



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

Issued by the Chief Inspector

Name of designated centre:	Mountainview
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	16 June 2026
Centre ID:	OSV-0007982
Fieldwork ID:	MON-0050710

About the designated centre

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

Mountainview is a detached dormer bungalow located in a rural area but within close driving distance to a small town. It provides a residential/shared care service for up to four residents, of both genders between the ages of 18 and 65, with intellectual disabilities, and/or autistic spectrum disorder, and/or challenging behaviour, and/or physical/sensory disabilities. There are four resident bedrooms in the centre, three of which have en suite bathrooms. Other rooms in the centre include a kitchen-dining-living area, a sitting room, an activity room and a staff office. Residents are supported by the person in charge, a team leader and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 June 2026	09:20hrs to 17:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a focused risk based inspection that was conducted in response to two notifications received from this centre relating to allegations of suspected abuse. During the course of the inspection, the three residents present in the centre were met with by the inspector but direct interaction with and feedback from these residents was limited. The relative of one resident, the person in charge, a team leader and two staff members were spoken with during the inspection. Some regulatory actions, including areas of non-compliance, were identified during this inspection relating to areas such as staff supports, safeguarding training and the timely reporting of suspected abuse allegations.

On arrival at the centre, the inspector was informed that three residents were present in the centre while a fourth resident who also availed of the centre was staying with their family on the day of inspection. None of the three residents present were in the communal areas of the centre while the inspector did a brief premises walk-through at the start of the inspection. During this walk-through the inspector was informed by the centre's team leader that these residents were in their bedrooms at the time.

Soon after this the inspector commenced an introduction meeting with the person in charge and the team leader in the centre's staff office. One resident briefly entered the staff office during this meeting but did not communicate verbally with the inspector. Around the same time, a review of residents by some health and social care professionals including a psychiatrist and a behaviour support specialist was taking place in the centre's sitting room. The relative of one resident attended the centre for this review.

The inspector had an opportunity to speak with this relative who indicated that their family member had been living in the centre for a number of years and had settled well there. The relative stated that they were really happy overall with how their family member was being supported. The premises provided for the resident to live in was commented on positively by the relative while they also highlighted that they were always invited to reviews or appointments about the resident. The relative indicated that staff tried to get the resident out for drives and swimming while staff also dropped and collected the resident for visits to their family.

Management and staff at the centre were described as approachable by the relative. They did highlight though that there had been some staff turnover and that they were still getting to know some of the newer staff. On the day of inspection, two new staff were in the process of being inducted into the centre with the inspector informed that there were two staff vacancies in the centre. Some agency staff was also used in the centre including two on the day of inspection with the inspector informed that generally regular agency staff worked in the centre when required.

The inspector spent some time in the morning of the inspection in the centre's communal areas where two residents were met, neither of whom interacted with the inspector. One of these residents was heard to be asked by staff what they wanted to do for the day and during the early afternoon, this resident left the centre with two staff to go for a drive to a town. This resident had not returned to the centre by the end of the inspection and so was not met again by the inspector.

During another period of observations during the afternoon, another resident was seen to be offered the choice of going for a drive or going for a walk in a park by a staff member. The staff member used pictures to offer the resident this choice. When this was offered the resident got up and put on their jacket with staff then leaving with the resident to take them for a drive. This resident returned to the centre before the end of the inspection and was later seen doing a jigsaw. The third resident in the centre also left the centre before the end of the inspection to go for a drive with staff.

The general atmosphere in the centre on the day of the inspection was noted to be relaxed and quiet at times with staff and management noted to be pleasant in their general interactions towards staff. However, one resident was heard vocalising during the inspection. It was indicated to the inspector that these vocalisations did not impact other residents. Despite this, reference was made to occasions where another resident would put their hands over their ears in response to these vocalisations, but such instances were indicated as occurring rarely.

Incident records reviewed also highlighted instances where a different resident could display some aggressive behaviours, throw items in the centre or attempt to go into the bedrooms of other residents. It was indicated to the inspector that other residents were generally not impacted by such incidents. The inspector was also informed though that other residents would be taken out for drives when their peer presented in this way. When asked if such residents agreed with going on such drives at these times, the inspector was informed that residents did agree but that they could stay in the centre if they wished.

In summary, three residents were present in the centre during this inspection but no verbal feedback around what it was like to live in the centre was obtained from them. A relative of one of these residents was met though who did provide positive feedback. One resident was heard to vocalise at times during the inspection. All three residents present left the centre during the course of the inspection day. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The circumstances surrounding two safeguarding notifications received in June 2026, raised concerns around the centre's management systems and how staff were been supported and developed.

This designated centre was registered until March 2027 and had been previously by the Chief Inspector of Social Services in July 2025. The current inspection was prompted by the receipt of two notifications in June 2026 which detailed alleged serious abuse of a resident. The nature of the alleged abuse caused concern as did other information in the notifications relating to delayed reporting of the allegations and a protective measure initially adopted in response to the allegation raised. Given such concerns, the current inspection was conducted to focus on the area of safeguarding.

During this inspection, it was found that formal staff supervision was being conducted in the centre, safeguarding was being discussed at staff meetings and that systems were present for concerns to be reported. Despite this, it was also confirmed that the abuse allegations made had not been reported in a timely manner while a particular protective measure in response to these allegations was not enacted when the allegations were initially made. Such matters raised concerns around the provider's management systems in place to ensure and promote the safety of residents at all times and how staff were supported and developed.

Regulation 16: Training and staff development

This regulation requires that staff working in a centre are appropriately supervised and have access to appropriate training. A supervision log provided during this inspection indicated that staff, who were employed directly by the provider, were in receipt of formal supervision during 2026. Some agency staff had worked in the centre with a further supervision log provided indicating that some these of these staff had received supervision during 2026 but less often compared to the provider's staff. This was put down to management of the centre not seeing agency staff as often. It was further indicated that agency staff who were not listed as having had supervision in 2026 had not worked in the centre for some time.

In terms of staff training, a training matrix provided indicted that staff working in the centre (including agency staff and staff employed directly by the provider) had generally completed training in key areas to support residents. This included training in safeguarding. However, as will be discussed further under Regulation 8 Protection, further training in this area was required.

Judgment: Compliant

Regulation 23: Governance and management

Under this regulation, the registered provider must ensure that effective arrangements are in place to support, develop and performance manage all staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. This regulation also requires the provider to have management systems in place in the centre to ensure that the service provided is safe. Based on discussions and documentation reviewed during the inspection the following was found:

- It was indicated by staff spoken with that concerns could be reported to the team leader and person in charge for the centre.
- Contact numbers for management of the centre, including the person in charge, an area manager, and the provider's designated offer (person who reviews safeguarding concerns) was seen to be on display in the centre.
- An on-call system was also in place to provide out-of-hours support for staff if required. A number of this on-call system was seen to be on display in the centre's staff office.
- Agency staff working in the centre were receiving inductions based on records provided which covered areas such as safeguarding. An induction record was not in place for one agency staff member who was working in the centre on the day of this inspection. When spoken with, this agency staff member did describe an induction they received upon starting in the centre. The person in charge also indicated that this agency staff member had received an induction.
- Five staff team meetings had occurred in 2026 where issues such as incident reporting and safeguarding were recorded as being discussed. For example, in a staff meeting on 25 February 2026 it was recorded that staff were reminded to report any safeguarding concerns without delay.

However, despite such findings, it was also confirmed on this inspection that two staff members had not reported serious allegations of abuse in a timely manner. For example, for one particular allegation there had been a delay of over 11 days in reporting the concern. While the allegations raised had been reported to the person in charge after they returned from a period of leave, the inspector was informed that the allegations raised had not been communicated to the on-call system nor the designated officer before then.

Considering some instances of late reporting for safeguarding allegations or concerns had also been raised during 2025 for this centre, the findings of the current inspection raised concerns as to how staff were being supported and developed to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This was in context of timely reporting of allegations of abuse. In addition, given the nature of the allegations made, it was noted that a particular safeguarding measure which would have reduced unnecessary risk had not been enacted for over three days after the

allegations were first reported. This raised concerns around the management systems in place for the centre to ensure that the services provided were safe.

Judgment: Not compliant

Quality and safety

Some staff working in the centre had yet to re-do safeguarding training at the time of this inspection. Staff discussions during the inspection highlighted that staff knowledge and training in this area could be improved.

As mentioned earlier in this report, two notifications received in June 2026 raised allegations of serious abuse of a resident. These allegations had been subject to a preliminary screening with a further investigation of these allegations to commence. Safeguarding plans were in place following these allegations although a safeguarding measure outlined in these had been changed since the initial safeguarding plan was put in place. This changed safeguarding measure helped reduce unnecessary risk for the resident involved.

The safeguarding plans also provided for certain staff to re-do safeguarding training, but this had yet to happen at the time of this inspection. Discussions with staff during the inspection also highlighted that staff members' safeguarding knowledge and training could be improved. Most staff working in the centre had completed training in de-escalation and intervention with documentation reviewed stating that all staff were to have such training. Staff spoken with did have a reasonable awareness of one resident's behaviour support plan.

Regulation 7: Positive behavioural support

As mentioned earlier in this report, one resident could display some aggressive behaviours, throw items in the centre or attempt to go into the rooms of other residents. It was indicated that the provider was exploring possible health reasons as to why the resident was presenting in this way. In the interim, the resident did have a behaviour support plan in place. This support plan had been reviewed in May 2026 by a behavioural specialist and outlined various strategies in how to support the resident to engage in positive behaviour. Staff spoken with demonstrated a reasonable awareness of these strategies which were also referenced as being followed in incident reports seen.

The majority of staff working in the centre had completed relevant training in de-escalation and intervention. However, training records provided indicated that two agency staff had not completed this training. While the inspector was informed that

these two agency staff had not worked in the centre for some time, further documentation reviewed indicated that all staff working in the centre were to have this training.

Aside from this, given the needs of residents living in the centre, some restrictive practices were in use in the centre. These included use of some environmental restrictions, such as locked presses, and the use of certain PRN medicines (medicines only taken as the need arises). Such restrictions were outlined in a list that had been reviewed in January 2026 and were due to be reviewed again later in June 2026 by the provider's restrictive practices committee. It was observed though during this inspection that an activity room in the centre was locked. While this door was unlocked after highlighted by the inspector, the locking of this door was not included in the restrictive practices list seen and the inspector was informed that this door should not have been locked.

Judgment: Substantially compliant

Regulation 8: Protection

This regulation requires that all residents be protected from all forms of abuse and that staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Since the July 2025 inspection of this centre, the Chief Inspector had received nine safeguarding notifications from this centre. Documentation was provided which confirmed that all nine of these had been subject to preliminary screenings with safeguarding plans put in place where required. These safeguarding plans outlined specific safeguarding measures which were intended to ensure the safety of residents.

Amongst the nine safeguarding notifications received since the previous inspection were the two notifications received in June 2026 which detailed alleged abuse of a resident. The allegations had been subject to a preliminary screening with corresponding safeguarding plans put in place. These safeguarding plans outlined a particular safeguarding measure which did not assure that the resident involved would not be exposed to unnecessary risk given the nature of the allegations made. It was acknowledged though that this safeguarding measure was changed following the initial safeguarding plan put in place with this changing providing a greater protection against any unnecessary risk in this regard.

The safeguarding plans for the two June 2026 safeguarding notifications also indicated that relevant staff were to be asked to re-do safeguarding training. A review date of 4 December 2026 was given for this safeguarding measure. When queried, the inspector was informed that such staff had been asked to re-do safeguarding training but had not yet done it at the time of inspection. As referenced earlier in this report, the two June 2026 safeguarding notifications

involved late reporting of alleged serious abuse of a resident. In light of this, it was of concern that such staff had yet to re-do safeguarding training.

Furthermore, while staff spoken with on the day of inspection, did demonstrate some knowledge around safeguarding in general, such staff discussions did highlight that staff knowledge and training in this area could be improved. For example, the staff spoken with did not display a knowledge of certain types of abuse such as neglect and institutional abuse even though the inspector was informed that types of abuse was discussed at staff meetings. In addition, one of the staff spoken with this told the inspector that they had not been informed of any safeguarding incident or any active safeguarding plans for the centre. The inspector had earlier been informed that there were four active safeguarding plans for the centre.

While such areas needed to be improved, it was acknowledged that the concerns raised by the two June 2026 notifications were allegations at the time of this inspection. In addition, no matters of a similar nature to these allegations were identified during the course of this inspection considering staff discussions, observations and documentation reviewed. The allegations highlighted in the two June 2026 notifications had been preliminary screened with the inspector initially informed that a further investigation meeting was to take place the day after this inspection. However, communication received on 17 June 2026 indicated that this investigation had yet to commence. The provider was requested to inform the Chief Inspector when the investigation commenced.

Judgment: Not 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Mountainview OSV-0007982

Inspection ID: MON-0050710

Date of inspection: 16/06/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff, including agency and relief staff, will receive immediate refresher guidance on the organisation's Safeguarding Policy, with particular emphasis on their individual responsibility to report all allegations, suspicions or disclosures of abuse immediately to the Person in Charge, the on-call manager (outside normal working hours), or the Designated Officer, without waiting for the return of the PIC from leave. Staff will sign an attendance record and declaration confirming their understanding of their safeguarding reporting responsibilities. Mandatory safeguarding refresher training will be completed by all staff. Compliance with training will be monitored through the organisation's training matrix, with any overdue training escalated to the PIC.. Safeguarding responsibilities and reporting expectations will remain a standing agenda item during staff supervision and team meetings. Individual supervision sessions will include discussion of professional accountability, incident reporting and learning from safeguarding events. Any failure to comply with safeguarding reporting procedures will be managed through the organisation's performance management processes. The induction checklist for all new, agency and relief staff will be reviewed to ensure safeguarding reporting procedures, escalation arrangements and emergency contact details are fully covered and documented before staff work independently. The PIC will complete and retain signed induction records for every staff member. A Safeguarding Reporting Flowchart detailing the reporting pathway, including out-of-hours escalation to the on-call manager and Designated Officer, will be displayed prominently within the centre and included in staff induction.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Agency staff should ideally complete CPI training prior to commencing work in the centre. Where this is not feasible, training will be completed as a matter of priority. Agency staff will not work in the centre without the presence of CPI-trained staff, and will not implement any physical intervention with residents until their own CPI training has been completed. Risk assessments have been updated to reflect this control where agency staff are not yet trained. The Person in Charge will monitor training compliance. The induction process for agency and relief staff will be continue to ensure staff are familiar with residents' Positive Behaviour Support Plans, restrictive practices in place, and their responsibilities in supporting residents in line with these plans. The Person in Charge will review all restrictive practices within the centre to ensure they are accurately recorded on the restrictive practices register and have been appropriately assessed, authorised and reviewed by the Restrictive Practices Committee. The activity room door has been unlocked and staff have been reminded that it is not an approved restrictive practice and should not be locked. Regular environmental checks will be completed by the Person in Charge to ensure no unauthorised restrictions are introduced. Positive Behaviour Support Plans and restrictive practices will continue to be reviewed regularly with the multidisciplinary team to ensure they remain appropriate, proportionate and are the least restrictive option to meet residents' assessed needs.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All staff identified as requiring safeguarding refresher training will complete this training as a priority. The Person in Charge will monitor training compliance to ensure all staff have up-to-date safeguarding training and will not allow any outstanding training to remain overdue. A safeguarding refresher training will be completed by all staff. The Person in Charge will ensure that all staff are informed of active safeguarding plans relevant to the residents they support while maintaining appropriate confidentiality. This will be communicated through staff handovers, supervision, and team meetings to ensure staff are aware of the safeguarding measures they are required to implement. Safeguarding plans will be reviewed promptly following any safeguarding concern to ensure that interim safeguarding measures are appropriate, proportionate and provide adequate protection for residents while investigations are ongoing. Where required, safeguarding measures will be amended without delay based on assessed risk. The Person in Charge will continue to monitor all safeguarding concerns through regular governance and safeguarding reviews to ensure actions are completed within agreed timeframes, investigations progress appropriately, and residents remain protected from the risk of abuse.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2026
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the	Not Compliant	Orange	31/07/2026

	services that they are delivering.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/07/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2026
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	31/07/2026