



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

Issued by the Chief Inspector

Name of designated centre:	Seaview Respite Service
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0002521
Fieldwork ID:	MON-0042136

About the designated centre

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

Seaview Respite House provides a holistic respite service supporting both children and adults on an alternating basis in a home from home environment. Seaview Respite House provides accommodation for up to four residents with autism, intellectual disability, and or physical and sensory disabilities.

The age range of adults to be accommodated is from 18 years, and children is from 6 to 18 years. Adults and children do not avail of respite service at the same time. The designated centre is a two-storey house in a coastal area close to a rural town. The centre has its own vehicle to enable residents to access amenities such as shops, playgrounds, cinemas and restaurants, during their respite breaks. Residents have their own bedrooms, and use of a kitchen, dining room, sitting room, laundry area, bathrooms, an outdoor yard and small garden. Residents are supported during their respite breaks by a staff team including the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 18 November 2025	09:00hrs to 14:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The service in this centre was of a good quality. The provider had systems to monitor the quality of the service. There were clear management structures so that issues could be escalated and addressed. The provider had systems to ensure that the health, social and personal needs of residents were identified and supports to meet those needs were implemented. Through regular meetings with residents and the provider's complaints procedures, residents were given the opportunity to raise any issues and to be included in the running of the centre. Residents were supported to engage in activities that they enjoyed.

The centre consisted of a two-storey house in a rural location. The house was a short drive from a large town with cafes, restaurants, a cinema, bowling alley, swimming pool and other amenities. The centre was registered to accommodate up to four residents. The centre had two bedrooms on the ground floor and two bedrooms on the first floor. One of the ground floor bedrooms had an en-suite bathroom with level access shower. There were also two shared bathrooms, one downstairs and one upstairs. The communal rooms in the centre consisted of a sitting room, kitchen, dining room and utility room. Outside, the grounds were well maintained. A new fence had been installed around the perimeter of the property since the last inspection. Refurbishment works had also been completed on the outdoor play area. This area now had rubber mats with a swing set, slide, in-ground trampoline and sand pit.

The centre was warm and comfortable. It was clean and tidy throughout. The front and back door were accessible via ramp and there was level access into the outdoor play area. The en-suite ground floor bedroom had a tracking hoist. The doorway into this bedroom was of standard size and may not be able to accommodate larger wheelchairs. The person in charge reported that all residents in the service who mobilised with a wheelchair were able to access this bedroom. The main bathroom downstairs also had a tracking hoist. The person in charge reported that this bathroom had been refurbished since the last inspection of the centre. It was a wetroom with level access shower. The handrails around the toilet and sink were a dark colour to accommodate the needs of residents with visual impairments. The centre had a padded sensory pod with lights and was fitted with speakers. The dining room also had couches, a television and bubble tube.

The centre had signage throughout that was relevant to the support needs of residents. In the hallway, there was signage with information relating to fire evacuation, complaints and safeguarding. Staff reported that this signage could be removed from the walls easily and this was necessary to meet the needs of some residents who did not like too much visual information in the centre. The centre also had communication boards on the walls throughout the house. These boards had words and symbols relating to the activities within that room. For example, the

kitchen communication board had symbols relating to food and meals. The communication boards in the bedroom had symbols for 'tired' and 'pyjamas'.

The residents who availed of the service in this centre had differing health, social and personal care needs. Typically, residents stayed in the centre for a few nights every few weeks. During their admission, they were supported to engage in activities that they enjoyed and to treat their time in the centre as a break and a holiday. The centre provided respite services to children and adults on alternating weeks. Children and adults were not in the centre at the same time. The person in charge said that the décor and equipment used in the centre varied depending on the needs and age profile of the residents. For example, when children resided in the centre, toys and games were left in the living room and dining room.

On the day of inspection, two adult residents were finishing their stay in the centre and preparing to leave when the inspector arrived. The inspector had the opportunity to meet with both residents in the morning. They told the inspector that they enjoyed coming to the centre. They said that they liked their room and the building. They said that staff were nice and that they felt safe in the centre. They spoke about some of the things that they enjoyed doing during their time in the centre. This included clothes shopping, going to the cinema and enjoying meals in restaurants. Both residents had plans to return to the centre in a few weeks' time and they said that they were looking forward to coming back. The provider had scheduled a fire drill on the morning of the inspection and the inspector completed the drill with residents and staff. The drill showed that residents were aware of the steps that they should take in the event of an emergency evacuation of the centre. Staff supported the residents in line with their personal evacuation plans. This will be discussed further under regulation 28: fire safety precautions.

In addition to the person in charge, the inspector also had the opportunity to meet with two staff members. They were knowledgeable on the needs of residents in the centre. They spoke about how they were updated on any relevant information about residents before residents came to stay in the centre. They said that information was shared through documents, handovers, diaries and team meetings. Staff gave specific examples of some of the supports that they offered to residents in relation to the management of their behaviour. These examples were in line with the residents' behaviour support plans. Staff were knowledgeable on the steps that should be taken if a safeguarding incident occurred. They knew who to contact in the event of an emergency, including emergencies that might occur outside of regular business hours.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how this impacts the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits that were completed by staff in the centre and by inspections of the service by provider representatives. Actions from these audits were documented and the progress towards their achievement was recorded. Residents and family members could provide input on the quality of the service through an effective complaints procedure. Residents were familiar with the complaints procedure and said that they would raise any issues with staff. They were given opportunities to make suggestions for improvements at the end of their admission to the service and this feedback was audited by the provider.

The staff in the centre were very familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that were mandatory for all staff and that were specific to the needs of residents in this centre.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of residents.

As outlined in the opening section of the report, the number of residents staying in the centre and the levels of support that they required varied. The provider demonstrated that they had the required number of staff and flexibility within the staff to ensure that these needs could be met. The inspector reviewed the planned rosters for the centre from the day of inspection to 16 December 2025. These showed that the number of staff on duty was in line with the number of residents in the centre and their assessed needs. The rosters also clearly documents when staff were due to attend training days or were on leave. There was one vacancy in the service on the day of inspection and a recruitment campaign to fill this post was underway.

There was a system where unplanned leave could be filled from the existing team. The inspector reviewed this procedure on the day of inspection. This meant that the team working in the centre were consistent and familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The staff working in this centre had up-to-date training in modules that the provider had identified as mandatory. This meant that staff had been given the necessary knowledge and skills to meet the needs of residents.

The inspector reviewed the training records for the staff in the centre. These showed that staff training was largely up to date in the 21 modules that had been identified by the provider. Three new members of staff had recently commenced work in the centre. They had completed all necessary on-line training courses and had dates booked for all in-person training that they required. The person in charge reviewed the training records every month to identify if staff required refresher training. This was recorded in the person in charge's monthly audits that were reviewed by the inspector. Training days were also recorded on the centre's staff roster.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures in this centre and good systems of oversight. This ensured that issues were identified, escalated and addressed.

The lines of accountability were clearly defined in the service. When speaking to the inspector, staff were clear on who to contact should any issues arise. There was a system where staff could contact a senior manager at all times, including outside of regular business hours. Staff were kept informed of issues relating to the service through regular team meetings. The inspector reviewed the minutes of the most recent team meeting from 29 October 2025. This meeting included a review of all incidents that had happened in the centre since the last meeting and the learning outcomes from the incident reviews.

The inspector reviewed the audits that were completed in the centre by team leaders and the person in charge from June 2025 to October 2025. The team leaders completed weekly audits of residents' documentation and routine checklists completed by staff in the centre. Where an issue was identified, this was recorded as an action plan. The action plan was reviewed the following week to ensure that it had been addressed. The person in charge had oversight of this system and completed audits on a monthly basis. These monthly audits also included a review of staff supervision, risk management, staff training and complaints. Again, actions from these audits were recorded and processed by the following month or carried forward, if required. This system meant that the quality and safety of the service was under constant review. It ensured that the provider had oversight of the service that was delivered in the centre to ensure that it met the needs of residents and was of a good quality. It also meant that issues for service improvement were addressed in a timely manner.

The provider completed unannounced audits of the service every six months, in line with the regulations. The inspector reviewed the most recent audit that was completed on 1 October 2025. This was completed by a senior manager external to the service. Again, actions from previous audits were recorded as complete or in progress. This audit included an overview of the findings from local audits and incidents in the centre to identify any trends that could be addressed. The audit was comprehensive and gave specific targets for service improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a system where residents and family members could raise issues with staff and that these were addressed.

The provider's complaints procedure was on display in the centre. Residents told the inspector that they would be comfortable raising issues with staff. A review of any complaints received was included as a regular agenda item at staff meetings. Complaints were also included in the team leader's monthly audits. Following each residents' admission to the centre, staff completed a feedback questionnaire with residents to see if there could be any improvement to the service. The inspector reviewed records of these feedback sessions for four residents and found that staff recorded any suggested changes made by residents. This meant that the provider welcomed feedback and had systems where residents' opinions on the service could be heard and valued.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports had been put in place to meet those needs. Residents were supported to engage in activities that they enjoyed. The residents' communication needs were recorded and supports were available in the centre so that residents could express their wishes. Residents received support in relation to their behaviour and staff were clear on ways to modify the environment in the centre to suit residents' needs. Residents told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. Risks to the residents had been assessed and control

measures to reduce risks had been implemented. The provider had taken steps to protect residents from the risk of fire.

Regulation 10: Communication

The provider had systems to support residents to express their choices and opinions.

As outlined in the opening section of the report, the provider had communication boards located throughout the centre. These acted as supports for staff to present information to residents and for residents to use them to express their choices.

The inspector reviewed the assessments and support plans of three residents and found that these documents contained information about residents' communication needs and the supports that should be given to residents to meet those needs. One resident's file contained examples of picture-based social stories to support them to understand the activities that they could enjoy while in the centre.

This meant that staff had the required information and communication aids in the centre to support residents to express their choices and opinions.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the assessed needs of residents.

As outlined in the opening section of the report, the centre was in a good state of repair and was well maintained. On the day of inspection, new pieces of furniture were delivered to the centre to ensure that residents had space to store their belongings. New rocking chairs were also delivered to the centre so that residents could relax in their bedrooms if they wanted. The centre had two spaces with couches and televisions so that residents could spend time apart, if they wished.

The centre was accessible via a ramp at the front and back door. Tracking hoists were located in one bedroom and one bathroom. The centre had the necessary equipment to meet the needs of residents, for example, shower chairs, sensory equipment and profiling beds.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

The inspector reviewed the notes of three residents. These showed that residents' specific dietary needs and preferences were clearly recorded. This record included foods that the resident preferred, the time of day that they liked to eat, whether they liked to eat at the table or in another location, and the specific words that they used to refer to certain foods. The information also included the specific brands of certain foods that residents liked.

Residents were supported to make choices about their meals. Residents were supported to prepare meals in the centre or to go out for meals.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in the centre for the identification, assessment and control of risk.

The inspector reviewed the risk assessments that had been developed for three residents. These were found to be recently developed or reviewed. They were comprehensive and reflective of the residents' assessments of their health, social and personal care needs. There was evidence that risk assessments were reviewed following any incidents that occurred in the centre. It was noted that incident reference numbers were recorded in the risk assessments to signpost staff. This meant that learning outcomes from incident reviews were used to inform control measures and guide staff on how best to support residents.

The inspector also reviewed the most recently updated risk register for the centre. Again, this was found to be comprehensive with clear guidance to staff on how to reduce risks to residents, staff and visitors. The risk assessments had been recently reviewed and risk ratings changed in light of incidents that occurred or control measures implemented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place and these were regularly monitored. This ensured that the provider had taken steps to reduce the risk of fire and to promote the safety of residents in the event of a fire.

As outlined in the opening section of the report, a planned fire drill occurred while the inspector was in the centre. This drill included information about the simulated scenario so that residents left the centre by the most appropriate exit. Staff followed the residents' evacuation plans.

The inspector reviewed the records of daily and weekly fire checks completed by staff in the centre since January 2025. The records showed that these checks were happening routinely and included daily reviews of the centre's fire alarm and detection system and emergency lighting. These were also serviced regularly by an external fire company as shown on the provider's fire records.

The inspector reviewed the records of the five most recent fire drills completed in the centre. These simulated differing scenarios and recorded any learning from the fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal care needs of residents. This meant that the residents' care needs were clearly identified and the appropriate supports could be put in place to meet those needs.

The inspector reviewed the assessments of the health, social and personal care needs that had been completed for three residents. This included children and adults. These were found to be comprehensive and had all been completed within the previous 12 months. Each resident or their family representative were contacted prior to their admission to get an update on their assessments. The inspector found that assessments of need were updated in light of information received through these phone calls or through information from members of the multidisciplinary team.

Support plans were developed to support residents with any needs identified on assessment. These were also reviewed by the inspector. The support plans were kept up to date and gave clear guidance to staff on how to support residents to meet their identified needs. Personal goals were developed with each resident when they began their respite stay. Daily records for residents indicated that residents were supported to achieve these goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems in place to guide staff on how to support residents to manage their behaviour.

The inspector reviewed a behaviour support plan that was developed for a resident. This had been developed by a suitably qualified professional and was last update in September 2025. This document was specifically developed for the service and guided staff on the supports that should be offered to the resident while in respite.

The provider had good systems to review and monitor the use of restrictive practices in the centre. The inspector reviewed the restrictive practice records for a resident. These outlined the restrictive practice, the reason for its use, the criteria for its use, the alternative practices that had been trialled, and a plan to reduce the use of the restrictive practice. These documents were regularly reviewed and updated by the person in charge and a member of the behaviour support service. There were recorded attempts by the provider to reduce the use of some practices with the resident. This meant that the provider had oversight to ensure that any restrictive practices in the centre were relevant, the least restrictive option and used for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from abuse.

The inspector reviewed the most recent safeguarding plan in the centre. This showed that the provider adhered to their safeguarding procedures. The safeguarding plan was closed. Records indicated that the provider was responsive to the national safeguarding team and had implemented a clear plan to avoid any reoccurrence of the incident. This had included updating the risk assessments for two residents and introducing new control measure to reduce risk.

All staff had up-to-date training in safeguarding. Safeguarding was included as a standing agenda item on staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the daily notes that had been recorded for four residents during their most recent admission to the centre. These showed that residents were offered choices in relation to their meals and activities. In addition, where residents

changed their minds or declined choices offered to them, this was respected by staff. An alternative option was offered and recorded. For example, one resident declined an offer to go for a walk but had availed instead of an offer to go for a drive.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant