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:	Bayview
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	13 May 2026
Centre ID:	OSV-0007818
Fieldwork ID:	MON-0041222

About the designated centre

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

Bayview provides a full time residential service for four residents who are over 18 years of age and have a intellectual disability. Bayview consists of a spacious ground floor bungalow. Each residents has their own bedroom, two of which are en-suite. This centre is located in a rural area close to a busy town. Care is provided by a team of staff which includes nurses and healthcare assistants. Waking night support is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 13 May 2026	10:00hrs to 16:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that residents experienced care and support with compassion because there were warm encouraging positive relationships between staff and residents which led to a good quality service provided to residents .

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations to inform the upcoming registration renewal decision.

This was a lovely centre where residents were very happy with the service provided to them and with the house they lived in.The inspector met with all residents, three staff and the person in charge.

Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector, but staff assisted residents to communicate with the inspector and residents indicated to the inspector, that they were happy living in the centre. They told the inspector the 'staff are lovely', 'I know them', 'they chat to me and look after me well'. 'They come to help me when I need them'. Residents also spoke to the inspector about their families and the lives they were currently experiencing.

Residents knew each other well. Three of the residents had lived together from when they were very young in an institutional setting. All four residents moved into this house in 2020. Staff spoken with, spoke of the improvement in the quality of life of residents since moving into the centre and how well they got on together and described themselves as great friends. they spoke of their access to activities of their choice., for example attending music concerts, going on holiday, going to Bundoran and having family visit their home.

The staff members met with had good knowledge of the residents' care and support plans such as the importance of using the motor med and monitoring of the effectiveness of medication.

The house was a large bungalow with a garage that housed a gym and the staff office. A kitchen dining room and two sitting rooms were available and all residents had their own personalised bedroom. Residents had ample space to spend time together or have privacy away from other residents in their bedrooms of in the sitting rooms or dining room. There was also a gym in the garage. Two bedrooms had ensuite facilities and two bedrooms shared a shower cum toilet ensuite. There was also a toilet off the utility room. There was a large garden with ample parking to the front of the house and a good sized garden to the back of the house. There was good light in the centre and the design and layout of the house supported

accessibility with even access to the front and back doors. The house was clean comfortable and beautifully furnished to a high standard

Floral plants were available to the front and back of the house and one resident had a keen interest in gardening and looked after the plants. The back garden had an apple tree and a plum tree as the residents who was interested in gardening had requested this as her mother had these at home. A wheelchair accessible minibus was available exclusively to this centre to support residents to attend activities of their choice.

There was information available in the house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, and complaints. Staff described how they were keen to promote access to the local community for residents, for example going out to get their hair styled with the local hairdresser, going to do the food shopping. This meant the residents could become part of the local community and could access the same opportunities as the local community and enjoy the experiences the same as are enjoyed by others thus promoting a life of dignity, respect, choice, inclusion and independence.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service.

There were strong governance and management arrangements in place in the centre. This ensured that the care delivered to the residents met their needs and was under ongoing review.

The inspector reviewed a sample of the policies and procedures held at the centre and found they met the requirements of Schedule 5 of the regulations. The statement of purpose was available for review and was in line with the requirements of Schedule 1 of the regulation 3.. In addition, the residents were provided with

contracts of care which were available in writing and outlined the terms of the service provided.

The management structure consisted of a person in charge who reported to the person participating in the management of the centre (PPIM). A senior nurse was also available in the centre to assist the person in charge The person in charge had responsibility for the governance and oversight of three designated centres which were located locally and the person in charge reported that they had the capacity to have effective oversight of the three centres.

Registration Regulation 5: Application for registration or renewal of registration

This inspection was to review the renewal of registration of this service. Information is required to be submitted to the Chief Inspector by the registered provider to complete this process. The provider had submitted all the required information to renew the registration of this designated centre. There have been no changes to the foot print or registered provider of this centre since it was registered.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified nurse who worked full-time and had the qualifications, skills and experience to manage the designated centre and to fulfil the requirements of the role. Mandatory training for the person in charge was up to date. The person in charge displayed a very positive attitude towards ensuring that the service was resident led.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were adequate staff on duty to meet the needs of residents. The staffing levels on the day of inspection were similar to the usual staffing available.

A planned and actual rota was available and it provided an accurate account of the staff present in the centre. The inspector reviewed the rota from the 1 April 2026 to the 31 May 2026. There were adequate staff on duty on day and nights to ensure that residents could engage in activities. For example the person in charge explained

that some of the residents go to the pup at night and if some residents don't wish to go they can stay at home with the second night staff.

An on-call system was used, which was reported to work well and provided support to staff out of hours.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had designed an effective staff training matrix which included details of when staff had attended training.

Staff had access to training, including refresher training, as part of a continuous professional development programme.The inspector reviewed the staff training records for 2025/2026, these demonstrated that all staff had up-to-date training which included:

Fire Safety

Safeguarding of Vulnerable Adults

Medication Management

Manual Handling

Infection Prevention and Control and Hand Hygiene and sepsis training.

A supervision schedule was available which supported that the person in charge was ensuring staff were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place which met with the requirements of regulation 22. This has been submitted as part of the documents for renewal of registration.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clear management structure in place which included a clear line of reporting and accountability. An out of hours support service for staff was in place and contact information for this service was displayed in the staff office.

Governance arrangements also included regular completion of six -monthly unannounced visits as required under regulation23.

The inspector reviewed the reports completed post these visits in June and December 2025 and the annual review completed in November 2025.

Other aspects that enhanced governance included support for the person in charge which included attending person in charge forums which included discussions regarding staff recruitment, outcome of HIQA inspections and general running of the centres. An Annual audit schedule was in place and the person in charge for example completed an audit of care plans and staff knowledge of safeguarding

Four resident questionnaires were returned and these were very positive of the staff the activities available and the general running of the centre. There was also evidence of families being very positive of the service provided to their loved ones.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was revised in preparation for this inspection. This was reviewed by the inspector and was found to accurately reflect the service provided.

Currently there are changes on-going at senior management level and the person in charge stated that if this affects the statement of purpose a revised version will be submitted. as it is required as part of the documentation for the renewal of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was adhering to their responsibility under the regulations to give notice to the chief inspector in writing of incidents which had occurred in the centre.

The inspector completed a review of incidents arising in the centre over the last year and found that matters were reported to the Chief Inspector in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy in place. An easy to read version was also available. This clearly detailed the process for making a complaint. This meant that if residents or their loved ones wished to make a complaint they were aware of how to do so.

There were no open complaints at the time of the inspection. There had been a recent complaint relating to Mal - function of the land phone line. The inspector noted that this was appropriately responded to and rectified.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule five policies were available to staff in the centre.

The inspector reviewed a sample of these to include the safeguarding policy, medication policy and the positive behaviour support policy. Policies had been reviewed at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

There was evidence that a good quality and safe service was being provided to residents who lived in this centre.

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that they received a good level of care and support which met their needs.

The management team and staff in this service were very focused on maximising the community involvement and general welfare of residents. The inspector found that residents were supported to take part in activities and lifestyles that they enjoyed. The centre had dedicated, wheelchair accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included , going to meet friends in social clubs,outings to local places of interest, going out for coffee, shopping in the local town, going on holiday and attending music concerts. Since the last inspection of the centre, the provider had made improvements to the centre by obtaining a motor med and a specialist wheelchair for one of the residents.

Regulation 11: Visits

An open door visiting policy was in place where visitors could attend at any time.

Suitable facilities were in place for residents to meet with visitors. staff and residents spoke of how they enjoy visitors.

Judgment: Compliant

Regulation 17: Premises

The centre consisted of one house and was centrally located close to a busy town, which gave residents good access to a wide range of facilities and amenities. It provided a warm comfortable home to residents.

The centre was designed and equipped to meet the specific needs of the residents who lived there and provided them with a safe and comfortable living environment. The centre was domestic style, spacious, comfortably furnished and decorated with photographs, artwork and picture displays.

Some aspects of the building enhanced the safety and comfort for residents. For example, there were several fully-accessible bathrooms available to residents, specialised beds were provided and overhead hoists were fitted but were not required at the current time, but this meant that the house was future proofed to meet the needs of residents if they required same.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to protect the residents against an outbreak of fire.

A detection and fire alarm system was in place. Procedures in place to protect residents should fire occur included regular fire evacuation drills, provision of fire extinguishers and a fire blanket, staff training, an evacuation plan, exit signage, emergency lighting and regular fire safety checks.

All exits were free of any clutter or obstacles to enable swift evacuation on the day of inspection. Personal evacuation plans were in place for all residents and the person in charge stated these had been reviewed regularly to ensure they were fit for purpose and staff were familiar with them.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents wee benefiting from care and support plans that were reviewed and monitored regularly.

Care plans provided a good level of detail to guide staff in the delivery of safe quality person centred care. This was a nurse led service and where a medical need was identified nursing staff had developed comprehensive plans to manage these needs.

The inspector reviewed the personal files of two residents and found that personal plans demonstrated a good detail of the individual goals for example going on

holiday , going to a concert and going to the cinema. Progress steps to achieve these were detailed and reviewed quarterly.

Each resident had a specific key worker who was primarily responsible for assisting residents to reach their goals. Goals included activities both in the centre and in the wider community. The personal plans focused on resident's choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy.

The residents were supported and informed about their rights to access health screening programmes and vaccination programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support plans had access to specialist behavioural support staff and mental health services. Behaviour support plans were in place as required .

Staff were aware of the contents of these and could tell the inspector what they would do if they needed to enact this plan. This was in line with the contents of the plan as reviewed.

The only restriction in place was CCTV externally to the building for security purposes. A policy was in place relating to this.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to ensure residents were safe in the centre. For example, staff working in the centre completed safeguarding training

to support them in the prevention, detection, and response to safeguarding concerns.

There were no open safeguarding plans in place at the time of this inspection. A consistent staff team were available in the centre and they had developed a trusting relationship with residents where residents would feel safe to report any areas of concern they had.

A policy on safeguarding residents was available which all staff had read. Details of the designated officers were available in the centre. The registered provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found from speaking with residents, staff on duty and from reviewing documentation that there was an open culture which respected the individuality of each resident and promoted residents rights.

The inspector noted from a review of the minutes of residents' meetings which were held weekly that residents' rights were discussed at these meetings. An easy to read guide regarding assistance regarding activities and food preferences was in place. Person-centred intimate care and support plans were in place.

Residents had access to advocacy services if required and information regarding advocacy services was available in the centre.

There was evidence in documentation reviewed and from speaking with residents that they were supported to participate in decisions about their care and support and to have their voice listened to. There were adequate staff to ensure residents could do individual activities and a vehicle was available to support residents with activities. Residents' religious rights were protected and they attended Mass and could also watch Mass on the TV. One resident had been to Lourdes .

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 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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant