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:	Chestnut View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2026
Centre ID:	OSV-0009131
Fieldwork ID:	MON-0049073

About the designated centre

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

Chestnut View provides full time residential care and support to four adults with a disability. The designated centre comprises a four-bedded bungalow in a residential estate on the outskirts of a large rural town. Residents have their own bedrooms with en-suite facilities. There was also access to two sitting rooms, a large kitchen and dining area, utility, staff office and storage areas.

Small Recreational areas were located to the front and rear of the centre. Residents can avail of a day service, home based activities and activities in the local community. The centre has adequate and suitable transport in place to assist residents to access their local community or attend activities. The centre is open seven days a week, and residents are supported by a person in charge, staff nurse and care assistants morning and night. Staff provided support in all aspects of daily living to residents. The centre has two waking night staff and a minimum of 4 staff on a daily basis based on residents assessed needs.

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 3 June 2026	08:00hrs to 14:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. Staff were very focused on ensuring that a person-centred service was delivered to residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who resided in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

Residents had flexibility around how they spent their days, and had options of spending time in the centre, doing activities in the community or attending day service activities. Although residents were out and about at various times during the day, the inspector had the opportunity to meet with all four residents during the course of the inspection.

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 residents 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 residents with a positive and enjoyable time in this centre.

Transport was available so that residents could go for leisure activities and attend local amenities. On the day of the inspection, all residents were out doing activities during the day, such as seaweed baths and reflexology. On return in the afternoon, residents enjoyed lunch at the service and a short break before setting off to their next activity. Where a resident required age-related activities, this was also provided in the centre. When residents returned in the afternoon, they took part in activities that they enjoyed in the centre; some were relaxing, watching television and spending time in their room.

The inspector saw that residents had good relationships with staff. They knew that they could raise any complaints or concerns with staff and were confident that it would be taken seriously. Residents knew who was in charge in the centre, and it was clear that residents trusted staff supporting them.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents' preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector

could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents.The centre consisted of one house in a housing development. It was situated in a rural area, close to a busy city. The house was spacious, well-equipped, and comfortably decorated with photographs and artwork displayed. Each resident had their own bedroom, and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belongings. There was adequate storage for residents' clothing and belongings in each bedroom.

Throughout the inspection, it was clear that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, consulting with them at all times, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. In addition, residents were observed to be at ease and comfortable in the company of
staff, and appeared to be relaxed and happy in the centre.

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 residents. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

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 February to May 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 four staff members and the person in charge 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 the resident. Staff were also knowledgeable about the ways to respond to behaviours of concern, so as to ensure the safety of residents 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 residents were 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 January to May 2026 and found that the training provided reflected the assessed needs of the resident 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 in their practice.

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 since the opening in 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 had a schedule in place as a prompt. The provider had also completed the first six-monthly unannounced audit of the service in line with the regulations. The most recent report was completed before this inspection. 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 January 2026 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 inspector reviewed the statement of purpose and found that it included the prescribed information and adequately described the service provided in Chestnut View. This included an accurate description of the service and the current staff training provided. In addition, the statement of purpose was available in an accessible format in the centre and seen in communal areas on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to complete and return notifications of certain adverse incidents, to the Chief Inspector within the required time frames.

The inspector reviewed incident records for 2026. The inspector reviewed the records for 2026 and noted that the person in charge had notified the Chief

Inspector of any incidents, and any arising actions, were clearly recorded. The person in charge also showed the inspector how this information was used to inform the quarterly reports in review of trends in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The management of complaints in this centre was effective and ensured that complaints raised by residents and their representatives were dealt with in an appropriate and swift manner.

The provider had an effective complaints policy and procedure in place, which guided staff effectively on the complaints management process. The person in charge maintained a log of all complaints and compliments received, and ensured that a record of the outcome of each complaint was recorded. There was no active complaints in the centre on the day of the inspection.

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 were put in place to meet those needs. The residents' safety was promoted effectively, and information was available to the staff supporting residents to ensure they were informed at all times.

The residents received a person-centred service in this centre. 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 the resident was paramount in this service. Staff were aware of the systems in place to protect the resident from risk. Risks to the residents 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 inspector noted that residents were supported to take part in a range of social and development activities both at the centre, at day services, and in their local community.

Suitable support was provided to residents to achieve suitable opportunities in their general welfare and development that reflected their choices, preferences, and their assessed needs. The inspector saw on the day of the inspection that residents were supported in multiple ways and were out and about at different times during the inspection.

Judgment: Compliant

Regulation 17: Premises

The designated centre suited the needs of the residents, was of sound construction and well maintained, clean, and was suitably decorated and equipped throughout.

The centre comprised of one house in a residential setting. The centre could accomodate up to four residents. During a walk around of the centre, the inspector found that it was very clean, comfortable, had adequate storage and was suitably furnished throughout. There was adequate furniture throughout the centre, such as wardrobes, bedside lockers and drawers in which residents could store their clothes and belongings appropriately. Assistive equipment was provided to enhance the comfort and safety for residents where required. There was a well maintained outdoor space, and the centre was served by an external refuse collection service. Suitable laundry facilities were in place in the centre for residents to access and use if required. The centre was also equipped with WI-FI and televisions or radios for residents' use in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified at the centre and control measures implemented to safeguard residents.

The inspector reviewed the centre's risk register and found that issues pertaining to the key risks relevant in the centre had been identified and the relevant control measures were listed in the risk assessments in place. The inspector found that the provider and person in charge had effective risk management procedures in place

on the day of the inspection and also kept this documentation under review to ensure all key risks were identified, assessed and recorded.

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, 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 updated should any changes occur.

The provider also ensured that all fire safety equipment was monitored regularly and a record maintained of the service completed. Areas for improvement when identified were addressed in a timely manner if required. 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 the resident was 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

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 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant