

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

Issued by the Chief Inspector

Name of designated centre:	Bayview
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0007818
Fieldwork ID:	MON-0047413

About the designated centre

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

Bayview provides a full time residential service for four residents who are over 18 years of age and have a intellectual disability. Bayview consists of a spacious ground floor bungalow. Each residents has their own bedroom, two of which are en-suite. This centre is located in a rural area close to a busy town. Care is provided by a team of staff which includes nurses and healthcare assistants. Waking night support is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 14 October 2025	12:30hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the registered provider had the capacity to provide a good quality and safe service. The inspection was facilitated by a clinical nurse manager as the person in charge was on leave that day. They were very knowledgeable about the needs of residents and of the supports required to meet with those needs. Human rights-based care and support was embedded in the culture of the centre and residents' rights were respected. The provider had good oversight systems which ensured that the quality of the service was well monitored. The staff in the centre were consistent, familiar to the residents and had up-to-date training.

This was an unannounced risk inspection which had fully compliant findings. It was completed in order to monitor compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and in response to an upward trend in solicited information received by the Chief Inspector of Social Services. It was completed over one day and during this time the inspector met one of four resident and two staff.

Residents lived in a large bungalow which was located in a rural area and within driving distance of a busy town. The house had four bedrooms. Two bedrooms had an en-suite bathroom. There was a large shared bathroom available for residents. The house also had a well equipped kitchen and a dining room nearby. There were two communal sitting rooms which were cosy and welcoming. This meant that residents had a choice of where to spend their time. These rooms had comfortable furniture and a large televisions. In addition, there was a utility room for laundering of clothing and linens. The house was clean, warm and bright. It was nicely decorated and there was a welcoming and homely atmosphere. The house and furniture were in a good state of repair and accessible throughout.

The residents at this centre led active lives in both at home and in their local community. Three residents were out on the day of the inspection and had not yet returned when the inspector was leaving. The inspector had the opportunity to meet with one resident who was unwell that day and in their bed. When asked, they agreed to have a chat and the inspector sat with them for a while. Their room was brightly lit, warm and cosy and while feeling unwell, the resident appeared comfortable in their bed.

The resident had the support of a healthcare assistant who was employed by an agency. While initially they were unsure of the process to follow when the inspector arrived, they soon acted in line with the provider's policy and called the management team. Later, they were observed supporting the resident appropriately with their needs and responding promptly when called.

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 that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. When required, the provider submitted documentation to the Chief Inspector of Social Services in line with the regulations. 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 recorded on the centre's quality improvement plan. This plan ensured that all actions were addressed in a timely manner. Residents and family members could provide input on the quality of the service through an effective complaints procedure.

The staff in the centre were consistently employed and familiar with the needs of residents. They had access to programme of mandatory training. If required, the provider ensured that bespoke training in areas that were specific to the needs of residents was provided.

Regulation 14: Persons in charge

There were changes in the governance arrangements at this centre on a number of occasions since the last inspection. A review of this regulation found that the current person in charge commenced work at the service in July 2023 and remained consistent at the centre since. They were employed full-time and had the skills and knowledge required for the role. This impacted on the good quality of care found on this inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector completed a review of the staffing arrangements and found that they met with the requirements of the service and were in line with the statement of purpose.

The clinical nurse manager told the inspector that there was no issue with staffing and that if additional hours were required for social outings or for core staff to cover vacancies that this was supported by the senior management team. For example, one resident decided that they want to take a trip to the zoo the previous weekend and additional staffing for this activity was provided. Another resident who had a bereavement liked to travel to their home county to visit their parent's grave, this was also supported through additional staffing.

This was further evidenced by a review of the planned and actual roster from 29 September 2025 to the date of inspection. Where additional staff were required to cover planned and unplanned leave, this was provided and while agency staff were required, they were consistently employed and therefore familiar with the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training matrix which captured the core and refresher training modules for the staff at the service. This was reviewed by the inspector who found that it was well maintained, subject to regular review and this careful monitoring meant that all staff training was up to date. This meant that residents were supported by trained staff in a consistent manner.

The inspector was assured that agency staff employed were included as part of the training matrix which meant that there was no gaps in training. The inspector reviewed a sample of training certificates for four modules (fire training, positive behaviour support, moving and handling and safeguarding and protection). Certificates for four staff were checked and this included two agency staff. All were completed as planned.

In addition, staff were appropriately supervised through day to day support and a programme of formal supervision. The person in charge had a supervision schedule in place and meetings were up to date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good systems of oversight and management in this centre which impacted positively on the quality and safety of the service provided.

As outlined, the person in charge was employed full-time and their consistent presence at the centre, both during and out of hours, meant that the staff team were supported in their role. In addition, the provider had a clinical nurse manager (CNM1) who supported the role of the person in charge and facilitated this inspection. This meant that when the person in charge was not available, an alternative plan of support was in place. While this was working very well, changes to the support structure were pending. However, the inspector was assured as the provider had a plan to sustain the support hours when required.

The provider had a schedule of audits that outlined the monitoring checks required at the centre, who they would be completed by and how frequently they should occur. In addition, an annual review of care and support was completed (30 November 2024) along with a six monthly provider-led audit (20 June 2025). Where issues were identified on audit, the actions needed to address the findings were added to the centre's quality improvement plan. The most up-to-date version of this document, dated 23 September 2025, was reviewed by the inspector. This showed that the provider addressed issues in a timely manner to continually improve the quality of the service.

The inspector reviewed the records of the incidents that had occurred in the centre since 01 July 2025. This showed that incidents were recorded, reported and processed appropriately. The person in charge reviewed the incidents on a monthly basis to identify any trends and to manage any risks arising.

Overall, this centre was well managed and resourced, with adequate staffing, equipment and transport which meant that residents were living full and active lives in line with their preferences.

Judgment: Compliant

Regulation 31: Notification of incidents

As outlined, the inspector completed a review of incidents arising at the centre between the period 01 July 2025 and the date of inspection. This review found that matters were reported to the Chief Inspector in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the provider's complaints procedure and noted that there was a clear method of reporting and processing complaints. The complaints policy was up-to-date and used effectively. A review of complaints folder found that complaints were audited quarterly to ensure that they were processed appropriately. This meant that the provider had a clear pathway for residents to voice their opinions in relation to the service and for this input to be used to improve the quality of the service.

Judgment: Compliant

Quality and safety

The care and support provided to residents at this centre was of good quality and this ensured the people living there were safe.

Residents had assessments of their health, social and personal care needs and supports had been put in place to meet those needs. It was clear that residents were actively involved in the running of the centre and in deciding how to live their day-to-day lives. Their choices were respected.

The provider was responsive to the changing health and personal needs of residents and where additional supports were required, these were provided. Residents were supported to attend medical appointments and where required appointments and meetings with other allied health professionals. This meant that they received appropriate support that was in line with their needs.

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.

Regulation 26: Risk management procedures

There were good systems in place for the identification, review and management of risk in this centre. This meant that the safety of residents was promoted while also respecting their choices and autonomy.

The provider had service and centre level safety statements and a plan for emergencies. The risk management policy was up to date.

Some residents at this centre were at risk of falling and of sustaining explained and unexplained bruising. These matters were reported to the Chief Inspector through quarterly monitoring notifications. The inspector reviewed the associated risk

management process and found that it was effective. For example, falls risks were documented on the risk summary sheet for the centre and a specific policy on unexplained injuries or bruising (13 October 2025) provided guidance for staff on what to do. This recommended risk assessment and the inspector reviewed two of these. Control measures included timely identification and reporting, the completion of a body map for monitoring purposes and signposting to the safeguarding process if warranted.

Overall, risk management processes were comprehensive, up to date and gave clear guidance to staff on how to reduce risks to residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of their health, social and personal care needs. These were documented in their assessment of need and where required additional care plans and protocols were provided. These were subject to annual review which included the participation of the resident and their representatives in line with the requirements of this regulation.

In addition, residents had person-centred plans which were of a high quality. Each resident had a named nurse and a keyworker who supported this process. Their plans were presented in a manner which was picture based and therefore easy for residents to prepare, review and to discuss with others if they wished. The inspector reviewed three of four plans and from information read and from discussions with staff, it was clear that residents had active lives where they choose their own goals and when to complete them. For example; one resident attending sporting fixtures with a friend from another designated centre nearby and had recently went on a two night stay in Galway. Another took a recent last minute trip to the zoo and enjoyed a trip to France over the summer months. Another enjoyed yoga and liked to have these sessions in their home on a weekly basis.

Judgment: Compliant

Regulation 6: Health care

The provider had appropriate healthcare systems for each resident at this centre which were in line with their assessed needs.

All residents had access to a general practitioner (GP) and where required support of allied health professionals such as speech and language therapy, occupational therapy and physiotherapy. They also attend dental and chiropody clinics when

required. The inspector found that where medical treatment or support was recommended, it was facilitated and monitored. For example; a resident supported by a dietitian for weight management had their bloods checked routinely. This was completed in order to monitor risks associated with heart health and diabetes. This meant that there was a holistic approach to the healthcare needs of residents.

In addition, where medical support was no longer required, this was identified, reviewed by suitably qualified persons and discontinued. This included the use of medicines which a resident was prescribed in the past and were no longer required since they moved to community living.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider took a holistic and person-centred approach to supporting people with behaviours of concern. Residents had the support of a positive behaviour support specialist and if required, they had a positive behaviour support plan. Where suitable resident's representatives were involved this process.

For example, one resident had a plan which was reviewed in April 2025. This focused on behaviours as a means of self expression and proactive support strategies were in place. Another had a plan which was reviewed at the same time. In this case, the behaviours expressed by the resident gave rise to a safeguarding risk in the past when the resident sat on the ground. The plan was comprehensive and provided good guidance to staff. In addition, it was holistic, as it included recommendations on how to support the resident's mobility should this behaviour occur. Furthermore, the inspector noted that where proactive support strategies were recommended on resident's behaviour support plans, they dovetailed with risk assessment control measures. This meant that guidance was consistent.

There was one restrictive practice used at the centre which related to closed circuit recording cameras on the external part of the property. A protocol was in place for its use. When discussed with the clinical nurse manager, they said that the cameras were in place when the residents moved to the property and their use remained. This was reviewed at provider level through the human rights committee.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements found that residents' safety and protection was taken seriously at the centre.

The safeguarding policy was in date and available for review and as outlined, all staff had completed training in safeguarding. This included in person training. When asked the healthcare assistant on duty was aware of the types of safeguarding risks that could arise and of what to do if required.

The inspector reviewed the actions taken by the provider and the management team in response to two safeguarding risks which were identified at the centre. This review found that both were addressed in line with local and national policy. Residents and their representatives were consulted and participated in this process and where required disciplinary action was taken. On completion of one such process, all support plans for the resident were reviewed and updated in consultation with the multi-disciplinary team. The inspector found that very clear safeguarding protocols were in place.

Overall, while matters arose at the centre in the past, the inspector found that they were well managed by the provider and the management team and risks of recurrence were mitigated against effectively.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider and the staff team promoted a human-rights approach at Bayview, where residents were supported to participate in the running of their house and to make decisions about their care.

The voices of residents were listened to and acknowledge and residents received support to make decisions and choices about their own lives. Residents' meetings were taking place on a weekly basis and minutes were picture based and easy-to-read. A meeting held on the 3 October 2025 had discussion on what to eat, what to do and what makes me happy or sad. Other topics included the importance of speaking up if residents had a worry or a concern.

At provider level, the support of a human rights committee was provided. This group reviewed the use of the CCTV as outlined earlier in this report under regulation 7 and an easy-to-read consent document was available for residents which was reviewed at a meeting in April 2025 as recommended.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	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