



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

## Issued by the Chief Inspector

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|----------------------------|--------------------------|
| Name of designated centre: | Streedagh View           |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Sligo                    |
| Type of inspection:        | Unannounced              |
| Date of inspection:        | 06 October 2025          |
| Centre ID:                 | OSV-0007983              |
| Fieldwork ID:              | MON-0043717              |

## About the designated centre

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

Streedagh View is a four bedded bungalow located in a rural part of Co. Sligo and within driving distance to the local town. This designated centre is operated by the HSE and it provides full-time care and support to four adults with intellectual disability and a range of assessed needs. It is a nurse led service with a staff team consisting of nurse managers, nurses and healthcare assistants. This includes a waking night support system which is provided by a nurse and a healthcare assistant.

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

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| 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 |
|-----------------------|----------------------|---------------------|------|
| Monday 6 October 2025 | 10:20hrs to 16:40hrs | Alanna Ní Mhíocháin | Lead |

## What residents told us and what inspectors observed

The service provided in this centre was of a high-quality. Human rights-based care and support had been embedded in the culture of the centre. Residents' rights were respected. The residents received support to make decisions and choices about their own lives. The provider had availed of the support of the provider's human rights committee and the national decision support service to ensure that residents' rights were promoted. Residents received supports that were in line with their needs. The provider had good systems of oversight to monitor the quality of the service. The staff in the centre were consistent, familiar to the residents and had up-to-date training.

This was an unannounced inspection. It formed part of the routine monitoring of the service during the centre's registration cycle. The inspection was facilitated by the person in charge who was very knowledgeable about the needs of residents and the requirements of the service to meet those needs.

The centre was a large bungalow in a rural area. It was located a short drive from the nearest town. The house had four bedrooms. One bedroom had an en-suite bathroom. There was a large shared bathroom available for residents. The house also had a large kitchen-dining room. There was a sunroom next to the kitchen that was accessed through double doors. This room had comfortable furniture and a large television. The house also had a separate sitting room. There was also a utility room and staff bathroom.

The house was clean, warm and bright. It was nicely decorated. The décor created a very welcoming and homely atmosphere. The house and furniture were in a good state of repair. The person in charge reported that new kitchen chairs had recently been purchased. These chairs were cushioned and were more in line with the needs of the residents. The house was fully accessible throughout. There was level access at the front and back doors. The hallways and doorways were wide. Tracking hoists had been fitted in the ceilings of bedrooms. The bathroom was spacious with a wet-room style shower that was level access. The outdoor space around the house was very well maintained. Tarmac driveways and paths meant that it was fully accessible to all residents.

The inspector had the opportunity to meet with three of the four residents during the inspection. Residents required the support of staff in relation to their communication. One resident spoke with the inspector about the household tasks that they completed and that they enjoyed. Other residents greeted the inspector with handshakes and smiles. Residents spent time in the centre relaxing and in the company of staff. One resident left the centre to run errands at one point during the day. The person in charge reported that the resident enjoyed going into town and being in the community. On the day of inspection, the centre's bus was not available. It had been damaged during a recent storm. However, an alternative bus

was sourced to support the resident to make a trip to the local shops in line with their wishes.

The inspector observed staff supporting residents with their daily activities. This included meal preparation and assistance at mealtimes. One resident liked to eat little and often throughout the day rather than sitting for regular meals. This was facilitated with food available of the appropriate consistencies in the kitchen at all times.

In addition to the person in charge, the inspector met with two other members of staff. They were knowledgeable on the needs of residents and the supports that they should offer residents. They were knowledgeable about the particular methods of communication used by residents. Staff were able to give clear examples of how residents expressed their choices and preferences. Staff spoke about offering choices to residents routinely. They knew about the specific information contained within residents' behaviour support plans and gave examples of how they implemented the plans in the centre. They knew how to escalate and report any safeguarding incidents that might arise.

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. 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 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. The provider had also ensured that staff had received additional training in areas 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. This meant that residents were supported by a regular team who had the correct skill-mix.

The inspector reviewed the rosters in the centre from 15 September 2025 to 12 October 2025. This showed that the required number of staff were on duty at all times.

The person in charge reported that there were three vacant posts in the centre. These were in the process of being filled. Regular agency staff who were familiar to the residents were available to fill the gaps in the roster.

On the day of inspection, one resident was in hospital in another part of the country. The inspector viewed emails between the person in charge and senior management to show that regular agency staff had been employed to support that resident in hospital during their admission.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff training in this centre was largely up-to-date. This meant that staff had the correct knowledge and skills to support residents appropriately.

The inspector reviewed the training records that were maintained by the person in charge. These showed that staff had largely up-to-date training in areas that the provider had identified as mandatory. Where staff required refresher training, this had been identified by the person in charge and staff were scheduled to attend refresher courses.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had good systems of oversight and management in this centre. This meant that the quality of the service was continually monitored. The governance structure meant that issues could be identified, reported and addressed. This ensured that the service met the needs of residents and that it was of a high quality.

The provider had a schedule that outlined the type of audits to be completed in the centre and how frequently they should be completed. The inspector reviewed the records of audits since January 2025 and found that the provider had followed this schedule. 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 17 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 provider also maintained oversight of the quality of the service through unannounced visits to the centre every six months. The report from the two most recent visits were reviewed by the inspector. These showed that the provider identified specific areas for service improvement. These were also added to the quality improvement plan to ensure that they were addressed.

The inspector reviewed the records of the incidents that had occurred in the centre since January 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 ensure that the issues did not reoccur.

The lines of accountability were clearly defined in the centre. Staff were aware who to contact with any issues. The escalation of information to senior managers, as needed, was clear from the review of incidents.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The provider had a written agreement with residents in relation to their residency and this was in keeping with the regulations.

The inspector reviewed the written agreements that had been developed for two residents. These outlined the fees that the resident would have to pay. The agreement also outlined the terms and conditions of their residency. The agreement had been signed by the resident or their representative. The agreements were also signed by a provider representative.

Judgment: Compliant

#### Regulation 31: Notification of incidents

The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.



In preparation for this inspection, the inspector reviewed the notifications that had been submitted in relation to this centre since the last inspection. The inspector also reviewed the record of incidents in the centre that had been recorded since January 2025. This found that the provider had submitted all notifications as required. This showed that the provider was aware of their obligations under the regulations and were transparent in sharing necessary information with the regulator.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place and it was used effectively.

The inspector reviewed the provider's complaints procedure and noted that there was a clear method of reporting and processing complaints. The inspector's review of regular audits 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 service in this centre was of a very 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. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents' choices were respected in relation to their healthcare, nutrition and daily activities. Staff knew the specific strategies used by residents to express their wishes and preferences. The provider was very responsive to the changing health and personal needs of residents. The provider had ensured that residents had access to the services of medical staff, healthcare professionals and external human rights services. This meant that the residents could receive the appropriate support that was in line with their wishes.

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. This had been achieved while promoting the residents' rights to autonomy.

## Regulation 10: Communication

The provider had systems in place to ensure that residents were supported to express their needs and wishes.

The inspector reviewed the notes relating to two residents. These contained information on the supports required by residents regarding their communication. Residents had communication passports that explained what certain phrases or gestures meant to the resident and how staff should respond. There were photographs of the specific and unique signs used by one resident. There was clear guidance on how to present information, what topics residents liked to talk about and what topics might be distressing to them. The residents' communication care plans were updated monthly. In speaking with the inspector, staff demonstrated very good knowledge of the supports required by residents and this was reflective of the information contained within the residents' notes. Staff were observed communicating with residents using the strategies outlined in the residents' notes. This showed that staff had the necessary knowledge to ensure that residents could understand information presented to them and for residents to express their opinions and choices.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had systems in place to support residents to manage their finances and to maintain control over their belongings.

The inspector reviewed the financial assessment that was completed for one resident. This had been completed within the previous 12 months. The inspector noted that the resident had been referred to a social worker to support them in relation to making decisions about their finances and savings. This indicated that the provider had systems to support residents to manage their financial affairs.

The inspector noted that there was ample storage space in the centre for residents to keep their belongings. There were adequate laundry facilities in the centre for residents to launder their own clothes.

Judgment: Compliant

## Regulation 17: Premises

The premises were suited to the needs of residents. The premises were laid out to meet the aims and objectives of the service.

As outlined in the opening section of the report, the centre was fully accessible and level-access throughout. The wide hallways and spacious rooms meant that residents with mobility needs could be accommodated. The placement of tracking hoists in ceilings meant that any potential future mobility needs of residents could be supported.

The centre was in a good state of repair and was pleasantly decorated. There were adequate rooms and space for residents to spend time alone or to spend time together, as they wished.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. Residents in this centre had specific needs in relation to their nutrition. This had been identified by the provider and the appropriate supports for the residents had been put in place. These supports were guided by assessments from relevant healthcare professionals. The wishes and choices of residents in relation to their meals were respected.

The inspector reviewed the notes of two residents. These showed that residents had been referred to relevant healthcare professionals in relation to their nutrition. The recommendations from these professionals were available for staff to review. The inspector observed residents being offered meals and supported with their eating and drinking in line with these guidelines.

Residents' choice in relation to their preferred food and meals was respected in this centre. As mentioned, one resident preferred to eat smaller portions throughout the day rather than consume regular larger meals. This was recorded in the residents' notes and the inspector observed that this preference was respected by staff. Staff ensured that food that the resident liked in the most appropriate consistency was available to the resident throughout the day.

Judgment: Compliant

### 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 inspector reviewed the risk assessments that were developed for two residents. These were found to be comprehensive, up to date and gave clear guidance to staff on how to reduce risks to residents. The inspector noted that the information from healthcare professionals in residents' notes was also reflected in the risk assessments. The rights and choices of residents were also reflected in the risk assessments. For example, as outlined above, one resident, with known risks relating to their swallowing, was supported to eat foods that they liked in as safe a manner as possible.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had assessed the health, social and personal care needs of residents.

The inspector reviewed the assessments of need for two residents. These were comprehensive and completed within the previous 12 months. Where a need had been identified, a corresponding care plan was developed. This gave clear guidance to staff on how to support residents.

The annual review of two residents were also reviewed by the inspector. These had been completed within the previous 12 months. The resident or their family member was invited to meetings and gave their input. Members of the multidisciplinary team also attended the review meetings. The residents' goals from the previous year were reviewed and new personal goals were set for the year to come.

Judgment: Compliant

### Regulation 6: Health care

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

The needs of residents in this centre had changed in recent months and weeks prior to the inspection. These changes had resulted in residents requiring more support with their daily activities, additional support with their nutrition, and the involvement of medical and healthcare professionals, including palliative care. The inspector reviewed the notes of two residents and found that the provider was very responsive to these changes and provided the necessary support to residents. Residents were supported to attend appointments. Healthcare professionals had visited residents in their home to reassess their needs and provide guidance to staff.

Where residents had been admitted to hospital, staff were available to support residents during their admissions.

The rights of residents to refuse medical treatment was respected. The provider had implemented alternative support methods that were acceptable to the resident. For example, a resident declined to use a pressure relieving cushion as advised. In response, the provider changed the wooden dining chairs to cushioned chairs that were more in keeping with the resident's needs and that were acceptable to the resident.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had systems to support the residents to manage their behaviour.

The inspector reviewed the notes of two residents and found that the provider was very responsive to the needs of residents in relation to their behaviour supports. The residents' notes showed that the provider made referrals to relevant professionals to support residents with their behaviour.

Where required, residents had behaviour support plans. These were developed by a suitably qualified professional and gave clear guidance to staff on how to support residents.

The provider had systems to monitor the use of restrictive practices in the centre to ensure that they were the least restrictive options and used for the shortest duration of time. The inspector noted during the review of audits that restrictive practices were audited every three months. The restrictive practices had also been reviewed by the provider's human rights committee.

Judgment: Compliant

### Regulation 8: Protection

The provider had good safeguarding systems in place.

The inspector reviewed the records in the centre relating to safeguarding. The review of an open safeguarding plan showed that the provider had implemented their own policy and were responsive to the issue.

Residents were supported to develop self-awareness and knowledge in relation to safeguarding. The inspector reviewed the notes of a debrief meeting that had taken place with one resident following a safeguarding incident involving negative

interactions between residents. The resident was kept informed of the process that was underway in relation to the incident. This formed part of the safeguarding plan to prevent a reoccurrence of the incident.

Two residents' files reviewed by the inspector showed that there was clear guidance to staff that promoted residents' safety. Residents' intimate care plans had been recently updated and gave clear information to staff on the appropriate supports to offer residents. Residents had documents in their files that outlined how to support residents to reduce negative interactions with their peers.

Judgment: Compliant

## Regulation 9: Residents' rights

A human rights-based approach to care and support was evident in this centre. The rights of residents were promoted and respected.

As outlined previously, the residents' right to make choices in relation to their food, healthcare and daily activities was respected in this centre. In reviewing two residents' files, the inspector found that guidance documents clearly outlined how to offer choices to residents and how to respect those choices, including the residents' right to refuse offers of support. The provider had sought support from social workers, the human rights committee, and the decision support service to ensure that residents' rights were upheld. These services gave guidance to the provider that was implemented in the centre. Supports were also offered directly to residents in relation to their health, social and personal care needs.

Residents were given information to make informed decisions. This information was presented in a manner that was accessible to the resident. For example, one resident was given an information sheet about their swallowing recommendations and the possible consequences of eating foods that posed a risk of choking. This meant that they were supported to make informed decisions about their care and support.

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                             | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents                             | Compliant |
| Regulation 34: Complaints procedure                                  | Compliant |
| <b>Quality and safety</b>  |           |
| Regulation 10: Communication   | Compliant |
| Regulation 12: Personal possessions                                  | Compliant |
| Regulation 17: Premises  | Compliant |
| Regulation 18: Food and nutrition                                    | Compliant |
| 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 |