Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Railway View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	25 May 2026
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0042063

About the designated centre

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

Railway View provides 24 hour full-time residential support to three female residents some of whom have complex support requirements. The centre comprises one detached bungalow which is located on a small campus-based setting. There is a centralised kitchen on the campus from which meals are provided to the residents. There is also a 'hub' where residents can attend external to the campus. The campus is within walking distance to a large town in Co. Donegal. Transport is provided to accommodate residents' access to community-based facilities. Each resident has their own bedroom. The bungalow has considerable collective space and spacious gardens. The centre is staffed on a 24/7 basis with a full-time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 25 May 2026	11:05hrs to 16:15hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service. They were supported by staff who were familiar with their needs and who had up-to-date training. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality. Improvement was required in relation to residents' written agreements. Improvement was also needed to ensure that residents received all information to make informed decisions about their finances and that the residents' freedom to exercise choice was promoted.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge. A member of senior management was also available throughout the inspection.

The centre consisted of a large single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The number of residents living in this house had changed over the last number of years. Prior to this inspection, the provider applied to vary the registration conditions in the centre to accommodate two residents. This was a reduction in the number of residents living in the centre and meant that additional rooms were available for residents' use. In addition to the residents' bedrooms, the house had two sitting rooms, a dining room, small kitchen and a laundry room. There was also a separate relaxation room. There were a number of bathrooms with level-access showers. One bathroom had an accessible bathtub and the room had an overhead hoist. At the back of the house there was an enclosed garden with a paved area, lawn and outdoor furniture.

The house was comfortable, bright and airy. It was nicely decorated throughout. The person in charge reported that a new table and chairs were ordered for the dining room. These were due to be delivered in the coming days. The house was in a good state of repair. It was accessible to the residents with level access throughout, wide doorways and wide corridors.

Residents in this centre required support with their personal and social care needs. One resident availed of day services four days a week and were supported at their day service by a member of staff from the centre. The other resident did not attend day services. Staff said that the resident was supported to go out in the locality and liked to go for a walk or for coffee most days. The inspector had the opportunity to meet with both residents on the day of inspection. Residents were supported by staff to speak with the inspector. With the support of staff, the inspector spoke with one resident about their interests and what they liked to do during the day. Another

resident said that they were happy living in this house. They also told the inspector that the staff in the centre were nice.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Two questionnaires were reviewed by the inspector. Residents were supported by staff to complete the questionnaires. The questionnaires indicated that residents were happy living in this centre and with the service they received. Some additional comments were recorded on the questionnaires to give further information about how residents are offered and make choices.

In addition to the person in charge, the inspector also met with a member of staff who was supporting the residents on the day. This staff member was knowledgeable on the supports that should be offered to residents in relation to positive behaviour support and communication. This was in line with the information recorded in residents' notes and support plans. The staff member knew the steps that should be taken to protect residents from the risk of abuse and how to respond if a safeguarding incident occurred.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations. Improvement was required to ensure that residents' written agreements contained all necessary information.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Actions from these audits were recorded in the centre's quality improvement plan. This meant that there was oversight of the progress towards addressing any service improvement issues. Information was shared with staff at team meetings. Incidents that occurred in the centre were recorded and reviewed appropriately to avoid a recurrence.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector of Social Services. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained a good oversight of the service through regular audit and team meetings. The person in charge had a very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from March 2026 to the day of inspection and planned rosters until 5 April 2026. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents.

The provider completed an audit of the personnel files for staff in the centre. This audit was reviewed by the inspector and it showed that the provider had obtained all relevant documents for staff as outlined in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in the 34 modules that the provider had identified as mandatory. In addition, the provider had identified modules that were specific to the needs of residents in this centre. Training in these areas was also up to date.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems to monitor the quality of the service. There were clear management structures in the service. This meant that any issues could be identified quickly, escalated appropriately and addressed in a timely manner.

The lines of accountability were clearly defined in the centre. Staff knew who to contact if any issues arose. The person in charge had the support of a clinical nurse manager. Incidents in the centre were recorded and escalated appropriately. The inspector reviewed the records of incidents from January 2026 to the day of inspection. This showed that any incidents were reported, as required. The person in charge reviewed the incident records monthly to identify if there were any trends emerging and to put measures in place to avoid a recurrence, if required.

The provider maintained oversight of the service through regular audits and unannounced visits to the centre. The inspector reviewed the audits that were completed in the centre since the beginning of 2026. These showed that audits were completed in line with the provider's schedule. The records of the two most recent provider-led unannounced visits were also reviewed. The reports from these visits outlined specific actions to address any issues identified.

Service improvement actions identified through audit, unannounced visits, and self-assessments were recorded on the centre's quality improvement plan. This gave an overview of the specific actions that were underway in the centre and the target timeline when they were due to be completed. This plan was reviewed by the inspector, and it was noted that actions were completed in line with the provider's target timelines.

Information was shared with staff through regular team meetings. The inspector reviewed the minutes of the most recent team meeting and found that it covered issues relating to the care and support of residents as well as operational issues.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements with residents that outlined the terms and conditions of residency. Improvement was required to ensure that the agreements included information relating to the fees that would be charged to residents.

The inspector reviewed the written agreements that were developed for both residents. These had been signed by the provider and the residents. The terms and conditions of residency in the centre were outlined. It was outlined that the specific fees residents would have to pay were detailed in an appendix attached to the agreements. However, on the day of inspection, this section of the documents was not included in the residents' agreements. Therefore, it was unclear what specific fees had been agreed with residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider submitted information and notification of incidents to the Chief Inspector as required under the regulations.

In advance of the inspection, the inspector reviewed the notifications that were submitted by the provider since the last inspection of the centre. The inspector also reviewed the incidents that were recorded in the centre since the beginning of 2026. This showed that the provider submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. Residents were supported to communicate their needs and wishes. Some improvement was required to ensure that residents received all information about their finances to make informed decisions. Improvement was also needed to ensure that the provider's systems did not impact on the residents' freedom to exercise their choices.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. Risk assessments were developed to guide staff on how to promote the residents' safety.

Regulation 10: Communication

The provider had arrangements to ensure that staff knew how to support the residents to communicate their needs and wishes.

The inspector reviewed the records of both residents in relation to their communication supports. These records were recently updated and gave clear guidance to staff. The records outlined how to present information to residents so that they could fully understand it. The records also outlined the specific communication strategies used by residents when expressing their preferences,

needs and wishes. The documents outlined how residents showed that they consented or declined choices that were offered to them.

In conversation with the inspector, staff demonstrated good knowledge of the communication support plans. They also spoke about residents' preferred topics of conversation and their interests. The inspector noted that staff knew about the residents' daily routines and interests. They supported residents to chat with the inspector about these topics.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that the provider had identified risks to residents and had specified ways to reduce that risk.

The inspector reviewed the risk assessment that were developed for both residents. These were comprehensive and in line with the residents' health, social and personal care needs assessments. The control measures gave specific guidance to staff on how to reduce risk and signposted staff to relevant documents and policies to inform practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of both residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' files contained

plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The inspector reviewed the residents' files and found that they had access to a wide variety of healthcare professionals in line with their needs. The residents' records outlined the recommendations made by these professionals and staff were clear on what measures should be put in place to support residents to mange their health. Regular health checks were completed with residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that the residents received necessary supports in relation to their behaviour.

The inspector reviewed behaviour support plans that had been developed for residents. These plans were recently reviewed by a clinical psychologist. The plans clearly outlined the steps that should be taken to provide positive behaviour support to residents. In discussion with the inspector, staff demonstrated good knowledge of these plans and the supports that should be offered to residents.

The provider audited and reviewed any restrictive practices in the centre every three months. These audits ensured that the practices in use in the centre were the least restrictive option in use for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

The provider had developed a plan to avoid negative interactions between residents in this centre. This plan was reviewed by the inspector. The plan was recently reviewed and gave clear guidance to staff on steps that should be taken to avoid negative interactions between residents.

The inspector reviewed the intimate care plans that had been developed for both residents. These were developed within the previous 12 months and gave clear guidance to staff on how to support residents.

Staff up-to-date training on safeguarding vulnerable adults. Safeguarding was a standing item on staff meeting agendas.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to ensure that the rights of residents were promoted. However, improvement was required to ensure that residents were given all necessary information in relation to their finances to make informed decisions. Improvement was also required to ensure that the provider's systems did not impact on the residents' ability to make decisions about their lives.

The provider ensured that the consent of residents was obtained when completing their assessments of need. The consent documents recorded how information had been presented to the residents and how residents had given their consent. In discussion with the inspector, staff spoke about how the residents were routinely offered choices and how these choices were respected.

The inspector reviewed the documents that recorded how residents chose their personal goals. These showed that residents were supported to choose goals that were meaningful to them. Progress towards the achievement of these goals was recorded. However, for one resident, their choices relating to their personal goal were impacted by the provider's processes. The resident had chosen an hotel that they wished to visit. However, due to the provider's procurement system, the booking of this holiday had been delayed and was awaiting approval from the provider. This impacted negatively on the residents' freedom to exercise choice. The provider was aware of this issue and the inspector viewed a risk assessment that had been developed in relation to this issue. This risk assessment was developed in March 2026 and risk rated 'red' indicating that it had a high impact on residents and the service. It had been escalated to senior management, however, on the day of inspection, there was no plan in place to address this issue.

Improvement was also required to ensure that residents were given all information about their finances to make informed decisions. The person in charge reported that residents were supported to make purchases as they wished. However, information

about residents' savings was not routinely shared with residents. This meant that residents did not always have all necessary information to make decisions about their finances.
Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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	Substantially compliant

Compliance Plan for Railway View OSV-0005488

Inspection ID: MON-0042063

Date of inspection: 25/05/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To ensure compliance with regulation 24: Admissions and contract for the provision of services: the following actions have been undertaken • The provider has in place a written Contract of Care agreement with all residents that outlines the terms and conditions of their residency. Date completed: 19.06.2026 • The Person in Charge has carried out a review of the resident's Contract of Care Date completed: 19.06.2026 • The Person in charge has ensured that appendix one which reflects the RSSMAC contribution and appendix two which clearly outlines the specific fees agreed by each resident are in place. Date completed: 19.06.2026 • The Person in charge will ensure that residents Contract of Care is reviewed annually with all residents. Date completed: 19.06 and annually thereafter	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance with Regulation 9: Residents' rights the following actions have been/will be undertaken.	

• A risk assessment has been developed by the service on 12.03.2026 detailing the requirement for procurement cards in the service, this was escalated to the General Manager Disability Services for further escalation to the financial manager. On 24-06-2026 the General Manager sought an update from the financial manager regarding the implementation of procurement cards, and they are currently awaiting a response. Date for completion 30.09.2026

• The Person in Charge has ensured that residents with savings accounts under the Patient Private Personal Accounts that are managed by the organisation receive individual quarterly financial statements detailing account balances and transactions. Date completed 24.06.2026.

• The Person in Charge has implemented a structured system to discuss with each resident their financial statements. Date completed 24.06.2026

• The Person in charge has ensured that all residents are supported in understanding their financial statement. This included the use of an easy-to-read document provided by the National Advocacy Service. The document was utilised by staff to ensure that the information was communicated to residents in a manner that promoted and supported the residents' understanding of the information. The outcome of discussion was then documented in residents care notes, and a copy of the Easy Read Document is held in residents care plan folder. The resident's financial statements are stored in resident's confidential file. Date completed 24.06.2026.

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	19/06/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/09/2026

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/09/2026