



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

## Issued by the Chief Inspector

Name of designated centre:	Maryville Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	29 September 2025
Centre ID:	OSV-0005520
Fieldwork ID:	MON-0048226

## About the designated centre

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

This is a residential service managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. This centre comprises of a two-storey house and can accommodate up to four female residents with low to moderate intellectual disability from 18 years of age to end of life. The centre comprises of a hallway, four residents' bedrooms, one staff room, a kitchen and dining area, a utility room, a shared bathroom, a shared toilet and two sitting rooms. Residents also have access to well-maintained gardens to the front and rear of the centre. During the day, residents are supported by a team of staff consisting of nursing support and healthcare assistants. At night, residents are supported by a waking night staff, to ensure their health and safety needs are met.

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

Number of residents on the date of inspection:	4
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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
Monday 29 September 2025	10:30hrs to 17:30hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

This inspection found that residents living in Maryville designated centre were provided with good quality, person-centred care that promoted their wellbeing, rights and protection.

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

On arrival to the centre, the inspector was greeted by a staff member who was working in the centre for the day. The inspector provided a document called 'Nice to Meet You' that inspectors use to support residents to understand about why they are visiting their home. Two residents were in the centre at the time the inspector arrived, and were having a lie on in bed. Two residents were at their day services. The inspector got the opportunity to meet and speak individually with all four residents during the course of the day. In addition, two staff members were spoken with.

The house was a two storey detached house on the outskirts of a town and in easy access to a range of amenities. Overall, the house was found to be homely, clean and nicely decorated. Some maintenance actions, for example, flooring repair upstairs and redesigning of the garage to have a dedicated space for residents, required completion which would further enhance the residents' home and create a safer space. These actions had been identified by the management team and they were included on action plans for the centre. The management team had recently escalated the actions to senior management and were awaiting the actions to be completed. In addition, the local management team spoke about getting alterations to the house to better support residents' mobility as they age, with a more long-term plan being considered.

Residents had their own individual bedrooms, which they proudly showed the inspector. Bedrooms were nicely decorated, colourfully furnished and reflected each residents' individual personality with ample storage for individual items of interest and belongings. The communal spaces in the house consisted of two sitting-rooms, a kitchen, utility room and a room (garage adjacent to the house) that was used for storage and as an activity room for residents. There were plans to re design this room to create a dedicated activity room for residents and to remove items that were stored here to another location. One resident had an en-suite bedroom and other residents had access to bathrooms both upstairs and downstairs. The house was warm and homely, with framed art work and photographs of residents and their family members on display in the living areas. Residents had access to televisions, movie applications, technological devices, Internet, and music players in line with their choices. Residents also had televisions in their bedrooms where they could

spend time alone watching their preferred programmes or movies.

All residents spoke with the inspector individually. Staff members were available to support residents to communicate in their preferred manner if they chose this. All residents said that they like living in Maryville, that they got on well with each other and that they felt safe. Residents said that they could choose what they wanted to do each day, and that this was supported. One resident had a visual schedule for the week, which they showed the inspector. They said that it helped them to plan their week and to know what was happening. One resident said, through their preferred communication method, that Maryville was a 'happy home'.

Residents had a wide range of interests that they were involved in. Within the house residents enjoyed crochet, doing puzzles, arts and crafts, baking, gardening and watching movies. Residents attended an external day service throughout the week and chose the number of days that suited them. All residents enjoyed having Fridays off, where they planned beauty treatments, got their hair done and went shopping. Residents also enjoyed going to music concerts, going away on holidays, going on day trips and having meals out. One resident enjoyed a holiday to Lourdes recently. Other residents went on various day trips and to concerts throughout the Summer. Residents organised a tea party in their home over the Summer, which was attended by friends and family. There were photographs available for review showing residents' enjoyment of their various holidays and activities.

It was clear to the inspector that residents had the autonomy to decide on how they lived their lives. They were supported with easy-to-read information on various health, protection and wellbeing topics. On the day of inspection, residents could be seen making choices about how they spent their day. Two residents chose to go to the gym in the evening and one resident was involved in decorating the house for Halloween. Residents were observed to be freely moving around their home, getting snacks and beverages as they wished. Residents spoke to the inspector about some of the supports that they received, such as a visual schedule for the week, and an alarm to alert staff if they needed support. Residents were observed using the stairs to go up and down to their rooms. When asked, residents said that they could manage this without difficulty. The management team spoke of plans to review this to meet the needs of residents as they aged and their mobility changed.

Staffing levels included three staff during the day and two staff doing waking shifts at night. The staffing levels had been increased in response to an incident that occurred in August 2025, where one resident required surgery and required more support in their home. One staff member spoken with was very knowledgeable about residents' needs. It was clear from the discussions with the inspector, that the staff member knew residents well and treated them with dignity and respect.

Overall, Maryville was found to provide good quality, person-centred care that supported and responded to residents' needs. It was clear that residents were consulted about their day-to-day lives and that individualised care was provided.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance

and management affects the quality and safety of the service provided.

## Capacity and capability

This inspection found that there were good management systems in place to ensure that a person-centred service was provided. The provider ensured that there were policies and procedures in place to provide guidance for delivering safe care and support. These included procedures for safeguarding, positive behaviour support and the protection of residents' personal possessions. Overall, there were very good arrangements for overseeing the implementation of these procedures; however improvements were required in the documentation of residents' possessions.

There was a clear governance structure in place. The person in charge had responsibility for three designated centres all located close by each other. They worked full-time and were present at the centre a few times per week, the days of which were noted on the roster. The arrangements in place supported them to effectively manage and oversee the centre.

The centre was found to be well resourced. The staffing levels and skill mix were found to meet the needs of residents at this time. In addition, staff members were provided with ongoing training to ensure that they had the skills to support residents with their needs.

Overall, the centre was found to be well managed and promoted the protection of residents and supported their wellbeing.

## Regulation 15: Staffing

The centre was found to have suitable numbers and skill mix of staff to support residents with their needs.

The skill mix of staff in Maryville included nurses and healthcare assistants. The staffing levels had recently been increased in response to one resident's changing needs. This meant that there were now two waking staff at night time and three staff members during day hours. In addition, the nursing hours had been increased in the centre which meant that there was now a nurse on duty each day. All of this demonstrated that the provider was responsive to residents' changing needs which meant that residents needs were met in a timely manner.

The inspector reviewed the planned and actual rosters for the two weeks prior to the inspection, where it could be seen that the planned staffing numbers were in place both day and night. One staff member who recently started in the centre was spoken with. They described the induction programme and supports that they were

given, some of which were still in progress. While some agency staff were used to fill gaps, they were consistent and regular staff members which helped to ensure continuity of care was provided. The inspector was informed that a plan was in progress to address staffing gaps which would further strengthen the arrangements in ensuring continuity of care.

A sample of five staff members' Garda vetting was reviewed by the inspector, including the temporary staff working there, and were found to be in place for all.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that staff were provided with ongoing training, including refresher training, as part of their continuous professional development. In addition, staff members were provided with supervision meetings with their line manager. This meant that staff members were provided with the knowledge, skills and supports to provide safe and good quality care to residents.

A sample of five staff member's training records were reviewed by the inspector. These included both permanent staff and agency staff that worked in the centre. The records reviewed showed that for the most part, staff members had the mandatory training completed as required, which included behaviour management, safeguarding and Children First. One new staff member was due to complete the behaviour management training and five staff members required refresher training in this. The management team were aware of this and this training was planned for the day after this inspection.

In addition, the management team had a schedule in place for supervision meetings to occur with individual staff members, which they showed the inspector. Staff members spoken with said that they felt well supported.

Judgment: Compliant

### Regulation 23: Governance and management

There were good arrangements for the management of the centre. This included a clear governance structure and arrangements for the ongoing review of practices in the centre. However, the following required review:

- The inspector reviewed two residents' personal possessions inventory where it was found that there were gaps in the information held. This meant that it was not clear when residents purchased items of value, and therefore it



wasn't always clear if their personal property was still in their possession.

Notwithstanding that, there was a good system in place for the ongoing review of other practices in the centre. This included an annual audit schedule completed by the person in charge. This included audits of finances, medication, complaints, incidents and health and safety areas.

The provider also completed unannounced visits every six months as required in the regulations. The last two provider reports (completed in January and June 2025) were reviewed by the inspector. These showed that the provider visits were generally effective in identifying areas for improvement in the centre. Actions identified were then added to the centre's quality improvement plan, which was under ongoing monitoring. Improvements were required however, in ensuring that actions to enhance the premises were completed within a realistic time frame. This is covered under Regulation 17: Premises.

In addition, there were regular staff meetings occurring in the centre. A sample of four notes of meetings held between March and August 2025 were reviewed by the inspector, where it could be seen that there were discussions about safeguarding, incidents, and residents' individual care and support. This meant that the staff team had an opportunity to come together to review and discuss practices in the centre which promoted consistent and safe care. These meetings also supported the staff team and person in charge to reflect, review and learn from incidents that occurred. Staff reported to the inspector that they felt well supported by the management team and could raise any concerns that they may have.

Judgment: Substantially compliant

## Quality and safety

Maryville was found to provide good quality, person-centred care to residents that promoted their wellbeing, safety and protection. However, actions that were identified to enhance the premises and address areas of wear and tear required completion in a timely manner. This would enhance the safety of residents in moving around their home.

This inspection found that comprehensive assessments were completed on the health, personal and social care needs of residents. Support plans were then developed based on each residents' individual needs. This meant that care was person-centred and tailored to the individual needs of residents. In addition, the centre was found to be responsive to be residents' changing needs. For example, staffing levels had increased following an incident that occurred where a resident sustained an injury.

The protection of residents was taken seriously in this centre. Residents were consulted and involved in the development of care plans and in setting personal

goals for the future. Residents spoken with said that they felt safe and happy in their home.

In addition, the management of risks was found to be good, with risks appropriately assessed and monitored. Incidents that occurred were reviewed and followed up appropriately, with actions agreed and implemented. Furthermore, residents had access to multidisciplinary team (MDT) as required, who were involved in the development of care plans.

In summary, residents were provided with good quality and safe care in this centre.

## Regulation 10: Communication

The centre promoted 'a total communication' approach to care. This could be seen through the supports provided to residents with their individual communication preferences, for example the use of sign language, whiteboard for writing communication and visual schedules.

The inspector reviewed two residents' communication care plans and found that they outlined clearly how to best support, and ensure an understanding of, residents' individual communications. One resident communicated confidently with the inspector through a non-verbal alternative method of communication. It was clear that they were supported by staff in ensuring that their preferred communication was respected, accessible and their voice listened to.

In addition, residents had access to SMART televisions, movie applications, Internet, telephones, electronic devices and music players, in line with their individual choices and preferences.

Judgment: Compliant

## Regulation 17: Premises

The house was clean, nicely decorated and generally well maintained. However, the following was found;

- Some actions for improvement that had been identified through management audits required completion. This included repair to a dipped section of flooring on the hallway upstairs. In addition, an action that involved the redesign of the garage to an activities room for residents required completion in a timely manner. For example, this action was identified in a provider report completed in January 2024 and remained an action at the time of inspection. The management team had escalated the maintenance actions recently, and a plan of action was reported to be in progress. This now

required completion. Addressing these actions in a timely manner would enhance the safety of the environment for residents and reduce the risk of any accidents from occurring.

Notwithstanding that, the centre promoted accessibility and was laid out to meet the current needs of residents. Residents had access to spacious sitting-rooms, an accessible and well equipped kitchen, suitable laundry facilities and personalised bedrooms with storage facilities. Where residents required individual aids and appliances, these were available to them.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The inspector found that there were good systems in place for the assessment and ongoing monitoring of risks that could impact on residents' wellbeing and protection. This was evident through the inspector's review of the service risk management documentation, residents' assessments of needs, care plans and management audits.

The provider had an up-to-date risk management policy and procedure which was available in the centre and reviewed by the inspector. The inspector also reviewed three residents' assessments of needs which included an assessment of individual risks that could impact on their safety and wellbeing. Risks were found to be identified and assessed, with control measures in place to mitigate the risk of harm to residents. These were found to be kept under ongoing review. Examples of risks assessed included, the risk of falls and protection risks. When an incident occurred recently (August 2025), that resulted in a serious injury to a resident, the inspector saw in documents, that a senior management review meeting occurred to review the incident, to discuss actions to support the resident and to review learnings from the incident. This demonstrated good oversight and monitoring and ensured an holistic and collaborative approach to care and support.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were good arrangements in place for the assessment, monitoring and review of residents' needs and care plans. Residents had a range of up-to-date care plans in place based on their assessed needs.

The inspector reviewed three residents' assessment of needs. From this review it could be seen there was an effective system for the comprehensive review of the

health and social care needs of residents. Support plans were found to be kept under ongoing review and updated if there was a change in need or circumstance.

In addition, the inspector reviewed three residents' annual review meetings where it was found that the meetings ensured the maximum participation of residents and their representatives, as appropriate. Residents were also supported to identify goals for the future through a person-centred planning process. Two residents' person-centred plans (PCP) were reviewed by the inspector and showed how residents chose meaningful and personal goals, and were then supported to achieve these goals within a realistic time frame.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Overall, there were good arrangements in place for supporting residents with behaviour management and stress reduction. There were also good arrangements for the ongoing review and monitoring of restrictive practices used in the centre. This meant that restrictive practices that were used in the centre were subject to ongoing monitoring to ensure that they were proportionate to the identified risk.

The provider had policies and procedures in place for positively supporting behaviours and for the implementation and review of restrictive practices. Two residents' support plans were reviewed by the inspector where it could be seen that residents were supported proactively with triggers that could cause them upset and distress. Residents also had access to multidisciplinary team (MDT) supports as required to support with behaviours and in the development and review of support plans.

The inspector reviewed audits in place for the year 2025, and found that there was a good system in place for reviewing restrictive practices used in the centre. This included audits and reviews at a local level, with a review and oversight by the provider's Human Rights committee that occurred in June 2025. One resident had restrictive practices in place for their safety. The inspector spoke with the resident about this, where they talked about the rationale for the practice and said that they didn't mind it being in place.

In addition, the local management team had recently reviewed with all four residents what their preferences were with regard to comfort checks at night time. Their choices were then documented and signed, with a log in place for recording the checks. This demonstrated open and ongoing consultation with residents about their care and safety. This also showed a commitment by the provider in ensuring that residents' consent was gained, and discussions were had, with regard to practices that could infringe on their rights and privacy.

Judgment: Compliant

## Regulation 8: Protection

The arrangements in the centre promoted residents' safety and protection. This included staff training, staff Garda vetting, discussions about safeguarding at various meetings, and the ongoing reviews of incidents. In addition, the provider had policies and procedures related to safeguarding, the provision of intimate care and the management of residents' finances and personal property. This meant that staff members had knowledge and skills that supported them to identify possible abusive incidents and that they were given information on their roles and responsibilities in ensuring the safeguarding of residents.

Staff members spoken with by the inspector were aware of the safeguarding procedures. One staff member spoke about times in the past when negative interactions occurred between residents and described about how they supported residents involved. The inspector also spoke individually to all four residents. All residents told the inspector that they felt safe and happy in their home. Where incidents that could be possible protection concerns occurred, these were found to be followed up in line with the safeguarding procedures and residents supported appropriately. Residents were also supported how to self-protect through easy-to-read information and discussions at meetings about abuse and safeguarding. This could be seen through the inspector's review of residents' meetings that occurred in the previous three months.

The inspector also reviewed three residents' intimate care plan and found that they provided clear guidance to staff on residents' preferences for personal care, and areas that they may need support with and areas that they were independent. This ensured that all staff were aware of residents' personal care needs and preferences, and thus promoted their ongoing protection.

Judgment: Compliant

## Regulation 9: Residents' rights

A human rights-based approach to care could be seen in the centre. It was clear through the inspector's conversations with all four residents that they had the autonomy to make choices in their lives and were supported to live their lives as they chose to.

Through observations and discussions with all four residents and two staff members, the inspector could see that residents were treated in a person-centred way where their individual interests, needs and choices were respected. This could also be seen through the language used in care plans and policy documents. Residents were

supported to make informed decisions in their lives through the use of easy-to-read documents and policies, which were discussed with them at residents' meetings. The inspector reviewed 10 residents' meeting notes that were held between July and September 2025, where it could be seen that a range of topics were discussed, such as advocacy, safeguarding, human rights and consent. Residents' choices were respected with regard to their non-consent to medical interventions, such as vaccinations for example. Residents were also supported to make referrals to independent advocacy services, in line with their wishes. One resident had recently been supported with this.

It was clear to the inspector through discussions had with staff members and residents, and through the review of various documents, that residents were treated fairly and with respect. Furthermore, it could be seen that residents were supported to pursue individual interests, such as practicing their faith, going to the gym, taking part in various classes, and going out socially to concerts for example. In addition, residents' everyday choices such as what meals and snacks they would like, were respected.

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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maryville Services OSV-0005520

Inspection ID: MON-0048226

Date of inspection: 29/09/2025

## 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>To ensure compliance with Regulation 23: Governance and Management the following actions will be completed:</p> <ul style="list-style-type: none"> <li>• Each person’s personal Property and Personal possessions inventory will be reviewed to ensure it is up to date, and capture’s a more detailed description of each person’s personal property and personal possessions inclusive of the date of purchase. This will be completed by 31/10/2025</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance with Regulation 17: premises the following actions will be completed:</p> <ul style="list-style-type: none"> <li>• The flooring on the hallway upstairs will be replaced to ensure the health and safety of all residents and staff. This will be completed by the 31/10/2025.</li> <li>• The internal garage area within the centre will be redesigned as an activity room for residents who wish to use it. This will be completed by the 30/11/2025.</li> <li>• All maintenance work identified within the centre will be re-escalated to the maintenance department and overseen by the Director of Nursing. This will be completed by the 30/10/2025.</li> </ul>	

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025