centre, the provider had strengthened the arrangements for supporting personal care, for providing additional choice at these times.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The Inspector found that the provider ensured that the residents admissions to the centre were in line with the criteria set out in the statement of purpose.

The Inspector read the agreements for provision of services for the residents who lived and visited the centre. These were detailed and included clear information about the service to be provided including where additional costs would be incurred

for expenditures not covered by the service. Agreements of care were up-to-date and signed.

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. While the statement of purpose was generally suitable, it required minor amendment on the day of inspection.

The inspector read the statement of purpose and found that it met most of the requirements of the regulations, and was being reviewed annually by the person in charge. However, some of the required information was not clearly stated and required to be reviewed and updated. As the statement was informative and generally suitable, this did not have any negative impact on residents who lived in the centre. Following the inspection, the person in charge amended the statement of purpose and a suitable version was supplied to the Chief Inspector.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of Social Services should the person in charge become absent from the centre. The inspector noted on review of the records maintained in the centre that all relevant notifications were submitted in relation to any periods when the person in charge was absent.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had submitted, when required, the relevant notifications to alert the Chief Inspector of Social Services when the procedures and arrangements for periods when the person in charge is absent from the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre as required, which provided guidance to staff on complaints management in the centre.

There was a log of complaints maintained in the centre with actions evident when required of the actions evident of the response to the complainant. Followed by the outcome of the complaint as required by the regulations. The provider had information displayed in the centre, should a resident or relative become unhappy with the outcome of the complaint, showing the appeals process available and other support persons available if needed.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality person centred service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted effectively and information was available to the staff supporting to ensure they were informed at all times.

Residents received a person-centred service in this centre. The residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included clear and comprehensive guidance on the residents' communication needs and supports required in the centre.

The safety of the resident was paramount in this service. Staff were aware of the systems in place to protect the resident from risk. Risks to the resident and the service as a whole had been identified and control measures were put in place to mitigate those risks.

Regulation 12: Personal possessions

The provider had ensured that a policy and procedure in place to guide staff on the management of residents' personal possessions in the centre. The inspector reviewed the systems in place and found that the staff team worked in line with their local policy. Each resident was also provided with appropriate storage for their belongings and personal possessions in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that the residents were facilitated to engage in activities that were in line with their wishes.

The inspector reviewed the notes for two residents. These showed that residents were supported to engage in activities that were enjoyable and in line with their interests. These included social activities; for example, meeting friends, eating out, shopping and attending social events locally. Within the centre, residents were supported to engage in activities they enjoyed, for example, baking. Residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents living in Mountain View residential service.

The centre comprised two houses situated close to each other in a residential area of a town. The location of the centre gave residents good access to the amenities of the town. The inspector visited both houses in the centre and found that these houses were well maintained, clean and comfortably decorated. The houses had gardens, well equipped kitchens, laundry facilities and had access to refuse collection services.

Judgment: Compliant

Regulation 18: Food and nutrition

Resident involvement and choices in the purchasing of food shopping and meal preparation was supported in this centre.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The resident was included in dining arrangements and supported with grocery shopping. Meal plans were discussed at house meetings in the centre. The resident had access to a wide variety of food appropriate to their

assessed needs and this included refreshments. Staff received training to support the resident in food hygiene and modified dietary needs when required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it met the requirements of the regulations. The inspector saw that other information that was relevant to residents was displayed in user friendly format in the centre. This included information about advocacy, details of the designated safeguarding officer and the confidential recipient, recognising abuse, and information about the organisation's name change which is due to happen in the near future. A visual information sheet had also been developed to inform residents of the finding of the most recent inspection of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk in the centre.

The inspector reviewed the centre's risk register. This was comprehensive and the risks identified were specific to the service. They had been recently reviewed by the person in charge and reflected current risks evident in the centre.

The inspector also reviewed the risks assessments developed for a resident. This showed clear guidance on how to reduce the risks to the resident. They had been recently reviewed. Staff spoken with discussed the positive outcomes of the effective risk management in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

Staff had received training in how to support the resident to manage their behaviour. The inspector found that on reviewing a residents' personal plan that appropriate referrals and guidelines were in place to ensure all staff were guided on supporting this resident. Advice and information from these professionals where required was shared with staff and reviewed regularly to ensure the effectiveness of the plans in place.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from harm or abuse in the centre.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. At the time of the inspection, there were no active safeguarding incidents in the centre. Safeguarding was included as a standing item on the staff agenda items on all monthly team meetings.

The inspector reviewed the intimate care plan for the residents. The plans were detailed and comprehensive and gave clear guidance to staff on how to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

Records that the inspector viewed showed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, input from residents and their families, observation, and knowledge of each individual. The provider had both complaints and advocacy processes available to residents and their families. The inspector saw that each resident had choice and control in their daily life. The staffing levels and availability of transport ensured that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

There were systems in place to support residents' human rights in the centre. Review of information, discussion with staff and observation of practice in the centre, indicated that residents had choices around how they spent their days, and how their lifestyles were being managed. As some residents were only present in the centre for short stays, their religious, political and civil rights were mainly being

supported by their families, although the staff in the designated centre supported these rights as required during respite stays.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant