

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

## Issued by the Chief Inspector

Name of designated centre:	Damson View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	15 October 2025
Centre ID:	OSV-0008399
Fieldwork ID:	MON-0048380

## About the designated centre

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

Damson View can provide 24 hour residential care for up to 4 individuals, and can support people that function in the moderate severe/profound range of intellectual disability with physical/ sensory and behaviour support needs. Both male and female residents over the age of 18 years can be supported in this centre. The centre is an accessible single dwelling in a rural area, but close to a busy city. Accessible transport is available for residents to access local amenities. Residents are supported by a staff team of nurses and care assistants who are present in the centre both during the day and at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 15 October 2025	10:45hrs to 18:10hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

Damson View was registered as a designated centre by the Chief Inspector of Social Services (Chief Inspector) on the 21 February 2023 when residents moved into their home from a congregated setting. Residents who could communicate with the inspector stated they enjoyed living in their new home. It was registered to provide full time residential care to four residents. This inspection was carried out over one day. There were three residents accommodated in the centre at the time of this inspection. One person was in the process of transitioning into the centre from home.

The inspector arrived at 10:45 am and found two residents were in the communal area with two staff and one resident had gone to reflexology with another staff member. Residents looked well cared for and the inspector observed staff utilising their knowledge of person-centred care by knowing what was important to the resident and interacting with residents as they assisted them, involving the resident in their care. There was a sense of calm and relaxation in the centre where staff interacted caringly with residents as they assisted them. The inspector met with three residents during the course of the day, saw how they spent the day, and observed the interaction between residents and staff. Some of the residents who lived in this centre did not have the verbal capacity to speak with the inspector but could indicate their views and wishes by facial expression or moving their hands. One resident who could verbalise their views told the inspector they were happy living in the centre and the staff were kind and caring to them. The inspector met with two staff, the person in charge and the Assistant Director of nursing, who attended the centre briefly in the morning and attended the feedback meeting.

From engaging with residents, observing staff and reviewing documentation the inspector noted that residents enjoyed a good quality of life. Residents were facilitated to pursue activities of their choice in their local community by attending local facilities, going out for day trips, meeting their friends, going for walks and attending sessions in local day centres. Staff were observed to cook a nutritious meal for residents. The person in charge told the inspector, and this was also evidenced from a review of the staffing roster, that staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. The staff told the inspector that all of the residents got on well together and had lived together for years. The inspector observed that residents were content in each others company and there were very few incidents of responsive behaviour.

The centre was very clean and was pleasantly decorated with lots of personal items which enhanced the homeliness of the centre. It was bright and spacious and provided a lovely home to residents. Two of the residents regularly had a nap in the afternoon due to their increasing medical needs and to assist with skin integrity. Residents were also supported by staff to attend clinical appointments and a wheelchair accessible vehicle was exclusively available to the centre to assist

residents access the community. A smart TV and Wi-Fi was available for residents' use. The centre was designed and equipped to meet the needs of the residents who lived in the centre and provided them with a safe living environment with appropriate equipment to meet their needs. The centre promoted accessibility, and bedrooms and bathrooms were fitted with overhead hoists to increase the levels of comfort and safety for residents. A ramp was available at the front door which opened into a wide hallway which further enhanced accessibility. The dining, sitting and kitchen area provided good space for wheelchairs or those using walking aids to turn.

In summary, from what residents indicated and told the inspector and what the inspector observed, coupled with reviewing documentation, speaking and observing staff, the inspector was assured that residents enjoyed a good quality of life and were well cared for by consistent staff in the centre.

## Capacity and capability

There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre. The centre was managed by a competent person in charge who was supported by their manager to manage to day to day running of the centre.

Regular staff meeting and governance meetings were taking place. There were clear lines of authority and accountability and a protocol was in place as to who took responsibility for the management of the centre in the absence of the person in charge. When the inspector arrived a staff nurse who had worked with the residents for many years and had worked in this centre was in charge and facilitated the commencement of the inspection. The inspector found that the centre had a high level of compliance with the regulations.

This inspection was carried out over one day as part of the Chief Inspector's regulatory monitoring of designated centres to assist with assessing whether this centre was suitable for renewal of registration. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The registered provider is The Health Service Executive (HSE) and had applied to renew the registration. The previous inspection of this centre was carried out on the 6 February 2024 to monitor the providers' and person in charges' compliance with the care and support of residents in designated centres for persons (children and Adults with Disabilities ) regulations 2013. The outcome of this inspection was that the provider and person in charge were in full compliance.

## Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was responsible for the day to day running of the service and was provided with support and supervision from their manager. The person in charge attended the centre one day per week and a nurse was available at all times in the centre. The person in charge was a qualified nurse in intellectual disabilities and also had completed a management course. She had worked as a person in charge for the last three years. Consequently they were in compliance with the training and experience required for the post of person in charge.

Judgment: Compliant

## Regulation 15: Staffing

The staffing arrangements were adequate in meeting the assessed needs of residents living in the centre.

The inspector reviewed the actual and planned the staff rota from the 29 September to the 26 of October 2025 and found a consistent team of staff, some of whom had worked with the residents for many years and moved to this centre with the residents, were available to meet the needs of residents. The provider had ensured that staff had the required skills and competencies to deliver safe quality care to residents. Specialist training in nutritional care, safe management of epilepsy had been undertaken by staff. As residents had high nursing care needs a staff nurse was on duty at all times. On the day of inspection there were three care assistants and a staff nurse on duty. Extra staff were available to assist the resident who was transitioning into the centre. Where extra staff were required when some staff were on leave, regular agency staff worked in the centre. There were two waking staff on night duty.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had a staff training matrix in place and the inspector reviewed this and a sample of records of attendance of staff and found that all mandatory training for staff employed was up to date.

The provider had a benchmark in place that refresher training was completed at certain intervals. A small number of staff were awaiting their refresher training. Additional training in cyber security, manual handling, and children first had been completed by staff which meant that staff had the required skills and knowledge to meet the assessed needs of residents. Staff had formal supervision on an annual basis and the person in charge stated she spoke with staff on a weekly basis.

Judgment: Compliant

## Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The inspector reviewed the current insurance for this centre as part of the application for renewal of registration and found that it was current and in compliance with the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre. These included auditing systems and a clear organisational structure with clear lines of authority. This ensured that a good quality and safe service was provided to the residents who lived in this centre.

Regular meetings between the person in charge and their manager were occurring . Discussion at these meetings included a review of residents' assessed needs and any

changes that have occurred since the last meeting as well as any health and safety issues. A comprehensive review of accident and incidents was completed by the person in charge and any trends identified were discussed.

The person in charge had an overarching quality improvement plan for the centre which included any actions from audits, the annual review and the provider meetings. This was reviewed monthly. The inspector reviewed this with the person in charge and found that all actions had been completed within the set time lines. Six monthly unannounced visits were being completed by management personnel independent of the centre. The inspector reviewed the provider visit reports completed in December 2024 and May 2025. The actions identified for improvement at this time included staff training. This had been actioned.

A comprehensive annual review of the quality and safety of care provided to residents for 2024 was also reviewed by the inspector. This annual review included the views of residents and families.

Regular team meetings were occurring and there was good attendance at these meetings by staff. Minutes were available for staff who were unable to attend. The inspector reviewed the minutes from the meetings of the 19 June 2025 and 12 October 2025. The inspector also reviewed the audits folder and seen that audits completed included infection prevention and control, medication management and health and safety.

An out of hour's management on-call staff roster was in place and staff spoken with were aware this.

Details of the confidential recipient were available to staff should they wish to raise concerns about care and support provided to residents. Two staff members who were on duty confirmed to the inspector that the person in charge was approachable and freely available and there was no barrier to raising concerns regarding residents' care with them and were confident if they raised a concern this would be investigated.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the most recent statement of purpose and found that it had been reviewed recently and was in compliance with Regulation 3, Schedule I of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed notifications submitted by the person in charge since the last inspection. Notifications had been submitted within the required three working day time frame as required under Regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had complaint's policy in place and an easy to read guide was also available. There were no active complaints at the time of this inspection. There was evidence available from reviewing residents' meetings that residents were informed of their right to make a complaint. A compliments folder was also in place and there was evidence of regular compliments from families being given to staff for care provided to residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All of the policies as required by Regulation 4 of the regulations were in place. The inspector reviewed a sample of policies to include the medication management policy, the risk management policy and the safeguarding policy and found that these had been reviewed at three yearly intervals to make sure they were up to date and in keeping with best practice.

Judgment: Compliant

## Quality and safety

Overall, the residents were provided with safe and person-centred care and support in the designated centre which met their individual assessed needs.

Residents had choices as to where they spent their time. The inspector found that the service was person-centred and reflected the needs and wishes of the residents. One resident who could communicate their views told the inspector that they

enjoyed their day-to-day activities and were well treated by staff. There was a well completed comprehensive assessment of needs. Personal goals were identified and achieved. The premises provided a very nice home to the residents and was clean and well maintained. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with the centre policy on safeguarding, which was based on the HSE national policy.

### Regulation 17: Premises

Damson View is a spacious bungalow which was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was purposefully designed to meet the needs of the residents accommodated. The centre was clean, neat and tidy and provided a comfortable home to residents, however there was scuffing of the skirting board and wall in the conservatory area. The person in charge and assistant Director of Nursing said they would report this immediately to ensure it was addressed.

Bedrooms were of a good size and well furnished with a TV, soft chairs, adequate storage and were personalised. The centre was clean and pleasantly decorated with lots of residents' personal items which enhanced the homeliness of the centre. It was bright and a garden area was available to the front and back of the premises.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes.

There were two residents who had specialist nutritional care procedures in place. Staff had been trained to manage these measures safely and comprehensive person-centered support plans were in place to assist staff and ensure residents' safety. The centre had good access to speech and language therapy service and dietician services.

Judgment: Compliant

### Regulation 20: Information for residents

Information which was relevant to residents was provided in user friendly formats.

There was also an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider had a policy in place relating to the temporary absence, transition and discharge of residents.

The inspector reviewed the transition plan of the resident who was currently transitioning into the centre. The plan supported that the resident and their loved ones had opportunities to visit the centre prior to being admitted. The transition plan provided for a period of time to occur from when the resident was referred to being admitted so that the resident was incrementally attending the centre and meeting the other residents prior to admission. Staff reported that the transition was going well and it was planned that the resident would soon be admitted to the centre. Staff also reported that the other residents go on well with the person was wa transitioning into the centre and there was evidence in the minutes of both resident and staff meetings that the transition had been discussed

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the provider's risk management policy that was available in the centre and found that it provided clear procedures about the identification and management of risks.

Risk management systems were in place to identify and mitigate risks to residents. The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Personal risk assessment plans were available in residents' care files with corresponding support plans to mitigate risks identified. An health and safety folder was also in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

A comprehensive medication management policy was in place. This was reviewed by

the inspector who found it was last reviewed on the 12 March 2024. It provided guidance to staff on the safe prescribing, administration, storage of medication.

The inspector reviewed two medication administration charts and found these were in keeping with best practices. They were easy to read, and information regarding resident's weight, any known allergies and specialist administration practices was recorded.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments and personal plans were person-centred and provided guidance to staff on how residents liked their care to be delivered.

The person in charge stated that all residents had good links with family members and they attended annual reviews. There was evidence in care files reviewed that families were provided with updates regarding the care and support needs of residents. Pictures of celebration times with family and personal photographs were displayed. From a review of the residents' case notes and speaking with them and staff, it was clear they had an active life and got to do things they had an interest in. For example, going to Knock. gardening, attending a vintage car show, attending reflexology, going for a walk and to local day centres to meet their friends.

Judgment: Compliant

### Regulation 6: Health care

The provider had procedures in place to ensure appropriate health care was available to for each resident. The inspector reviewed two residents' medical care files and found that each resident had a medical practitioner who reviewed any health issues regularly.

Residents also had access to a range of health and social care professionals, to include, psychiatry, physiotherapist, chiropody, bone health specialists, and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them. An annual health check was completed by the GP.

Judgment: Compliant

## Regulation 7: Positive behavioural support

All staff had completed training in the management of responsive behaviour. A policy on the management of responsive behaviour was also available to staff. This assisted them to develop the skills and competences required to the management of responsive behaviour and how to manage responsive behaviour in a positive way and decrease the impact of the responsive behaviour on the resident.

There was one behaviour support plan in place at the time of this inspection. The inspector reviewed this plan and found that it detailed the antecedent behaviour and how to assist the resident to manage their behaviour and how to keep the resident and others safe. The plan also documented what assists the resident to manage their behaviour and signs of distress.

A restrictive practices log was in place. The inspector reviewed this and found that restrictions included a lap belt and specialist chair. All restrictions had been recommended by medical personnel to assist with health and safety needs of the resident. A humans rights committee was in place and all restrictions were reviewed by this committee.

Judgment: Compliant

## Regulation 8: Protection

There were no safeguarding plans in place in the centre at the time of this inspection.

The inspector reviewed the practices in place with regard to safeguarding residents and spoke with staff and the person in charge regarding these procedures. These procedures included ensuring all staff had undertaken training in best practices of safeguarding residents, safeguarding incidents are reported to the office of the Chief Inspector. Contact information of the designated officer was displayed in the centre.

The person in charge and staff spoken with displayed a good working knowledge of the needs of residents and there was a focus on person-centred care. Residents indicated that they were happy living in the centre and were well cared for by staff. The premises was found to be homely clean and well decorated. Staff were observed at various times during the day chatting and engaging in a pleasant light hearted way with residents such as chatting with them on their return to the centre about what happened when they were in the community. There were good risk management and fire safety procedures in place which also safeguarded residents.

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 that residents' rights were discussed at these meetings. An easy to read guide regarding assistance with informed choice regarding the administration of vaccines to residents 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. Weekly residents' meetings were taking place where residents could discuss the running of the centre and activities and menus of their choice. 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 watched Mass on the TV.

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
<b>Capacity and capability</b>	
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 19: Directory of residents	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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	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