



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

Issued by the Chief Inspector

Name of designated centre:	Castleview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	26 March 2026
Centre ID:	OSV-0004903
Fieldwork ID:	MON-0041351

About the designated centre

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

Castlevue is a full time residential service that is run by the Health Service Executive. The centre can accommodate four male or female adults over the age of 18 years, with an intellectual disability. Castlevue is a bungalow situated a short distance outside of a town in Co. Westmeath. The house comprises of four bedrooms, one main bathroom and two ensuites, a sitting room, large living room, office space, dining area and kitchen. There is a garden and storage shed to the rear of house and driveway and large lawn to the front. Residents have access to amenities such as shops, religious services, restaurants and hairdressers. Residents are supported on a twenty-four hour basis by a staff team that consists of staff nurses and health care assistants.

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
Thursday 26 March 2026	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality, safe and person centred care. Overall, high levels of compliance were found on this inspection which reflected this. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided.

The centre is registered for four adult residents and there were no vacancies at the time of inspection. There had been a new admission to the centre in December 2025 who had transitioned and settled well in their new home. The other three residents had been living together in the house for a significant number of years and were considered to get along well together.

The house had been tastefully decorated and was observed to be overall well maintained. However, some worn paint was noted on a number of interior walls and wood work. The kicker board under the kitchen was observed to have a broken surface in areas. There was worn and chipped paint on a number of exterior walls. The required works had been identified by the provider and the person in charge reported that efforts were underway to have the issues addressed.

Each of the residents' bedrooms had been personalised to their own taste. One of the residents used a thread mill for a specified period five days per week. It was stored in an outdoor shed. There was an accessible nice sized garden to the front and rear of the centre, which could be accessed by residents. One of the residents personal plans outlined plans to engage in planting a herb garden the following weekend. The garden included a small vegetable patch with rhubarb and some other fruits and vegetables growing. This area included a table and chair for outdoor dining. There was an arrange of window flower boxes and other planters which added a colourful and homely feel to the centre

The residents living in the centre presented with complex medical needs and required full nursing care and support. This was a staff nurse led service with a staff nurse on duty 24/7. Despite the residents' medical and mobility needs, there was adequate evidence to show that the residents, when they were fit, were active outside of their home. Due to their presentation, there were periods each day when residents rested either in their rooms or living areas. None of the residents presented with behaviours that challenge and there were no safeguarding concerns at the time of inspection.

The inspector met and spent time with each of the four residents on the day of inspection. Only one of the four residents was engaged in a formal day service programme which they attended five days per week. This resident was met with on their return from their day service on the evening of the inspection. The other three residents had an individualised service provided from the centre. These residents

were met with at various times over the inspection day. Two of the residents were unable to tell the inspector their views of the service but they appeared in good form and were observed to be happy and content in the company of staff and their peers. A number of residents indicated to the inspector that they were happy living in the centre and it was evident that they were proud of their home. One of the residents spoke with the inspector about their upcoming birthday and plans for a day trip out to celebrate.

One of the residents had a planned beauty treatment on the afternoon of the inspection while another resident went out with staff for a chiropody appointment and lunch out. One resident chose to write a letter to a friend which staff supported. A talented musician attended the centre on the afternoon of the inspection to sing and play guitar for the residents. Each of the residents were supported by staff to use a handheld percussion instrument to engage with the performance and the rhythm of the music. The musician attended the centre weekly and it was evident that the residents enjoyed the performance and could be heard interacting with the music. One of the resident's preference, not to engage in the music session on the day was respected and they were supported to engage in another hobby. A resident who was identified as an avid knitter was observed at various times of the day to be happily knitting. A collection of this residents knitted pieces had been collated to adorn a wall in the back garden. Each of the residents presented as relaxed and content in their homes. Staff were observed to treat the residents with kindness and respect and to offer them choice in relation to food choices and activities

The residents living in the house had complex communication needs and used a variety of communication methods including some words, vocalisations, gestures, object of interest, body language and visuals. Further to the last inspection, the communication needs of a number of residents had been appropriately assessed by a suitable professional. A staff member showed the inspector the objects of reference for one resident which included an unusually shaped mug which the resident referenced with going to their family home, a cord which referenced their use of the treadmill and a purse which indicated a potential trip out in the community. The majority of staff working with the residents had been working with them for an extended period and presented with a good knowledge of their preferred communication methods and were observed to respond to their communication signals. Communication plans were in place which included input from the provider's speech and language therapist. Visual schedules were in use, including first and then boards for a number of residents.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that the residents' families were happy with the care and support that their loved ones were receiving. The residents maintained close relations with their

respective families, with regular visits in the centre and to their respective family homes.

There had been no recorded complaints in the centre in the preceding 12 month period. The person in charge outlined to the inspector, how staff supported the residents in a respectful manner and advocated on their behalf. Information on residents; rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

The residents were supported to engage in meaningful activities in the community suitable for their medical needs at given times. Activities that one or more of the residents engaged in, included visits to family, shopping trips, cooking and baking, coffee and meals out, arts and crafts, bowling, and walks in parks and gardens. This included the gardens and grounds of a nearby castle. One of the residents was engaged in equine therapy which included horse riding one day per week. As referred to above a local musician attended the centre one day per week to perform and sing for the residents. A reflexology practitioner attended every second week. A number of residents attended a movement and mobility class once a week. The centre had a dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. It was noted that the vehicle could only take one wheel chair user at a time which meant that all four residents could not be taken out in the same vehicle at the same time. However, staff outlined how they would coordinate transport to ensure that each of the residents had regular access to activities in the community of their choosing.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had a background as a registered nurse in intellectual disabilities and held management and leadership qualifications. They had more than seven years management experience and were in a full time position. They were not responsible for any other centre and had been allocated protected time for the role.

They reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the interim director of nursing who in turn reported to the general manager. The inspector reviewed meeting records which showed that the person in charge and interim director of nursing held formal meetings on a regular basis.

Regulation 14: Persons in charge

The person in charge was found to have a strong knowledge of the care and support needs for each of the residents and of the requirements of the regulations. They had appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was not responsible for any other centre. There were clear reporting structures for the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. This was a staff nurse led service with a staff nurse rostered on duty 24/ 7. The full compliment of staff were in place at the time of inspection and comprised of registered staff nurses, healthcare assistants and person in charge.

The majority of the staff team had been working in the centre for a prolonged period and staff met with on the day of inspection had a clear understanding of the care and support needs of the residents.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. Two waking staff, one staff nurse and one care staff member were rostered on duty at night with one staff nurse and two care staff rostered on duty during the day.

The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. The inspector reviewed a sample of three staff supervision records and found that they had been completed in line with the time-lines proposed in the providers policy. A staff member spoken with told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge. Meetings were noted to provide an opportunity for staff to discuss residents' needs, staff rotas and any emerging issues, and to review policies and procedures. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with, were clear on the management structures and supports in place.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations.

A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, resident finances, medication management, restrictive interventions, personal files and infection prevention and control audits and fire safety checks.

There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and

were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

There were regular staff team meetings and separately management meetings with evidence of communication of shared learning at these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector of social services in line with the requirements of the regulations. The inspector noted that in the preceding period, there were a overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place on the matters set out in schedule 5 of the Regulations. Each of the policies had been reviewed at intervals not exceeding three years as required by the Regulations.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation maintenance of the centre.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A 'my care plan' folder detailed the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual health needs and choices. A person centred plan detailed goals identified for each resident and progress in achieving goals identified. An annual review of residents plans had been completed in line with the requirements of the regulations. The inspector found that residents were supported to engage in meaningful activities in accordance with their health vulnerabilities, interests, capacities and developmental needs. Staff members spoke to the inspector regarding residents' diets, health, and the supports being implemented and trialed to best support the residents.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 10: Communication

The residents living in the house had complex communication needs. They used a variety of communication methods including some words, vocalisations, gestures, object of interest, body language and visuals, in accordance with the resident's needs and wishes.

Further to the last inspection, the communication needs of a number of residents had been appropriately assessed by a suitable professional. Communication plans in place set out clear guidance for staff on how best to communicate different decisions at different times of the day so as to minimise any potential distress for the residents. Visual supports and or objects of reference were available which the inspector observed in use.

There were a number of documents available in easy to read format which promoted communication access. Staff spoken with presented with a good knowledge of individual resident's communication needs and how best to support them. The majority of staff working with the residents had been working with them

for an extended period and were observed to respond to their communication signals.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean and had been tastefully decorated with input from the residents. However, it was identified that some areas required repainting on the interior and the exterior. This had been identified by the provider through their own audit process. Some worn paint was noted on a number of interior walls and wood work. The kicker board under the kitchen was observed to have a broken surface in areas. There was worn and chipped paint on a number of exterior walls.

The inspector observed that overall all of the matters set out in schedule 6 of the Regulations had been put in place. The residents had personalised their own bed rooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of their bedrooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training.

The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals.

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre.

There were overall a low number of incidents in the preceding six month period and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire in each of the locations. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident.

Further to the last inspection, arrangements for undertaking and recording fire drills had been reviewed. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. Risk assessments for fire had been completed and were subject to regular review.

The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company.

Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the care plan and personal support plan for a sample of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Each of the residents personal plans were subject to an annual review which included involvement of family where possible.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP)

who they visited as required. A rostered staff nurse was on duty in the centre to support the residents medical care needs. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding incidents in the centre in the preceding 12 month period and consequently there had been no safeguarding notifications to the office of the chief inspector in the same period. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures. The residents presented with no behaviours that challenge.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre.

The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre.

There was a compliant policy in place which outlined the providers complaints procedure which was in line with national guidance. There had been no complaints recorded in the preceding 12 period. Staff were observed to treat residents with dignity and respect in all interactions over the course of the day.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleview OSV-0004903

Inspection ID: MON-0041351

Date of inspection: 26/03/2026

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A comprehensive review of maintenance requirements was undertaken. The required external painting requirements will go out to tender in May 2026 and will be completed, weather permitting thereafter.</p> <p>Protective panels will be installed followed by touch up painting internally on the walls and woodwork by the 30/05/2026. The kick board in the kitchen area will be replaced by 30/05/2026.</p>	

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	01/08/2026