

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

Issued by the Chief Inspector

Name of designated centre:	Church View
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0046655

About the designated centre

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

Church View is a designated centre that provides 24-hour residential nursing and healthcare support to adults with intellectual disabilities. The bungalow is located in a small town in Co. Westmeath. Residents have access to local amenities such as shops and cafes. The house comprises five bedrooms, one main bathroom, one shower and toilet, a sitting room, kitchen, and sunroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 5 November 2025	08:30hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the quality of care and support provided to residents. The inspection focused on evaluating compliance with regulatory requirements and the extent to which the service was delivering person-centred care. A total of 15 regulations were reviewed during the inspection, all of which were found to be compliant.

The inspection included interactions with four residents, four staff members, the person in charge, and the provider's director of nursing. Observations and discussions confirmed that residents were receiving care tailored to their individual needs, with appropriate staffing levels in place to support their well-being and safety.

The inspection found that the service was appropriately staffed to meet the needs of the residents, with a nurse-led model in place and a staff nurse on duty both day and night. Staff presence was consistently high, ensuring residents received responsive support.

Residents presented with varying levels of independence, communication abilities, and support needs. Person-centred planning was evident throughout the service. Each resident had individualised goals, which were actively supported by staff. Visual aids such as posters and photographs were used to help residents engage with their goals and track progress.

Examples of goal-setting included:

- one resident with a strong interest in post management was supported to take on a meaningful role delivering post from the provider's main office to other designated centres.
- another resident expressed a long-term goal of living independently. Staff were supporting this through engagement in daily living activities, with visual documentation of progress.

Residents were observed participating in a range of activities:

- one resident accessed the local village independently and declined staff accompaniment
- another attended a day service programme four days per week
- two residents were scheduled to go bowling on the day of inspection; one attended while the other declined.

Brief interactions with three residents indicated a positive atmosphere. One resident expressed well-being and plans to go out, while two others acknowledged the inspector but chose not to engage further.

Staff interactions with residents were appropriate and respectful. Interviews with two staff members demonstrated strong knowledge of safeguarding procedures, behaviour support plans, and strategies for supporting both verbal and non-verbal residents in making choices. Staff described how they offer options and allow time for residents to process information, promoting autonomy and dignity.

In conclusion, the inspection showed that residents were receiving high-quality care tailored to their needs, with enough staff available to provide support. Positive interactions between staff and residents indicate a respectful and caring environment that promoted independence and personal dignity.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, management of complaints and notification of incidents. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

The inspector reviewed the staffing arrangements and found them to be appropriate to meet the needs of the residents. The team consisted of staff nurses and care assistants, with one staff nurse and three care assistants rostered during the day, and one staff nurse and one care assistant completing a live night shift.

A sample of staffing rosters from the current period, as well as weeks in August and October 2025, was examined. While some staff vacancies were noted, agency staff were being used to maintain safe staffing levels. The inspector found that the staffing skill-mix was suitable and that consistency was being maintained through the use of familiar agency staff.

The person in charge confirmed that three new care assistants had been recruited to fill existing vacancies. These staff members were listed on upcoming rosters, and one had visited the service during the inspection to begin their induction.

The inspector also reviewed audits which identified gaps in staff documentation under Schedule 2 of the regulations. A sample of two staff files was reviewed, and the inspector found that the person in charge had ensured the required documentation was available and up to date.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that training needs were regularly assessed and that staff had access to and completed training relevant to their roles and the needs of the residents.

Training completed by staff included:

- fire safety
- safeguarding vulnerable adults
- Dysphagia
- infection prevention and control
- epilepsy and buccal midazolam (rescue medication)
- first aid
- autism
- communication with people with intellectual disabilities
- human rights
- Children First
- manual handling
- basic life support
- managing behaviour that is challenging
- Dementia.

The review of records demonstrated that staff had received appropriate training, which was guiding the care and support being delivered to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found them to be effective in ensuring that the service delivered to residents

was appropriate, safe, and responsive to individual needs. There was clear evidence of structured oversight and accountability, supported by systems designed to monitor and improve the quality of care.

A range of governance tools were in use to support effective service delivery. The person in charge was completing regular audits in key areas including:

- care plans
- person-centred plans
- residents' finances
- restrictive practices
- complaints and compliments.

A sample of these audits was reviewed and demonstrated that the person in charge was identifying areas requiring improvement and implementing action plans for staff. For example, audits of residents' personal plans in May 2025 highlighted areas for improvement. The person in charge confirmed that these actions had been addressed, and the inspector's review of care plans confirmed that improvements had been made.

The inspector was satisfied that the person in charge had strong oversight of the service and was actively involved in care planning and resident support. There was evidence of improvements been made regarding the care and support provided to residents which was leading to positive outcomes for residents.

The provider was also fulfilling its obligations in relation to required reports and visits. The most recent unannounced visit and report, conducted in May 2025, identified actions which had since been addressed. Additionally, a separate audit conducted by the provider's director of nursing in May also identified areas for improvement, which were found to have been resolved upon review.

In summary, the inspection found that residents were receiving safe, person-centred care in a well-governed and effectively managed service.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the provider's systems for managing complaints and found them to be appropriate and responsive. The inspector reviewed complaints lodged in 2025, these included staff raising issues on behalf of residents, such as concerns about internet connectivity and a damaged wheelchair. A complaint was also raised by a resident regarding another peer.

In each case, the provider and the person in charge responded appropriately, ensuring that the complainants were contacted and satisfied with the outcomes. The review of records confirmed that all complaints had been addressed in line with the provider's procedures.

Judgment: Compliant

Quality and safety

The inspection found that residents were receiving a high standard of care and support. Comprehensive assessments and personalised support plans were established, accompanied by clear guidance for staff. Key areas such as protection, risk management, welfare, healthcare, and behaviour support met regulatory requirements.

The residents appeared happy in their home, and the review of information indicated that they were participating in activities they enjoyed.

Regulation 10: Communication

The inspector found that appropriate systems were in place to support residents' communication needs. A review of information for two residents confirmed that communication assessments had been completed, and tailored supports had been implemented.

Communication passports had been developed by the staff team, and communication profiles were created by the provider's Speech and Language Therapist. These documents offered clear guidance on how residents expressed themselves and how staff should respond. For example, one resident used single-word phrases, and a personalised communication dictionary had been developed to assist staff in interpreting and responding accurately to their requests.

The inspector was satisfied that the person in charge and the provider had taken appropriate steps to address residents' communication needs. A review of staff training records also confirmed that staff had received training in communication methods, which was a positive finding

Judgment: Compliant

Regulation 12: Personal possessions

The inspector was satisfied that suitable systems were in place to support residents with their finances, where required. Discussions were held with the person in charge and a staff nurse regarding current arrangements, and two residents' financial records were reviewed.

It was noted that some residents managed their own finances, while others required full support. The inspector found that robust systems were in place to safeguard residents from potential financial abuse. Daily finance checks were conducted, and bank statements were regularly appraised to ensure spending aligned appropriately.

The inspector also reviewed evidence of the provider advocating on behalf of certain residents to protect their financial interests.

In conclusion, the inspector was satisfied that effective systems were in place to manage and safeguard residents' finances.

Judgment: Compliant

Regulation 13: General welfare and development

During the course of the inspection, the inspector reviewed information relating to three residents and found that they were receiving a good standard of care that promoted their overall welfare.

For example, residents were being supported to identify social goals, and some were working on skill-focused goals with assistance from staff members. Person-centred plans had been developed for each resident, with the person in charge actively involved in their development.

There was pictorial evidence of residents engaging in a variety of activities with staff support, including day trips, visits to local attractions and beauty spots, and outings such as a trip to Dublin. Additionally, there was evidence that residents were supported to maintain regular contact with their families, in line with their wishes.

In summary, observations and the review of information confirmed that residents

were engaging in activities they enjoyed and that the staff team was providing care and support in a caring and appropriate manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management arrangements were in place within the service. This conclusion was based on:

- a review of individual resident risk assessments
- records of adverse incidents over the previous four months
- systems established to support learning from such incidents.

Individual risk assessments were reviewed and found to be clearly linked to residents' behaviour support plans. Key risk control measures included:

- high staffing levels during the day
- staff training
- implementation of positive behaviour support plans
- these measures were considered proportionate to the level of risk and were not overly restrictive.

While adverse incidents had occurred, the review identified:

- a reduction in incidents where residents negatively impacted one another
- appropriate follow-up for other types of incidents, such as falls.

For example one resident experienced four falls over a four-month period. The inspector noted that the person in charge and the staff team had taken steps to:

- arrange reviews by allied healthcare professionals
- investigate the cause of the increase in falls
- implement measures to reduce future risk
- seek further medical review to support the resident.

In summary, the service demonstrated effective risk management practices, with clear links between assessments and support plans. Staff responded proactively to incidents, showing a commitment to resident safety.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety arrangements in place and found them to be appropriate. Staff had received relevant fire safety training, and there was evidence that fire detection and firefighting equipment had been serviced regularly, ensuring systems were maintained in good working order.

The inspector reviewed fire evacuation records and found that:

- fire drills were conducted monthly, with all staff completing at least two drills per year
- the inspector reviewed the last four fire drills and confirmed that both residents and staff were able to safely evacuate the premises during day and night-time scenarios.

The inspector reviewed three residents' personal emergency evacuation plans (PEEP's):

- the inspector identified areas for improvement in the PEEP's of two residents.
- these issues were discussed with the person in charge and the director of nursing, and were addressed on the day of inspection.

In summary, the fire safety systems were found to be well-maintained and supported by regular staff training and drills. Evacuation procedures were effective, and documentation issues were promptly resolved

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management practices in the centre and found them to be appropriate. Nursing staff were responsible for administering medication at all times. The inspector discussed the medication management arrangements with the nurse on duty, who demonstrated the storage facilities; these were found to be suitable.

Two residents' medication kardexes were examined, and the inspector confirmed that prescribed PRN (as required) medications were available. When questioned, the staff nurse explained the system for storing and returning medication that was out of date or no longer required.

The inspector also noted that some residents' medications were under close review, with adjustments being made to better meet their needs.

In summary, the inspector found that the medication management practices in place were compliant.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information relating to three of the residents' and found that the person in charge, along with the staff team, had ensured that appropriate assessments of each resident's health and social care needs had been completed.

Following the completion of assessments, care and support plans had been developed to guide staff in delivering person-centred care. The inspector reviewed a sample of these documents and found that the plans were subject to regular review and were responsive to the changing needs of the residents. The plans provided clear and practical guidance to staff on how to appropriately support each individual, ensuring consistency and quality in the care provided.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the systems in place to support residents' health needs and found them to be appropriate and well-managed. A sample of healthcare information for two residents showed that nursing assessments had been completed, and both long- and short-term health action care plans were in place. These plans were regularly updated to reflect changes in residents' health needs, ensuring staff had access to accurate and current information to guide care.

Residents were supported by the provider's multidisciplinary team and allied healthcare professionals as required. Notes attached to care plans demonstrated that staff were actively following up on medical appointments and advocating on behalf of residents to ensure continuity and quality of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed information for three residents and found that they were receiving appropriate positive behavioural support from members of the provider's multidisciplinary team, including mental health professionals.

Behaviour support plans for two residents were found to be person-centred and comprehensive. For the third resident, a risk management plan had been introduced to address behaviours of concern linked to a known trigger. These plans provided valuable insight into each resident's behaviours, their potential communicative

function, appropriate staff responses, and strategies to reduce the occurrence of challenging behaviours while promoting positive outcomes.

Records also confirmed that staff had received training in managing challenging behaviours. A staff member interviewed during the inspection described the measures taken to support residents during periods of escalation, demonstrating a clear understanding of the behaviour support strategies in place.

The inspector reviewed a sample of adverse incidents that had occurred in the service this year. The inspector found that behavioural incidents were effectively managed by the staff team and that the safety of the residents and those supporting them was maintained

Judgment: Compliant

Regulation 8: Protection

The inspector found that appropriate systems were in place to ensure residents were safeguarded from actual and potential abuse. Staff had received relevant safeguarding training, and as noted earlier in the report, two staff members demonstrated clear understanding of the steps to take if concerns arose.

Prior to the inspection, the inspector was aware of safeguarding concerns raised by the person in charge. These related to incidents where residents had negatively impacted each other through verbal and intimidating behaviour. The person in charge had submitted the required notifications to the Chief Inspector and other relevant bodies.

The inspector reviewed these incidents and found that the person in charge and staff team had responded appropriately. During the inspection, a staff member described measures being taken to reduce such incidents, which were aligned with individual risk assessments and behaviour support plans.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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