



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0002481
Fieldwork ID:	MON-0048504

## About the designated centre

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

The Health Services Executive operates this centre. It provides full-time residential care and support to four adults with disabilities in a community-based house located in Co. Westmeath. The house is near a large local town and a number of villages. The house is staffed on a 24/7 basis by a person in charge and a team of staff nurses and health care assistants. Each resident has their own bedroom, on of which has an en-suite bathroom. The communal facilities include a well-equipped kitchen/dining room, one large sitting room, a small TV room, a utility room and two communal bathrooms. There is a well maintained private garden to the back of the property, with adequate private parking (and on-street parking) to the front of the house. Transport is provided so that residents can access a range of community-based amenities such as shops, shopping centres, restaurants and hotels.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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 25 November 2025	10:20hrs to 15:40hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall this centre was well resourced which meant that residents were in receipt of person-centred care, enabling them to make decisions and choices on a day to day basis about what they wanted to do. Minor improvements were required in two regulations under risk management and governance and management.

This inspection was unannounced and was conducted to assess ongoing compliance with a number of regulations. This inspection also followed up on actions from the last inspection which included improvements in the premises and infection prevention and control systems.

This centre is registered to support four residents, however at the time of the inspection only three residents lived here. On arrival to the centre, one of the residents had left to attend a day service they attended Monday to Friday. Another resident was up and getting ready to attend an art and music class, and the other resident was still in bed, but was planning to go out later in the day. Over the course of the inspection, the inspector only met two of the residents, as the other resident was not due back to the centre until around six o'clock.

The person in charge facilitated the inspection and the inspector spoke to one staff member, reviewed records pertaining to the management of the centre and observed some practices.

On the day of the inspection, three staff were due to be on duty, however due to unplanned leave there were only two staff on duty and the person in charge who did not normally work directly with residents had come to the centre to support the two staff on duty. The inspector found that this did not impact on the care provided on the day of the inspection as there were sufficient staff on duty to meet the needs of the residents. Staff also had the support of an on call manager when the person in charge was off duty later in the day. However, as discussed under risk management there was no risk assessment in place to provide assurances that staff can meet all of the residents' needs in a timely manner when there are no nursing staff on duty. This required review.

The house was homely, clean and warm on the day of the inspection. Since the last inspection a new kitchen had been installed and a shower room downstairs had been remodelled. There was also a plan, following an audit conducted in the centre that the outside of the property was due to be painted by June 2026. One resident showed the inspector their bedroom, which they said they liked. The bedroom was designed in line with the residents' wishes and preferences. As an example, the resident liked to keep notes on certain things and had a number of them neatly laid out the way they liked them on a dressing table. The resident also liked to collect bottles for recycling and liked to store them in their bedroom and then donated them to the day service they attended to go towards a collection for a charity of

their choice. Another resident told the inspector that they had picked the colour of their own bedroom, in their favourite colour yellow.

The residents were supported to have active meaningful lives and engaged in activities that interested them. As an example, one of the residents informed the inspector that going to Mass every Sunday was important to them and this was facilitated. The resident had also made a trip to a religious shrine this year. As stated one of the residents attended a day service every day, another resident attended two days a week and another attended different activities at local community groups. Every Wednesday the residents went out for dinner as a group and a staff member went through a typical weekend for the residents. Two residents liked to visit family members some weekends. Last weekend two residents had went shopping, one stayed at home to watch a rugby match and everyone had gotten a takeaway on Saturday night. One resident who talked to the inspector, informed them that they had got all their shopping done for Christmas at the weekend.

Residents were also supported to keep in touch with family and as stated residents liked to go to visit family or keep in contact with them via phone. Residents got to make decisions about what they wanted to do. As an example; a resident had attended an appointment for a check-up recently and had said they did not particularly get on with the person facilitating the check up. The person in charge supported the resident to attend a different person the next time they needed this particular check-up.

Residents had weekly meetings and a review of the minutes of those meetings showed that residents had a right to decline attending them if they wished. While residents were informed about their right to feel safe, the importance of fire drills, upcoming events and about complaints, the inspector observed that some minor improvements were required in gathering the views of residents about aspects of the service. This is discussed under governance and management of this report.

Over the course of the inspection, staff were observed to be warm and friendly when interacting with the residents and treated them with respect and dignity at all times. The inspector observed that one resident for example; liked to be addressed using a specific name and staff were observed respecting this with the resident.

One staff who met with the inspector knew the residents very well and spoke about the residents' likes and dislikes, activities they liked to do, their connection with families and their healthcare needs. One resident said that they liked the staff and the people they shared their home with.

Overall, the residents here were observed to have a good quality of life, that aligned with their wishes and preferences, notwithstanding two minor improvements were required under risk management and governance and management.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

Overall at the time of this inspection the centre was adequately resourced. The centre was managed well and the person in charge demonstrated very good oversight of the centre. Two minor improvements were required, under governance and management and risk management.

There were effective governance and management arrangements in place to oversee and review the care and support provided in the centre. However, the registered provider had not collated the views of residents, or their family representatives where relevant in the annual review of the centre for 2024.

There were sufficient staff employed to meet the needs of the residents. At the time of the inspection there was one staff vacancy and this was being filled by one regular consistent on call nurse.

Staff had been provided with training to meet the needs of the residents and the person in charge had a system in place to ensure that refresher training was completed in a timely manner.

A review of incidents in the centre, showed that the Chief Inspector had been notified as required under the regulations.

## Regulation 15: Staffing

The staff team skill mix comprised of nurses and healthcare assistants. At the time of the inspection there was one staff vacancy. A consistent on call agency staff was employed to cover this vacancy. This meant that residents were ensured consistency of care during these times.

There were three staff rostered to work (some days) and two staff on other days. Each night there were two waking night staff. A staff nurse was on duty each day and each night. However, on the day of the inspection there was no nurse on duty due to unplanned leave. While the inspector found that this was not impacting on the residents at the time of the inspection as the person in charge came to assist with medicines and other duties, there was no risk assessment conducted to provide assurances that non nursing staff had the skills and training to support the residents' needs in the centre should this occur again. This is discussed further under risk management of this report.

A review of a sample of rosters in June, September and October 2025, showed that there was at least two staff on duty each day and two staff at night. Given the needs of the residents and the fact that there were only three residents living there at the time of the inspection, the inspector was assured that this was sufficient to meet the needs of the residents.

A senior manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents. As well as this when the person in charge was not on duty, the staff team had the support of another clinic nurse manager employed in another area operated by the registered provider.

A staff member informed that inspector that felt very supported in their role and had no concerns about the quality of care provided in the centre.

Two staff personnel files were reviewed as part of this inspection and were found to contain most of the requirements of the regulations. Both staff for example had up to date Garda vetting on file. However, a reference for one staff from their previous employer was not on file in the designated centre. The person in charge followed this up with the Human Resource Department and submitted written confirmation the day after the inspection, confirming that the Human Resource department had this reference in their files and would transfer a copy to the person in charge for their files.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had been provided with training to meet the needs of the residents and keep residents safe. The person in charge also had a system in place to ensure that refresher training for staff was completed in a timely manner. Some of the training provided included:

- Safeguarding of Vulnerable Persons
- Fire Safety
- Basic Life Support
- Moving and Handling
- Feeding Eating, Drinking and Swallowing (FEDS)
- Supported Decision Making
- Malnutrition Universal Screening Tool (MUST)

One staff member who met with the inspector, said they felt that the person in charge was very supportive to them and said if they had concerns, they would have no hesitation talking to the person in charge about those concerns.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance and management arrangements in place in this centre at the time of the inspection. Improvements were required in the annual review for the designated centre to ensure that it included feedback from the residents and/or the residents family representatives.

The person in charge was employed full time in the organisation, and was also responsible for another designated centre operated by this registered provider. Both centres were close by to each other and the person in charge split their time during the week between each centre.

Each day a shift lead was appointed who was accountable for the care and support provided when the person in charge was not on duty. There are adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The annual review, however did not include feedback from the residents or their family representatives as required under the regulations. This required review.

Other audits were also conducted on other practices such as medicine management, residents personal possessions and infection prevention and control. A sample of actions followed up from these audits showed that the person in charge had completed any actions required. As an example, the audit for medicine management showed that a medicine management capabilities assessment should be completed with all residents and this was completed.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. This included 6-8 weekly staff meetings and arrangements in place for staff supervision meetings.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose reflected the facilities and services provided in the centre. It was also updated at least annually or when any changes occurred in the services provided. Some minor improvements were required to ensure that the governance

and management structures were accurately reflected in this document. The person in charge completed this prior to the end of the inspection

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the adverse incidents that occurred in the centre since January 2025, informed the inspector that the person in charge notified the Chief Inspector of any relevant adverse incidents within the specified time frames required under the regulations.

Judgment: Compliant

### Quality and safety

Overall, the residents living in this centre were provided with person-centred care which ensured residents were being included in decisions around their care and support. One minor improvement was required under risk management.

Residents were supported with their health and emotional needs and had regular access to allied health professionals. A sample of healthcare plans viewed showed that they guided practice for staff and the plans were regularly reviewed to ensure that the care being provided was effective.

Residents were supported with their general welfare and development. They chose activities in line with their personal preferences, were supported to maintain links with family and were actively involved in their community.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. One risk pertaining to the skill mix of staff had not been risk assessed to ensure that all risks had been mitigated.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

All staff had completed training in safeguarding vulnerable adults and residents had been provided with education and advice about their right to feel safe in the centre.

### Regulation 13: General welfare and development

The residents were supported to have active meaningful lives and engaged in activities that interested them. As an example, one of the residents informed the inspector that going to Mass every Sunday was important to them and this was facilitated. The resident had also made a trip to a religious shrine this year.

One of the residents attended a day service every day, another resident attended two days a week and another attended different activities in local community groups. Every Wednesday the residents went out for dinner as a group and a staff member went through a typical weekend for the residents. For example; two residents liked to visit family members some weekends. Last weekend two residents had went shopping, one stayed at home to watch a rugby match and everyone had gotten a takeaway on Saturday night.

Some of the other activities that residents liked to attend included, computer training classes, art classes, exercise classes and going bowling. They also liked, going out for coffee and shopping, and one resident informed the inspector that they had got all their Christmas shopping done recently.

Residents were also supported to keep in touch with family and as stated residents liked to go to visit family or keep in contact with them via phone. One of the residents had recently got an IPAD which they were very happy about.

Judgment: Compliant

### Regulation 17: Premises

The actions from the last inspection had been completed as a new kitchen had been installed and one of the bathrooms had been remodelled.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had risk management procedures in place to show how risks were to be managed in the centre. This included a site specific safety statement. Some of the risks included in this, related to the risk of falls, which were risk rated at 6, meaning they were a low to medium risk. One risk related to potential falls on the stairs and the inspector observed hand rails on the stairs for residents to minimise a risk of falls. The residents also had access to occupational therapist in the event that their mobility declined in the future.

A review of adverse incidents occurring in the centre, showed that only one incident had occurred in the last year. This had been reported to relevant authorities and

there had been no concern reported from the way in which this incident was managed.

However, there was no risk assessment in place to provide assurances or outline controls that needed to be in place, when there were no nurses rostered to work in the centre, which happened from time to time. While the inspector was assured from talking to staff and the person in charge around some of those arrangements. These were not included in a risk assessment to assure that all potential risks were addressed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had systems in place to prevent or manage an outbreak of fire. This included a fire risk assessment which outlined control measures to prevent and manage this risk. Some of the control measures included training for staff, the provision of fire safety equipment and regular fire drills.

Fire safety equipment included emergency lighting, a fire alarm, fire extinguishers, fire doors with self closure devices, and a fire blanket. This equipment had been serviced by competent fire personnel, emergency lighting and the fire alarm had been serviced in April, July and October 2025 and fire extinguishers had been serviced in September 2025. The fire doors had also been checked in July 2025 where it was noted that some issues had been identified. This report had been sent to the maintenance department and the report was not available on the day of the inspection in relation to this. The person in charge, conducted a test of the fire alarm on the day of the inspection to assure that all fire doors were working. All of the doors closed, however, three did not fully close. This was immediately reported to the maintenance personnel who agreed to visit the centre that day. The person in charge submitted written assurances the day after the inspection, confirming that the maintenance department had visited the centre after the inspector left to address this concern. This provided assurances to the inspector that the issue was reviewed in a timely manner.

Staff also conducted daily, weekly and monthly checks to ensure that effective fire safety systems were maintained and a review of records showed that no issues had been identified.

Residents had personal emergency evacuation plans in place outlining the supports they required. These had recently been reviewed in July 2025. One staff member went through the fire evacuation procedure for the centre and was clear about the support residents required. As an example, they were aware that one resident might require to be linked when leaving during an evacuation.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre. As an example fire drills had been conducted during the day

and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both of those occasions in a timely manner. It also observed that there had been no difficulties reported during these fire drills.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate supports around their health and emotional needs. Care plans were also in place to support residents in achieving best possible health and these plans were being reviewed regularly to ensure that the supports provided were effective. A staff member went through some of the residents' health care needs and this aligned with the information recorded in the residents' personal plans.

Residents were provided with information about national healthcare screening programmes available to them and one resident had recently attended an appointment for one of these health screening programmes.

Residents had a right to refuse specific health interventions and the residents general practitioner had been made aware of this.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults and residents were provided with regular education about staying safe at residents meetings. There had been no safeguarding incidents reported to the Chief Inspector, since the last inspection of the centre.

One resident who spoke to the inspector said that they felt safe, and would talk to a staff member if they had a concern. They said they liked the staff team and the people they shared their home with.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were involved in decisions around their lives and there were adequate resources in place which enabled residents choice around things they would like to do each day.

Residents meetings were held to discuss things they might like to do, or to provide education about keeping safe or how to make a complaint.

Residents had a right to refuse specific healthcare treatments recommended to them and staff provided residents with informal education about this.

Staff had been provided with training about supported decision making, which meant that staff were empowering residents to make their own decisions or providing support to them when needed.

The diversity of each resident was respected. For example; one resident liked to be called by a specific name and this was respected by all staff.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillview OSV-0002481

Inspection ID: MON-0048504

Date of inspection: 25/11/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward feedback from both residents and their families will be actively sought and formally documented as part of all annual and 6mthly reviews of the designated centre. The next 6mthly review will be conducted on 11/12/25 and annual review 17/04/26</p>	
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>A risk assessment has been completed outlining the potential impact of a staff nurse shortage within the designated area, along with the current control measures in place to mitigate this risk.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	11/12/2025
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	09/12/2025