



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	24 June 2025
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0038316

About the designated centre

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

Hillview Manor provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of seven residents with six bedrooms in the main house and a one bedroom apartment situated adjacent to the main house. The centre is surrounded by a large garden area, it is in walking distance to local amenities and public transport links. The centre aims to support residents to experience life in a home like environment and to engage in activities of daily living typical to those which take place in many homes, with additional supports in place in line with residents' assessed needs. Residents are supported by a person in charge, team leader and support workers in line with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 June 2025	10:30hrs to 18:15hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to help inform the registration renewal decision.

There were seven residents on the day of the inspection, and the inspector met them all during the course of the inspection. The inspector conducted a 'walk around of the designated centre, and found it to be spacious and well maintained, and to be appropriate to meet the needs of residents.

There were various types of information displayed or made available to residents. For example there were pictures of the staff on duty, and information about complaints, HIQA and the service users' council.

The inspector met one resident who was relaxing on one of the sofas, and they told the inspector about a big birthday, and about getting tickets for their favourite band. They said they were watching their favourite tv programme. They told the inspector who they would go to if they had a problem or any concerns.

Located next door to the main house, there was a self-contained apartment which accommodated one resident. This resident agreed to a visit from the inspector, and was seen to be relaxing in their living area. They spoke about their interests and their family photographs, and chatted to the staff and person in charge.

Back in the main house, another resident agreed to have a chat with the inspector. They spoke about their keyworker, and about going to staff if there were any problems. They agreed to the inspector visiting their room, and their room was full of their personal items including family photographs.

One of the resident had their bedroom downstairs, and the bathroom was upstairs. There were plans in place to renovate that area of the house to create an en-suite bathroom for this resident, in response to changing needs. The resident was clearly delighted with this, and told the inspector that 'they can't wait' for their new bathroom.

Two of the residents were heading out to an art class that they both enjoyed. The inspector observed the chat and banter with staff members as residents were preparing to go out. Another resident invited the inspector to see their room, and unlocked their own door with their key. They said they were very happy, and gave the house 'ten out of ten'. They said the staff were lovely and there were no arguments.

All the residents who spoke to the inspector said that they were happy in their home, that they felt safe, and that they knew who to go to if they had a problem or a concern.

The annual review of care and support which had been prepared by the provider included the views of residents and their families. Residents were quoted as saying that they enjoyed their activities, and that they liked the staff team. Family members were quoted as saying that the designated centre was a 'home from home', and that staff treated residents 'like a member of their own family'.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and maintaining independence.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the

regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel, and as a last resort from nearby designated centres operated by the provider.

Staff all had a relevant qualification, and were supported by a team lead each day. A sample of two staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to two staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including specialist training in managing personal relationships and training in specific healthcare needs of residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations. The staff member and the supervisor each brought an agenda to these meetings, and the records of the discussions indicated that there were areas for improvement and positive feedback discussed. Staff said that they felt able to raise any concerns at these meetings.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to

residents who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The person in charge was supported by a team lead each day.

There were various monitoring and oversight systems in place. An annual review of the care and support of residents had been prepared as required by the regulations, which had incorporated the views of residents and their families. Six-monthly unannounced visits had been conducted on behalf of the provider, and the person in charge completed various audits including audits of admissions, finances, personal possessions and personal plans.

Any required actions from these processes were monitored until complete and those actions reviewed by the inspector had been completed within their required timeframe.

The designated centre was appropriately resourced, and there were sufficient staff to meet the needs of residents, and all required equipment was supplied. There were two vehicles for the use of residents.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included accidents and incidents, safeguarding and the rights of residents. At the last meeting there had been a discussion about a medication error, so that it was clear that learning from incidents was shared among the staff team.

Daily communication between the staff team was managed by a written and verbal handover at the change of each shift. The inspector reviewed the records of these handovers and found them to include the information required on each resident to inform the care and support on a daily basis.

Overall there were effective monitoring and oversight strategies that ensured that good standards were maintained and that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There had been two recent complaints made by residents, and both had been resolved to the satisfaction of the complainant. Each resident had received a feedback form on the actions taken to resolve the complaint, and a letter of acknowledgement from the person in charge.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 12: Personal possessions

Residents were offered support in the management of their finances in accordance with their needs. Some residents managed their own daily spending entirely independently, and others were supported by staff.

Each resident had their own bank account and their income was paid directly into these accounts. Balances of cash held in the designated centre were checked twice a day, and again following every transaction, and receipts were kept of each transaction, and signed by two staff members. Each of the records was then audited by the team lead at the end of each week.

The inspector checked the balance of money against one of the records and found it to be correct.

It was evident that the systems were robust, and that residents were supported to be independent in this area, while being protected from the risk of financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

Some residents went out to part time jobs, for example one resident had a job in the local supermarket, and two others were involved in recycling. Others had regular activities in relation to some of their areas of interest, for example a resident who was interested in dogs helped their friends in a nearby house with dog-walking.

There was a system of person-centred planning, and within this system residents were supported to set goals for personal achievement. One resident had achieved the goal of being the representative on the local service users' council. Another was

working towards more meaningful activities. Goals were broken down into smaller steps to aid achievement, and progress was recorded.

Residents had weekly plans, and also engaged in monthly 'keyworker' meetings, and bigger events were discussed and planned for, including holidays abroad for some residents.

Overall it was clear that residents were supported to have work and leisure activities of their choice, and to be supported in personal development.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

General and local risks were identified, and each of these also had detailed management plans, including fire safety, staffing levels and use of vehicles. Each of these risks had a risk management plan including control measures to mitigate the risk.

Individual risk assessments included the risks relating to falls, smoking and activities. Each of the identified risks had a clear management plan which included guidance for staff in sufficient detail as to mitigate the risk.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Regular fire drills had been undertaken, and all staff had been involved in a drill. Additional drills were organised if new staff joined the team. There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate, and there was evidence that these were updated following any issues identified during a fire drill. For example, it

had been identified that one of the residents might delay evacuation at night time because they wished to get dressed, additional control measures were outlined to include the support that would be required in the event of an emergency.

Staff were all in receipt of fire safety training could describe the actions they would take in the event of an emergency, and the support each resident would require. The inspector was assured that all residents could be evacuated in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, staff had noticed a change in the appearance of a resident's skin, and a referral for investigation had been made immediately and the care plan updated accordingly.

Healthcare needs were monitored in accordance with the individual needs of residents. For example a resident had been referred for a dementia assessment following a change in presentation.

There were care plans in place in relation to a variety of healthcare needs, for example diabetes, constipation and skin integrity. These care plans were detailed, and gave sufficient guidance to staff to ensure that they delivered appropriate care and support.

Residents had access to various members of the multi-disciplinary team, including their general practitioners, community nurse, psychology and counselling and mental health professionals.

Residents had been offered healthcare screening appropriate to their gender and age, and had agreed to of the screening for the most part. Social stories had been developed around healthcare issues to support the understanding of residents.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. The inspector reviewed three of

these plans and found the m to be detailed and based on a thorough assessment of needs.

Each plan included proactive strategies, for example appropriate interactions and environmental requirements. They also included skills teaching, for example in relation to self-regulation. There was also clear guidance for staff as to the required steps if behaviours of concern occurred, to ensure the safe management of the situation. This guidance included a clear description of each behaviour that might occur, and the appropriate staff response.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log for three of the residents and was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Residents could tell the inspector who they would approach if they had any concerns, and all residents said that they felt safe n their home.

The inspector was assured that residents were safeguarded form all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

All staff had received training in human rights, and could speak about the learning from this training, and the ways in which they supported the rights of residents. An example on the day of the inspection was that a resident had chosen not to go out to their usual activities, but to stay at home instead.

Staff spoke about the right of residents to make unwise decisions, for example where residents chose to smoke cigarettes they were given relevant information in relation to health promotion, and in relation to the impact on their finances, but were then supported to make their own decisions.

Staff described a recent conversation with a resident where they had advised the resident to wait until after dinner to have chocolate, and the resident had told them that they were only to advise, and that the decision about when to have the chocolate was the resident's. Staff felt that this illustrated the understanding of the resident in terms of rights.

Staff consulted with residents regularly, both individually and at a weekly residents' meeting. Not all residents chose to engage in these meetings, and their choices were respected. Various items were discussed at these meetings, including safeguarding and activities and events.

The person in charge had arranged for an advocate to support one of the residents in relation to their finances and bills.

It was evident throughout the inspection that the rights of residents were upheld, and that all efforts were made to ensure that their voices were heard.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant