



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

Issued by the Chief Inspector

Name of designated centre:	Wood View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	06 January 2026
Centre ID:	OSV-0001789
Fieldwork ID:	MON-0048027

About the designated centre

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

Wood View provides a residential service to four residents who have a mild to moderate intellectual disability. The service can also accommodate residents who have autism and who attend the services of a mental health team. The centre is a two storey building which is located on the outskirts of a medium sized town where public transport links such as trains, buses and taxis are available. The residents also have transport available which is used to access their day service and local community. Each resident has their own bedroom and there is also sufficient kitchen and dining facilities in place. A social model of care is delivered in the centre and residents are supported at all times by a combination of social care workers and social care assistants. There is also a sleep in arrangement to support residents during night-time hours.

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
Tuesday 6 January 2026	15:40hrs to 19:45hrs	Mary McCann	Lead
Wednesday 7 January 2026	09:45hrs to 11:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This inspection was a follow up to the inspection completed in May 2025 to focus on areas that were found to require improvement post that inspection. These included, Regulation 23 Governance and management, Regulation 26 Risk management procedures, Regulation 7 Positive behaviour Support and Regulation 8 Protection. The provider is Western Care Association (WCA). WCA is a voluntary body who are governed by a board of management in Co Mayo. As a result of the findings of the May 2025 inspection, the registered provider was required to attend a cautionary meeting with the Chief Inspector on the 10 July 2025 where they were cautioned that they must bring the centre into compliance to avoid further escalatory action.

Overall the inspector found that there had been improvements in this centre which had a positive effect on the lives of residents and there was a plan for more improvements which would further enhance the lives of residents.

This inspection commenced in the afternoon as residents in this service attend day services and are usually not available until approximately 16:00 hrs. When the inspector arrived at the centre there was one staff member and the person in charge staff available in the centre preparing for the return of residents from the day centre. They welcomed the inspector into the centre and the person in charge met with the inspector obtaining documents requested by the inspector for review. Another staff member arrived at 16:30hrs Residents returned to the centre at approximately 16:20 pm. The inspector completed a walk around the premises and observed a calm and relaxed atmosphere in the centre with staff assisting residents in a respectful and unhurried manner. When residents arrived back to the centre they all had their own routines and were supported by staff who were familiar with the specific choices of the residents and were delivering care in line with the views of residents. One resident went for a bath, two went to relax in the sitting room and one chose to sit in their chair in the hall area. Staff explained this was this resident's favourite place and they enjoyed people watching.

Wood view is a four bedded two storey house located 10 minutes' walk from a scenic town in the west of Ireland and is registered to provide care to four adults. The house has a small tarmac area to the front and an enclosed back garden to the rear of the premises which provided privacy to residents to relax outdoors weather permitting. The premises were warm, homely, and clean with photos and personal items of resident's choice displayed. Communal areas consisted of a kitchen/dining room, a sitting room, a utility room with a shower and toilet downstairs and a bathroom upstairs. The communal areas were quite small to accommodate residents and staff on duty. Three bedrooms, an office and a sleep over room for staff were also available upstairs at the centre.

The inspector observed that the evening meal was cooked by staff. A shopping list was made available to the inspector and a review of this and the food available in

the centre confirmed the centre provided a varied and nutritious diet to residents. Residents chose the menu for the week and staff and residents confirmed that the likes and dislikes of residents was respected. The inspector spoke to all four residents, the person in charge and two staff on duty. Some residents required additional support with their communication needs, and this was provided in a sensitive and respectful manner. The inspector had met all residents on two previous occasions and some residents indicated that they remembered the inspector from previous occasions

In the evening the inspector spent some time in the sitting room and observed that residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. During this time, staff were observed spending time and interacting warmly with residents and supporting their wishes. One resident had a foot massage which they confirmed they liked this activity.

In summary, from what residents indicated and told the inspector and what the inspector observed, coupled with reviewing documentation, speaking to 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.

The next two sections of this report outline 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 care and support provided to the residents.

Capacity and capability

In summary, governance and management systems had improved since the last inspection this related mainly to the revision of the risk management policy, staff training in incident management, the provision of comprehensive behaviour support plans, the on-going development of an individual service for one resident and a review of the suitability of the premises for the current residents by an occupational therapist. Additional improvements by the registered provider included improvements to the back garden, thereby creating greater communal space for residents. An out of hours management on call staff rota was also in place. The person in charge confirmed that this had recently been reviewed and was agreed at organisational level and was working well.

Regulation 23: Governance and management

There were good governance and management system in place which included a defined management structure in place with clear lines of authority and

accountability. The provider had ensured that there was adequate staff on duty to meet the needs of residents Staff reported to the person in charge and the person in charge in turn reported to the area manager which they met regularly with.. The provider had ensured that staff independent of the centre had completed an unannounced visit of the centre on the 20 August 2025. An action plan was implemented post this ,for example one of the actions was to ensure all staff received supervision and ensure all staff had undertaken manual handling training. These actions had been completed.

An annual review of the quality and safety of care and support provided to residents in the in the designated centre had been completed by the person in charge in January 2025. This review included consultation with residents and their representatives.

Judgment: Compliant

Quality and safety

Overall the residents were provided with a good service which met their current assessed needs. Residents had lived together for many years and there was a consistent staff team in place who knew the residents well. There was good background information available about the residents, which assisted staff with person-centred care and engagement with residents about their day-to-day activities.

There were behaviour support plans in place which staff were aware of and said that these had reduced the incidents of responsive behaviour at the centre. Two residents at the centre had compatibility issues with each other and measures put in place to assist their relationship had successfully reduced the occurrence of incidents over the last 18 months from records reviewed. One of the residents was also being supported to transition from Wood view into an individual service in February 2026, which would better suite their needs, but staff stated they would be supported to continue to meet their friends at their day services.

A suitable transport vehicle, which could be used for outings or any activities that residents chose was available to the centre. All residents had their own bedrooms, which were comfortably decorated, suitably furnished and personalise. Colour schemes and decor were varied and had been chosen in line with residents' preferences.

Regulation 26: Risk management procedures

Following the last inspection, the provider was required to review the risk management policy to include all of the specific risks identified in regulation 26. This had been completed. Training has also been provided to all management staff on the risk management policy and management staff had discussed the new policy with staff at the centre's team meetings.

While the centre provided a cosy home to residents and was clean and well maintained, it is not future proofed for the changing needs of residents. Several future-proofing adaptations would be necessary to this centre to ensure that residents could continue to be supported if their needs changed. Corridors and doors were not wide enough to allow residents to move around more freely if using assistive equipment such as wheelchairs or walking frames.

There had been improvements to the back garden since the last inspection. The surface had been renewed and provided a safe area for residents to use. Plans were in place to erect a railing around this area which was going to be separated from a grass area

The provider had committed in the compliance plan for the previous inspection that they would erect a wooden shed that would be heated and insulated and would provide additional communal space to residents. This was not completed on the day of inspection as it was delayed due to weather conditions. It was also planned that an awning was to be erected to the back of the house that would provide a sheltered area for residents to utilise the outdoor area, again creating more communal space. This had not been installed as yet.

There was one bedroom downstairs and a small shower/toilet. The other three residents have to use a steep stairs for access to their bedroom and the upstairs bathroom. Due to shortcomings in the premises at the time of the last inspection the person in charge had arranged for an occupational therapist to complete an assessment of the premises to include the stairs, the bathroom, downstairs shower, and toilet which had been completed. The occupational therapist concluded that while the premises were not future proofed, they did meet the current needs of the residents. An architect had also been commissioned to complete a review of the house. The Person in charge informed the inspector that the current proposed plan is that the provider had acquired a large bungalow locally and this would be renovated to meet the needs of the current residents and to ensure it would meet their future needs. The person in charge showed an email to the inspector about the identified house for the residents of Wood View and a time line of two years to complete renovations was estimated.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Responsive behaviours were well managed in this centre. Where incidents of behaviour of concern had occurred, staff ensured that measures were put in place to mitigate any risks these posed to residents. The actions from the previous inspection had been addressed. Behaviour support plans were in place for two residents at the time of this inspection. The inspector reviewed these two plans and found they were comprehensive and detailed the antecedent behaviour and how to manage this to prevent an incident.

Staff knew what steps to follow should a safeguarding incident occur. Staff confirmed that safeguarding was a standing agenda item at team meetings. They spoke about information sharing in the centre through handover meetings between staff on a daily basis and regular staff team meetings. Staff also spoke about the supports they offered residents in the centre and in the wider community.

Judgment: Compliant

Regulation 8: Protection

Good practices were in place in relation to safeguarding which meant that resident's rights were protected.

The action from the previous inspection had been addressed. All residents had up to date personal and intimate care plans in place. The inspector reviewed two of these and found that they were up to date and detailed the residents' wishes with regard to personal and intimate care. There were three safeguarding plans in place and the inspector reviewed two of these. These supported that incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, and staff were aware of the contact details of the designated officer and the centre had a safeguarding policy.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Wood View Residential Service OSV-0001789

Inspection ID: MON-0048027

Date of inspection: 07/01/2026

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The enhancements to the exterior of the Designated Centre to meet compliance will be completed by 31/3/25. These will include the fitting of exterior lights, a hand rail to the rear of the concreted garden area and a covered area to the rear of the house to allow further use of the exterior space.</p> <p>To ensure that risk for individuals is managed the P.I.C. will ensure that short, medium and long term changing needs are flagged and managed through each individuals Assessment of Needs and Personal Risk Management Plan. The Centre Risk Register will maintain a record of controls of the existing risks and will also cover future plans. Any change to a person's mobility needs in particular those relating to their home environment will be raised for review with the relevant professionals such as Occupational Therapy and Physiotherapy.</p> <p>To provide a home that meets the needs of individuals long term, the organisation has identified and has available a single-story house that will provide accessible accommodation to a number of the people currently living in Woodview. The house is within one kilometer of the town and will enable people to maintain links to their current community whilst offering accessible accommodation. This process to reach completion of this project involves working with external stakeholders to approve funding to upgrade the property to the required standard. Once the funding is secured, the physical groundwork will be completed. This process may take two to three years during which time the PIC will remain engaged with H.I.Q.A. with regards to progress and projected timescales 23/2/28.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	23/02/2026