



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

## Issued by the Chief Inspector

Name of designated centre:	Abbey View Residences
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	10 March 2026
Centre ID:	OSV-0003453
Fieldwork ID:	MON-0041436

## About the designated centre

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

Abbey View Residences provides accommodation and support in a purpose-built facility of self-contained apartments to 10 adults with physical disabilities and neurological conditions. Residents may also have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as diabetes. Support is provided 24 hours per day, seven days per week and may include respite care. People living within Abbey View Residences direct and participate in their own care. Residents at Abbey View Residences are supported by a staff team which includes a full-time person in charge, nursing staff, and care staff as well as maintenance and administrative support. Staff are based in the centre when residents are present including at night. All residents also have personal assistants for social support.

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

Number of residents on the date of inspection:	9
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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 10 March 2026	09:35hrs to 16:35hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. They were supported by staff who were familiar with their needs and who respected their choices. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality. As a result, the culture within the centre was one that respected the rights of the residents.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre was a large single-storey building in the middle of a town. It was close to shops, restaurants, cafés and other local amenities. The centre consisted of 10 self-contained one-room apartments. Each apartment had one large room that contained the resident's bed, a living space and a kitchen. Every apartment also had its own bathroom with a level-access shower. Each apartment had its own entrance from the outside of the building. In addition, the apartments could be accessed by a door that led onto a central corridor. These doors were fire doors. Some had automatic openers. The person in charge reported that there were plans to install automatic openers to other doors in the building in the coming months. The inspector had the opportunity to view five of the apartments. One apartment was vacant and used for respite services. Four other residents invited the inspector into their homes. All apartments were decorated in different styles. They were warm, bright and suited to the needs of residents. Some kitchens in the centre had been recently refurbished.

The centre also had a number of rooms and facilities that were shared by residents. There was a large communal room with a television in the central part of the building. The person in charge reported that there were plans to refurbish a section of the room to install tea and coffee making facilities. This would make a space for residents to meet socially, if they wished. The centre also had a hydrotherapy room that was in the process of being renovated and was near completion on the day of inspection. A large bath with underwater jets had been installed. There was a reclining seat in the bath. The bathroom had new flooring and an overhead tracking hoist had been installed. The centre also had a separate shower room with shower trolley that could be used by residents. There was a laundry room in the centre where residents could launder their clothes. The centre also had a number of offices and store rooms. Outside, there was a covered area with outdoors heaters. There was an area with picnic benches. The person in charge reported that funding had been secured to redevelop and enhance this area in the coming months.

The inspector met with three residents on the day of inspection. Some residents chose not to meet with the inspector and this was respected. Residents told the inspector that they were happy in their homes and were happy with the services they received from the provider. One resident said "I love it here". All residents were complimentary of the staff. They said that staff were kind, caring and professional. Residents said that staff were available to assist them when they contacted staff. One resident said that the staff were 'excellent' and 'great craic'. Residents said that they knew how to make a complaint and that they would be comfortable raising an issue with the person in charge. One resident said that they felt very safe in the centre and that they knew what to do if they did not feel safe. Residents spoke about some of their upcoming plans and social events. Residents spoke about their interests and hobbies. Residents were well-informed of their rights and told the inspector that they were confident acting as self-advocates. They spoke about their advocacy work and talked about some of the challenges that they face regularly. One resident highlighted that they would like more opportunities to build rapport with staff and fellow residents. Another spoke about their desire for better transportation options within the centre. One resident noted that they did not like the term 'resident' or 'service user' and would prefer to be known as a 'tenant'. Another commented that they felt that too much information regarding their daily lives was recorded; for example, records of the foods consumed by the resident.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Seven questionnaires were returned and reviewed by the inspector. One questionnaire was blank. The others all indicated that residents were happy with the service they received in the centre. Some residents added additional comments about the service. Some were complimentary of staff and the services delivered. Others highlighted some areas that could be better; for example, feeling nervous at night or help to be better positioned in their wheelchair.

In addition to the person in charge, the inspector met with two members of staff. The staff members were knowledgeable on the needs of residents. They spoke about some of the specific supports that they provided to residents. Staff spoke about how they ensured that the rights of residents were respected. This included respecting the residents' choices. Staff were knowledgeable of the steps that should be taken if a safeguarding incident occurred and how to respond appropriately. Staff knew the procedures to follow in the event of a fire. They were very clear on the procedures to be followed during the day and at night time. The information given to the inspector was in line with the information contained within the centre's evacuation procedure.

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

## Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Overview reports of the findings from audits were completed and actions from audits were reviewed at team meetings. Residents could provide input on the quality of the service through an effective complaints procedure. This meant that the residents' input was valued and issues were addressed.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector of Social Services. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained a good oversight of the service through regular audit and team meetings. The person in charge had a

very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from 15 December 2025 to the day of inspection and planned rosters until 5 April 2026. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents.

There had been a change to the staffing arrangements since the last inspection of this centre. The number of staff available throughout the day had increased. In addition, two waking night staff were on-duty where the service had previously had one waking night staff member and a sleepover staff member. The person in charge outlined how the rostering arrangements had resulted in increased flexibility within the service to meet the needs of residents.

Residents said that they were happy with the staffing arrangements in the centre and that they could access support from staff as needed.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The inspector reviewed the training records in the centre. This showed that staff had up-to-date training in modules that the provider had identified as mandatory. Where a staff member required refresher training, this had been identified by the person in charge and a date to complete the training had been identified. Staff received training in modules that were applicable to all residents and had specialised training in areas that were specific to the needs of some residents.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations

Judgment: Compliant

## Regulation 23: Governance and management

The provider had clear management structures and lines of accountability. There were systems of oversight that ensured that the provider maintained oversight of the quality of the service and addressed any issues that arose in a timely manner.

The inspector reviewed the audits that had been completed in the centre in 2025. This showed that the service was regularly monitored. Routine audits included audits of medication management, infection prevention and control, and hand hygiene. The person in charge had developed an overview report from all audit findings for the year to identify any trends. Where required, additional supports were put in place if an issue was noted in this report; for example, additional staff training.

The provider maintained oversight of the service through unannounced visits to the centre every six months. The inspector reviewed the report generated from the last three of these visits. These showed that the provider reviewed the quality of the service and generated specific actions to address any issues identified.

The provider had also completed an annual report into the quality and safety of care and support in the centre. Again, this provided an overview of the monitoring systems in the centre; for example, an overview report on the incidents that had been recorded in the centre in 2025. The report included consultation with residents in relation to the service. An action plan to address any issues was developed as part of the report.

The lines of accountability were clearly defined in this centre. When speaking with the inspector, staff were clear on how to escalate any issues or incidents that may occur. Information was shared with staff through regular team meetings. The inspector reviewed the minutes from the two most recent team meeting in January and March 2026. These meetings covered issues directly related to the care of residents; for example, safeguarding and an update on each residents' care plan. The meetings also covered areas relating to the service as a whole; for example, training and record keeping. Local management meetings occurred on a monthly basis. The minutes of the two most recent of these meetings were also reviewed by

the inspector. These meetings reflected the agenda of the general staff meetings and oversight of findings from audits, incidents and complaints.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had systems in place for the processing of complaints.

The inspector noted that the provider had information on display in the centre that outlined the complaints procedure. The inspector reviewed the records of complaints in the centre from the beginning of 2026. This showed that complaints were recorded and processed in line with the provider's policy. Residents told the inspector that they knew how to make a complaint and that they would be comfortable raising any issues with the person in charge or a member of staff. When speaking with the inspector, staff demonstrated good knowledge of the complaints procedure and said that they were open to feedback from residents in relation to the care and support offered.

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 were put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. 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. The provider had systems in place to protect residents from the risk of fire.

### Regulation 10: Communication

The provider had arrangements in place to support residents to express their needs and wishes.

The needs of residents in this centre relating to their communication varied. All residents had strong communication skills but some required supports to ensure that they could access their communication devices and access personal computers and media devices.

The inspector reviewed the communication guidance document in place for one resident. This gave clear instruction to staff on the supports required by the resident in relation to their communication.

The inspector noted that staff provided the physical supports required by one resident to ensure that they could access their communication device at all times. Staff were observed responding to residents appropriately and chatting comfortably with residents. They were aware of the communication strategies used by residents. Some residents told the inspector that they were comfortable communicating with management through email and this was respected and facilitated by the provider.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to receive visitors as they wished. The provider's visitors' policy was outlined in the centre's statement of purpose and residents' guide. Residents had the space to receive visitors in the privacy of their apartments as they wished. There was also an additional communal room available to residents in the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was laid-out to meet the needs of the residents.

As outlined in the opening section of the report, the centre was a large building with 10 individual studio apartments. Residents told the inspector that they were happy in the centre and with their apartments. The centre was clean, warm and nicely decorated. Enhancement works had been completed in relation to some apartments. For example, some kitchens had been refurbished. The communal bathroom had been upgraded to include a hydrotherapy bath that was accessible to all residents.

The centre was laid out and equipped to meet the needs of residents. It was wheel chair accessible. Automatic door openers had been installed in the centre on the main entrance doors into the centre, the door into the patio area and on some residents' apartments. The provider reported that there were plans to install further automatic door openers in remaining apartments in the coming months. Residents had adequate space to spend time together or in private. There was adequate space for residents to store their personal belongings in their apartments. The provider had renovated a large storage room so that stocks of items that residents required for their personal care could be easily stored on labelled shelves.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had systems in place to protect residents from the risk of fire.

The inspector noted that the centre was equipped with fire detection, alarm and containment systems. There was information on display in the centre that guided the practice of staff, residents and visitors in the event of a fire.

The inspector reviewed the emergency evacuation plans for four residents. These gave clear guidance to staff on the specific steps that should be taken to support residents to evacuate the building in the event of a fire. The information reflected day time and night time scenarios. They outlined the steps that should be taken depending on the number of staff on duty. The inspector also reviewed the centre's evacuation plan that gave an overview of the steps that should be taken to contact emergency services and evacuate the entire centre.

In conversation with the inspector, staff demonstrated very good knowledge of these procedures and could discuss the appropriate evacuation methods that should be used depending on the situation.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of residents were well-managed in this centre.

The inspector reviewed the healthcare plans for two residents. These documents gave clear guidance to staff on how to support residents to meet their specific healthcare needs. The documents were regularly reviewed. When speaking with the inspector, staff demonstrated good knowledge of these plans. The care plans also gave information to staff on what to do in the event of a healthcare emergency.

The inspector observed a staff member assisting a resident with an assessed healthcare need in line with their care plan. Staff had received training in modules that were relevant to the assessed healthcare needs of residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had systems to identify and assess any restrictions that were impacting on residents in the centre.

Restrictive practices were identified through the provider's restraint audits. These audits were regularly completed and an annual review of the audit was completed by the person in charge.

Where a restriction was implemented, this was recorded in the residents' documentation. The documents for two residents were reviewed by the inspector.

The provider had plans in place to reduce restrictions for residents. For example, two residents had not yet received fobs to ensure that doors within the centre opened automatically when they approached them. This had been identified as a restriction on the residents' freedom of movement and the provider had a plan to obtain fobs for the residents in the coming months.

Judgment: Compliant

### Regulation 8: Protection

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

There was one open safeguarding plan in the centre on the day of inspection. This was reviewed by the inspector in addition to a closed safeguarding plan. The inspector noted that the provider had identified, recorded and escalated the incidents appropriately. It was also noted that the provider had been responsive when dealing with external agencies and that the residents had been kept informed throughout the process. Plans were implemented to avoid a recurrence of any incident and to ensure the safety of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted and respected in this centre.

Residents said that their rights were respected in this centre.

As outlined in the opening section of the report, residents in this centre were strong self-advocates. The provider had systems in place where the voice of residents could be included in the running of the centre and in decisions about residents' care and support. This included a provider-led advocacy group that was available to residents. The inspector noted that a meeting had taken place in March 2026 and another was planned for April 2026. The provider had a defined complaints procedure and residents knew how to avail of it. Residents said that they would be comfortable making a complaint.

The inspector noted in documentation that residents' choices were respected. For example, one resident declined to complete their physiotherapy exercises. This was respected by staff. Residents' chose when they wanted assistance from staff and the service was sufficiently flexible to accommodate this. For example, staffing arrangements were such that residents chose the time of day that they went to bed, rather than having a set time due to staffing numbers.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant