



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

Issued by the Chief Inspector

Name of designated centre:	Pine View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	23 February 2026
Centre ID:	OSV-0008778
Fieldwork ID:	MON-0044139

About the designated centre

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

Pine View is a centre operated by the Health Service Executive. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one house located in a town in Co.Donegal. Residents have their own bedroom and bathroom facilities, shared bathrooms, kitchen and dining areas, sitting rooms, staff office, utility and external garden areas. Staff are on duty both day and night seven days a week to support the residents living in Pine View centre. Transport is also provided to enable residents to access their local community as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 23 February 2026	09:00hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Pine View, the inspector found that this was a residential service focused on residents' care, support needs and was person-centred, ensuring that residents enjoyed their time in the centre. Resident's were supported by a staff team who knew them very well and focused on their plans, activities and goals during their time in the centre.

This inspection was carried out over one day. It was a short notice announced inspection conducted in order to monitor on-going compliance with the regulations. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance the quality of care and support of residents living in Pine View.

This inspection was carried out over one day. It was an announced inspection and conducted in order to monitor on-going compliance with the regulations, and was the first inspection since the residents moved into the centre in September 2025. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance the quality of care and support of residents living in Pine View.

During the inspection, the inspector met with three staff on duty and the person in charge and a clinical nurse manager. A variety of documentation was reviewed, including relevant safeguarding documents, care plans and health assessments, communication assessments, and staff rosters. Residents were observed throughout the inspection engaging in their activities and going out on planned activities with staff.

Following the introductory meeting with the staff team on duty, during the handover meeting, and the person in charge, the inspector completed a 'walkaround' of the centre. The centre was spacious, well-maintained, laid out in accordance with the support needs of the residents. There was suitable private and communal space in the centre to afford residents time alone for space and relaxation, as well as space to interact. Throughout the inspection, the inspector observed the resident enjoying time in the sitting room, relaxing and watching television before leaving to attend their activities each day.

The inspector met with observed four residents at various times during the inspection. The residents communicated in their preferred manner with the inspector and one resident interacted for a brief period with a staff while the inspector observed. It was evident that staff were very familiar with the residents, their current goals and the service in general.

The inspector reviewed the residents' records since they had moved into the centre. The inspector noted that the person in charge and the staff team were all very

familiar with the documentation systems in place. The records reviewed showed residents were supported in identifying activities that were relevant to them. For example, going for walks in local areas of interest, attending the cinema, shopping and meals out.

The inspector noted that the staff were very responsive, supportive and kind in their interaction. Residents were observed coming and going, and at all times were observed smiling and interacting with staff in a very positive and respectful manner. Staff were focused on supporting the resident to ensure they received a person-centred service, with appropriate activities reflecting their abilities and choices at all times. Furthermore, the staff team were focused on providing the residents with a positive and enjoyable in this centre.

Overall, the inspector found that residents living in Pine View had meaningful days, and support was provided by a staff team who knew the residents' needs very well.

The next two sections of this report will outline the findings of this inspection in relation to the governance and management arrangements in the centre and how these impacted on the quality and safety of residents living in this centre.

Capacity and capability

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of residents living in this centre.

The provider had maintained good oversight of the service through a schedule of routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of the resident. Staff had received training in modules that were relevant to the care of the residents

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place. The inspector reviewed rosters from 10

January to 28 of February 2026 . The rosters showed that the planned numbers and skill mix were maintained throughout and that there was a consistent staff team known to the residents during this time period.

The inspector met with three staff members, the person in charge and clinical nurse manager during the inspection. This included the support staff present in the centre. Staff were found to be knowledgeable about the support needs of the resident and could readily answer questions relating to the safeguarding of residents. Staff were also knowledgeable about the ways to respond to behaviours of concern, so as to ensure the safety of the resident living in the centre.

During the inspection, the inspector observed staff interacting in a caring and professional manner, and in accordance with their assessed needs. It was evident that the resident was comfortable with staff supporting them and that they were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records from 01 January to February 2026 and found that the training provided reflected the assessed needs of the residents in line with the statement of purpose and the size and layout of the centre.

Training records showed that mandatory and bespoke training was provided in the centre, which the inspector found to be up to date. Examples of staff training included; Trust in care, Children's First and positive behaviour support. This ensured that staff were knowledgeable.

Staff discussed the learning from various aspects of this training with the inspector, and the documentation reviewed by the inspector was in accordance with best practice.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service.

The inspector reviewed the audits that had been completed in the centre since December 2025. The audits had been completed in line with the provider's schedule.

The person in charge had implemented a system whereby any findings from audits could be recorded and addressed within a specific timeline.

The provider was aware of the requirement to complete an annual report on the quality and safety of care and support in the centre and this was scheduled in line with the requirements of the regulations. The provider had recently completed a six-monthly unannounced audit of the service in line with the regulations. This report was completed in January 2026. The inspector reviewed the report and found that it was comprehensive and showed actions identified and dates for completion.

There were clear lines of accountability. Staff knew who to contact should any issues arise. Information was shared with staff at regular team meetings. Team meetings happened every 4-6 weeks, and the inspector reviewed minutes of the meetings from November 2025 onwards. These meetings covered specific topics specific to the residents' care: for example, incidents that had occurred in the centre. Other issues relating to the centre, such as rostering arrangements, were also discussed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was available in the centre and provided the information as set out in the regulations.

The inspector noted that the statement of purpose was available in the centre and clearly described the service provided, facilities and staffing supports provided in Pine View. The information provided within, was in line with the requirements of the regulations and was available in the centre in a service user friendly format if required.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the quarterly audits of incidents that occurred in the centre. These indicated that the provider had submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre. All relevant persons were identified on the complaints procedure and were available in the centre. The complaints procedure was also available in a service-user friendly format was accurate and reflected the correct management as seen on the day of the inspection.

The provider ensured that a complaints policy and procedure in place in the centre, which provided guidance to staff on complaints management in the centre.

There was a log of complaints maintained in the centre with actions evident of the response to the complainant, and the outcome of the complaint as required by the regulations. The inspector noted that there was no active ongoing complaint on the day of the inspection. The provider had information displayed should a resident or relative become unhappy with the outcome of a complaint, showing the appeals process available and other support persons available if needed.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality person centred service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted effectively and information was available to the staff supporting to ensure they were informed at all times.

Residents in this centre received a person-centred service. The residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included clear and comprehensive guidance on the residents' communication needs and supports required in the centre.

The safety of residents was paramount in this service. Staff were aware of the systems in place to protect residents from risk. Risks to the resident and the service as a whole had been identified and control measures were put in place to mitigate those risks.

Regulation 13: General welfare and development

The residents were supported to engage in activities that were in line with their choice and preferences.

The inspector reviewed the notes for two residents. These indicated that residents were supported to engage in activities that were enjoyable and in line with their interests. These included social activities; such as meals out, going for coffee and day trips with staff. Within the centre, residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

The inspector found the centre was suited to the needs of residents. As outlined in the first section of the report, the centre was clean and in a good state of repair. It was nicely decorated throughout. There was adequate space for residents to spend time together or alone. The centre was accessible to all residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it met the requirements of the regulations. The inspector saw that other information that was relevant to residents was displayed in user friendly format in the centre. This included information about advocacy, details of the designated safeguarding officer, the confidential recipient, and recognising abuse. A visual information sheet had also been developed to inform residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk in the centre.

The inspector reviewed the centre's risk register. This was comprehensive and the risks identified were specific to the service. They had been recently reviewed by the person in charge and reflected current risks evident in the centre.

The inspector also reviewed the risks assessments developed for a resident. This showed clear guidance on how to reduce the risks to the resident. They had been recently reviewed. Staff spoken with discussed the positive outcomes of the effective risk management in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate precautions against the risk of fire in the centre.

This included appropriate fire doors, intumescent strips, emergency lighting and signage and an appropriate fire panel to alert staff to a fire in the centre. Fire drills were completed as scheduled by the organisation and a record was maintained of the effectiveness of the all evacuations. Evacuations were also noted to be completed at various times with different staff to ensure all staff were aware and familiar with the procedures in place. All residents had a personal emergency evacuation plan (PEEP) in place, which was update should any changes occur.

The provider also ensured that all fire safety equipment was monitored regularly and a record was maintained of the service completed. Areas for improvement when identified were addressed in a timely manner. Fire audits were also completed monthly by the staff team in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

Staff had received training in how to support the resident to manage their behaviour. The inspector found that on reviewing a residents' personal plan that appropriate referrals and guidelines were in place to ensure all staff were guided on supporting this resident. Advice and information from these professionals where required was shared with staff and reviewed regularly to ensure the effectiveness of the plans in place.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from harm or abuse in the centre.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. At the time of the inspection, there were no active safeguarding incidents in the centre. Safeguarding was included as a standing item on the staff agenda items on all monthly team meetings.

The inspector reviewed the intimate care plan for the residents. The plans were detailed and comprehensive and gave clear guidance to staff on how to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes of the residents' meetings held in January and February 2026. The minutes recorded the residents responses, comments and remarks. Residents were offered choices in relation to their meals and activities in the coming month.

There was evidence that residents had input into the running of the centre through these meetings. The voice of the resident and their views were considered in relation to their care and support. Residents had input into their own risk assessments and personal plans if they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant