



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

Issued by the Chief Inspector

Name of designated centre:	26 Seaville
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	12 June 2025
Centre ID:	OSV-0008978
Fieldwork ID:	MON-0046614

About the designated centre

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

26 Seaville is a large 4 bedded bungalow situated in a housing development on the outskirts of Sligo Town. The accommodation comprises of a large spacious hallway, an open plan kitchen-dining-living space and two 2 additional sitting room areas. There is a utility room with laundry facilities. All residents have their own en-suite bedroom with room for their personal possessions. There is a garden space with level access for the house. There is large car parking to front of property also. 26 Seaville provides care and support to four people with intellectual disabilities who are aged over 18 years of age until end of life. 26 Seaville provides 24 hour residential care to meet the care needs of four adults, with moderate to severe intellectual disabilities who require support with their physical, psychological, social and mental health needs.

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
Thursday 12 June 2025	10:10hrs to 16:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection found that there was a good quality, person-centred service in this centre. Residents were supported to engage in activities that were in line with their interests. The rights of residents were promoted. Residents were supported to make choices and to have control over their daily lives. The provider maintained good oversight of the service through routine audit, incident reviews and risk assessments. The residents were supported by a team of staff who had up-to-date training and good knowledge of the residents' needs and preferences.

This was the first inspection of this centre. It was a short-notice announced inspection. The inspection was facilitated by the person in charge who was given six days' notice of the inspection. Residents moved into this house in early March 2025. All residents had lived together in another designated centre for a number of years prior to this move. The team of staff remained the same and most staff in this centre had worked with the residents for a number of years. Staff reported that this new centre was considerably larger than the residents' previous home and provided more options for residents to spend time together or alone, as they wished.

The centre consisted of a newly built bungalow in a housing estate in a large town. The residents each had their own bedroom with en-suite bathroom. There was also an additional shared bathroom. The centre had two sitting rooms, a kitchen-dining room, utility room and staff office. There were large storage cupboards in the hallway. Outside, the front of the house had a large tarmac drive and there was a garden at the back of the house.

The house was new and bright. All rooms and the hallway were spacious, allowing plenty of space for residents to move freely throughout the centre with support or independently. Bedrooms and en-suites were large and had wide doorways that made it easy for residents to access these rooms. As there were two sitting rooms and a seating area in the kitchen-dining room, there was space for residents to spend time together or on their own, as they wished.

The house was tastefully decorated throughout with new, comfortable furniture. In addition, the sitting rooms had armchairs that were suited to particular residents' needs. Soft furnishings in the sitting rooms and residents' bedrooms made the rooms homely and inviting. There were televisions in both sitting rooms. Artwork had been hung in some rooms. Residents, family members and staff reported that there were plans to hang further pieces of art throughout the centre in the coming weeks.

The house was fully accessible to all residents. There was level access at the front and back doors. The house had the equipment needed by residents to meet their daily needs; for example, adjustable beds and shower chairs. The centre was also fitted with tracking hoists in the ceilings of bedrooms and the main bathroom. Though this was not required by residents on the day of inspection, the person in

charge reported that this would be available to residents in the future should their needs change. Fire doors were fitted throughout the centre. The house was fitted with a heating system that allowed residents to set the temperature in their own bedroom.

Outside, wall ornaments and pieces of art had been added to the garden walls. The person in charge reported that there were plans to put in a patio area at the back of the house in the future.

The inspector had the opportunity to meet with all four residents on the day of inspection and spend some time in their company. Some residents required the support of staff to communicate with the inspector and others chatted to the inspector independently. Residents said that they were happy in their new home. One resident said they liked their "lovely new home". Another resident smiled when the inspector spoke about their new house and new bedroom. Residents said that the staff were nice. They spoke about their friends. They spoke about the activities that they enjoyed, events they had attended and the plans they had for the coming days. Residents were very comfortable in each other's company and in the company of staff. When they returned from activities and outings, they spent time relaxing in different parts of the house and chatting with staff.

The inspector had the opportunity to meet with a family member of a resident during the inspection. The family member said that they were happy with the service delivered in the centre. They said that they were happy that the residents had moved to their new home and that they had settled in well. They said that staff were open and approachable. They would be comfortable raising any issues with staff and the person in charge. The family member said that they knew their loved one was happy in this home because they showed no hesitation when they arrived at the centre. They said that, on occasion, the resident would have shown some hesitancy in the past when arriving at their old centre but that this had not happened since moving to their new home in March 2025. The inspector reviewed two questionnaires that had been completed by residents with the support of staff. These had been completed since the residents moved into their new home and they indicated that residents were happy with the new house and the service they received.

In addition to the person in charge, the inspector met with two staff members. They spoke about the residents warmly and with respect. They were knowledgeable on the needs of residents and the supports that the residents required to meet those needs. Staff gave clear examples of how they would support residents to manage their behaviour. These examples were in line with the information that was in the residents' behaviour support plans. Staff knew what to do should a safeguarding incident occur and how to report it appropriately. Staff were familiar with the residents' likes and dislikes. They knew the residents' routines and how they liked to spend their days. Staff had completed training in human-rights based care. They said that this training had ensured that they offered choices to residents. They said that the training promoted a person-centred service and highlighted that "the residents are the centre of everything".

Staff were observed chatting with residents. The inspector observed staff offering choices to residents in relation to their food, activities, and planned events. Staff responded quickly when residents asked for help. They were familiar with the residents' communication style and preferred topics of conversation. They greeted the residents warmly in the morning and when they returned from an outing. The atmosphere in the house was welcoming and jovial.

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 affect the quality and safety of the service provided.

Capacity and capability

The inspector found that there were good governance and management arrangements in this centre. There were systems in place to provide oversight of the service. Staffing arrangements and training were suited to the needs of residents. Written policies were up-to-date. Notifications were submitted in line with the regulations and contracts of care had been developed for residents.

The provider maintained good oversight of the quality of the service in this centre through routine audits. Findings from these audits were included on the centre's quality improvement plan that outlined target actions to improve the service and the target date to complete these actions. Incident reviews and risk assessments also informed the quality improvement plan. Incidents were reported to the Chief Inspector of Social Services in line with the regulations.

The lines of accountability were clearly defined in this centre. The person in charge was very knowledgeable on the needs of residents and the requirements of the service to meet those needs. The staffing arrangements were suited to the needs of the residents. The staff were consistent and familiar to the residents. Staff had up to date training in modules identified by the provider. They were also knowledgeable of the specific needs of residents. Staff were guided by up-to-date policies that had been developed by the provider and were in line with the regulations. Information was shared with staff at regular team meetings.

The provider had developed a written agreement with the residents. This outlined the terms and conditions of residency and the fees that the residents would have to pay. The agreement had been developed within 28 days of the residents moving into the centre and was signed by the residents and appropriate representatives.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications as outlined in the regulations.

The inspector reviewed the documentation that had been submitted in relation to the person in charge when they took up the role in this centre. This showed that the person in charge had the required qualifications and the necessary experience for the role, as outlined in the regulations.

The person in charge was employed on a full-time basis and maintained a regular presence in the centre. They were knowledgeable on the needs of residents. They knew the requirements of the service in the centre to meet those needs. They maintained good oversight of the service and were knowledgeable of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

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

The inspector reviewed the rosters in the centre from 5 May 2025 to 13 July 2025. This showed that staff on-duty met the required number and skill-mix needed to meet the residents' needs. There were adequate staff on duty to ensure that residents were supported with their health, social and personal needs. The team of staff were consistent. Vacancies were filled by regular agency staff. This meant that the staff were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was largely up to date.

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

Staff training was included as an agenda item in staff supervision sessions. The inspector reviewed the supervision records for three staff members. These showed that the staff member's upcoming training needs were identified and staff were

alerted about any refresher training that they would have to complete in the coming year.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained good oversight of the service. The lines of accountability were clearly defined.

The provider maintained oversight of the quality of the service through the use of routine audits. The inspector noted that the provider had a schedule in place that identified audits to be completed at different time intervals throughout the year. The inspector reviewed the audits that had been completed in the centre since it opened in March 2025. This showed that audits were completed in line with this schedule. Where issues were identified on audit, these were recorded on the centre's quality improvement plan. The inspector reviewed the quality improvement plan that was developed on 9 June 2025. This document outlined all service improvement actions that had been identified through audit, self-assessment by the person in charge, senior management evaluation and through risk assessments. There was a clear action to be completed and a target timeframe. The inspector noted that the provider had completed the actions in this plan within their target timeline.

Communication between staff was maintained through a communication diary and regular staff meetings. The inspector reviewed the minutes of the two most recent staff meetings in the centre from April and June 2025. These meetings covered issues relating directly to the residents; for example, discussion around incidents or safeguarding. The meetings also covered operational issues in the centre; for example, updates in relation to staffing. Updates from senior management meetings were also shared. The person in charge attended regular meetings with other managers to share learning between designated centres.

As the centre had opened in March 2025, the provider had not yet completed a six-monthly unannounced audit of the service or an annual report into the quality and safety of care and support.

Incidents that occurred in the centre were reviewed monthly and quarterly by the person in charge. The incident reviews completed since the centre opened were reviewed by the inspector. These showed that incidents were reviewed to identify any trends and to see if measures could be put in place to avoid a reoccurrence.

Staff received regular supervision. The records of three staff were reviewed by the inspector. Staff knew who to contact if an issue arose. Staff were clear on the lines of accountability in the centre. There was a rota of senior managers who could be contacted by staff outside of regular business hours, if required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements with the residents that were in line with the regulations.

The inspector reviewed the contracts of care that had been developed for two of the four residents. These contracts clearly outlined the terms and conditions of residency. The fees that the resident would have to pay were outlined clearly. The contracts were signed by the resident or their family representative. They were also signed by a representative on behalf of the provider. The contracts had been developed within 28 days of the residents' admission to the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

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

The inspector reviewed the incidents that had been recorded in the centre since it opened in March 2025. These records showed that the provider had submitted notifications of any incidents that should have been reported to the Chief Inspector within the required timeframe.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had developed policies and procedures in relation to the matters set out in the regulations.

The inspector reviewed the policies and procedures maintained in the centre in relation to the matter set out under Schedule 5 of the regulations. These policies were available for staff to read. There was a record of staff signatures to show that staff had read the policies and they were available in hardcopy in the centre. All policies were up to date and had planned review dates. The policy in relation to the use of restrictive practices was under review and due to be finalised on 13 June 2025.

Judgment: Compliant

Quality and safety

There was a good quality, person-centred service in this centre. Residents' rights were promoted. This was achieved by ensuring that residents were supported to communicate their choices and preferences. This included their choices in relation to food, activities, clothing and daily living. Residents were supported to engage in meaningful activities that were of interest to them. They were supported to maintain relationships with family and friends and to receive visitors.

The safety of residents was promoted in this centre. The house itself was designed so that residents could spend time together or alone. The person in charge reported that this was an important element of safeguarding and assisted in reducing negative interactions between residents. Staff were guided by the residents' behaviour support plans to ensure that negative interactions and experiences for the residents were prevented.

Residents' health needs were assessed and measures put in place to support them with any identified health need. This included ensuring that food and beverages were in line with the residents' assessed nutritional needs.

Risks to residents were assessed and suitable control measures put in place to reduce those risks. The risk of fire had been assessed and the provider had put in control measures to reduce the risk and impact of fire. This included oversight of the centre's fire detection and alarm system, fire drills, safety checks and detailed evacuation plans.

The transition of residents from their previous centre to their new home had been well managed by the provider. There were detailed plans to support the residents in advance of the move and with the move itself. The plans were reviewed after the residents moved to see if there was any learning for staff from this event. On the day of inspection, residents, staff and family members reported that residents had settled into their new house. Residents said that they were happy in their new home.

Regulation 10: Communication

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

The inspector reviewed the care notes for two residents and these showed that communication profiles had been developed for these residents. These profiles were

developed by a speech and language therapist in February 2025. The communication profiles had been reviewed by staff in the centre since the residents moved into the centre to ensure that they were relevant and up to date. The communication profiles guided staff on how to ensure that the residents were supported to understand information and to express their opinions and thoughts.

The inspector observed staff interacting with residents throughout the day. Staff followed the guidelines that were outlined in the residents' communication profiles. This ensured that residents were supported to express their choices and preferences.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to receive visitors, as they wished.

Residents were free to receive visitors at any time, as outlined in the centre's visitor's policy which was reviewed by the inspector. The centre had adequate space and rooms for residents to receive visitors in private. Staff and family members reported to the inspector that residents received visits from friends and family since moving to their new home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities that were in line with their interests.

The inspector reviewed the activity charts that were recorded from 17 May 2025 to the day of inspection for two residents. These showed that the residents were supported to engage in activities that were in line with their interests in the centre and in the wider community. The records indicated that residents' daily routines were in line with their preferences and choices. Residents were facilitated to attend regular activities in the community and to attend social events, such as concerts.

Judgment: Compliant

Regulation 17: Premises

The centre was designed, laid-out and equipped to meet the needs of the residents.

As outlined in the opening section of the report, the centre was suited to the needs of residents. It was spacious and fully accessible to all residents. It was clean and in a very good state of repair. Residents had space to spend time together or alone, as they wished. The centre was nicely decorated and very comfortable. It had the necessary equipment to meet the daily needs of residents; for example, shower chairs. There was ample storage for residents' personal possessions and general storage for equipment and items used in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents had access to wholesome meals that were in line with their assessed nutritional needs.

The inspector reviewed the records of two residents. These showed that residents' nutritional needs had been assessed by appropriate healthcare professionals and recommendations were in place to support residents to meet their needs. These recommendations were regularly reviewed by staff and onward referrals sent to relevant professionals where the needs of residents had changed. The inspector spent time with residents during their midday meal and noted that the food and beverages served to residents were in keeping with their nutritional guidelines. Residents were offered choices about what they wanted to eat and staff respected the residents' choice.

Residents were supported to choose their weekly menu plan. If residents changed their mind about the planned meal, there were alternatives available in the centre to make an alternative meal.

The inspector noted that the centre was well stocked with ample food to prepare meals and snacks for the residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had prepared, implemented and reviewed a transition plan to support residents move into their new home.

The inspector reviewed the transition plans that had been developed for two residents. These plans outlined how the residents were supported in preparation for the move to their new home. The plan also outlined the steps that were taken on the day of the move. Extra staffing resources were put in place for a short period after the residents moved to provide extra support to residents at the time of transition between centres. A review of the plan and its effectiveness was completed by the provider six weeks after the residents had moved to their new home. These plans meant that the residents were supported to understand the planned move. The plans also ensured that that supports were put in place to make the move as easy as possible for the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in place to manage risk. This meant that risks to residents, staff and visitors had been identified, assessed and measures put in place to reduce the risks.

The inspector reviewed the risk assessments that had been completed for two residents. These had been completed since the residents moved to the centre. They were reflective of the issues specific to the resident and gave clear guidance to staff on how to reduce risk to the residents.

The inspector also reviewed the risk register that was maintained in the centre. This had been developed by the person in charge in April 2025. The risk assessments were specific to the residents, the service and the centre. For example, the centre's risk assessment relating to fire safety included the additional control measures in place in relation to the leaf doors into residents' bedrooms.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety arrangements in place in the centre.

The inspector reviewed the records in the centre relating to fire safety since the residents moved into the centre in March 2025. These records showed that the provider monitored the fire detection and containment systems in the centre. The provider engaged the services of an external company to check the centre's fire detection and alarm system and emergency lighting on a regular basis. In addition, staff completed weekly fire safety checks. An audit of the fire doors in the centre

had been completed in April 2025 and this showed that all doors were operating correctly.

The inspector's review of training records showed that all staff had up-to-date training in fire safety. Five fire drills had been completed in the centre since the residents moved in. One of these drills simulated a night-time evacuation when staffing numbers are at their lowest. The provider had developed personal emergency evacuation plans for all residents. One resident's evacuation plan had been reviewed in light of the findings from one of the fire drills. The plans gave clear guidance to staff on the supports needed by each resident should an emergency evacuation be required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that the needs of residents had been assessed and that the supports required to meet those needs had been put in place.

The inspector reviewed the assessments, care plans and personal plans of two residents. These showed that the health, social and personal needs of residents had been assessed since they moved into the centre. Where a need had been identified, a corresponding care plan or risk assessment had been put in place. These documents guided staff on how to support the residents. They gave clear information to staff and the care plans were cross-referenced. This meant that the care plans could be considered in a more holistic manner and the information was easier for staff to access. The plans were up to date. The inspector noted that plans were routinely updated every three months. It was also noted that plans were updated outside of this timeframe if a significant event occurred; for example, one care plan was updated following correspondence from a healthcare professional in response to a referral that had been submitted.

Personal plans had been developed with the residents. The inspector reviewed two residents' plans. These outlined the personal and social goals that the residents wanted to achieve in the coming months. The personal plans had been developed within 28 days of the residents moving into their new home. There was evidence of progress towards the achievement of these goals and photographs of the residents work towards their goal. This meant that residents were supported to achieve targets that were important to them and the use of photographs meant that the information in the plans was accessible to residents.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were well managed in this centre.

The inspector's review of two residents' care plans showed that residents had access to a wide variety of healthcare professionals. Recommendations and reports from these professionals were on file and staff were knowledgeable of their content. Residents had a named general practitioner. The residents' files also showed that routine health checks were completed with residents; for example, weight checks. Residents' files also showed that residents were supported to engage in national health screening programmes, as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

The inspector reviewed the behaviour supports plans that had been developed for two residents. These had been developed by a suitably qualified professional with input from staff in the centre. The plans had been reviewed since the residents moved to their new home. The plans gave clear guidance to staff on how to support residents in a manner that was in keeping with their behaviour support needs. The plans also gave clear guidance on how staff should respond should the residents become upset or anxious. In speaking with the inspector, staff demonstrated very good knowledge of the content of these plans and gave concrete examples of how they support the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to safeguard residents.

The inspector's review of training records showed that all staff had up-to-date training in safeguarding. Information was also given to staff through the residents' intimate care plans. Two plans were reviewed by the inspector. These plans had been developed since the residents moved into the centre and gave clear guidance to staff on how to support residents with their intimate and personal care. Staff demonstrated good knowledge of the procedures that should be followed should a safeguarding incident occur. The two most recent staff meetings in the centre in April and June 2025 were reviewed by the inspector and showed that safeguarding was a standing agenda item. The provider also maintained oversight of the

safeguarding arrangements in the centre through routine audits of staff knowledge of safeguarding.

Shared learning between centres in relation to safeguarding occurred at the meetings between persons in charge. The inspector reviewed the minutes of these meetings that had occurred on 1 and 21 May 2025 where safeguarding was a standing agenda item.

There were no open safeguarding plan in the centre on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were routinely offered choices in relation to their food, activities, social interactions and daily lives. This was observed on the day of inspection by the inspector who noted that staff consistently offered choices to residents and respected their choices. The inspector noted that residents' preferences and choices were built-in to the staffing and routine of the centre.

The inspector noted that all staff had completed training in human rights-based care and support.

The inspector reviewed the minutes of residents' meetings that had occurred in the centre on 20 May 2025, 2 June 2025 and 9 June 2025. These showed that regular weekly meetings were happening and that residents were offered choices in relation to their weekly plans and the running of the centre.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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