



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

Issued by the Chief Inspector

Name of designated centre:	The View
Name of provider:	Resilience Healthcare Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0009012
Fieldwork ID:	MON-0047006

About the designated centre

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

The View is a designated centre operated by Resilience Healthcare Limited. The centre is located near a town in Co. Carlow and consists of a modern, well built, detached home. It provides a high support full-time residential service for up to five residents, 18 years and older, with intellectual disabilities and/or autistic spectrum disorder and/or behaviours of concern and/or physical and sensory disabilities. The centre is staffed by a team of support workers who are managed by a full-time person in charge. The person in charge reports to a regional operations manager.

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 4 September 2025	09:30hrs to 14:30hrs	Karen McLaughlin	Lead
Thursday 4 September 2025	09:30hrs to 14:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This short-notice announced inspection was carried out as part of the regulatory monitoring of the centre which had been newly registered in July 2025. Inspectors used observations, conversations with staff, and a review of documentation to form judgments. Overall, the centre was operating at a high level of compliance with the regulations, and that appropriate arrangements were in place to ensure that residents were receiving good-quality and safe care and support.

The designated centre comprised of one house, located in a rural setting close to a small town. The house was spacious and designed to meet the needs of the residents. The house contained one apartment, one studio apartment and three bedrooms. The centre had the capacity for a maximum of five residents and at the time of the inspection, there was one vacancy in the centre. The residents had all recently moved into the centre and were in the process of getting to know their new locality. The residents were also in the process of transitioning to new day services.

Inspectors carried out an observational walk-around of the centre with the person in charge. The registered provider had renovated the house to a very high standard before it was registered. It was found to be very clean, bright, tidy, homely, comfortable, nicely decorated, and spacious.

The resident's new home was designed and laid out to meet the specific needs of each resident. Inspectors found that it was suitably clean and free from clutter. Residents had been supported to choose how their rooms were decorated. Residents and the staff team were still in the process of creating a homely environment.

There were accessible garden areas containing astro turf, sensory mats and a secure accessible space for residents to use. Inspectors also observed a variety of activity items including arts and crafts, games, and soft items for residents to engage with both indoors and outdoors.

Over the course of the inspection, the inspectors briefly met with three of the residents living in the centre. One resident was watching videos on their electronic device in the sitting room. Another resident had returned to their bedroom for a rest. The third resident was having their breakfast in the kitchen with staff. Staff were helping the resident choose an activity for the day, using the identified style of communication that the resident preferred for this.

Each resident had their own bedroom, one resident had their own self contained apartment, which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The inspector spoke with members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

One of the inspectors spoke with one of the resident's family representative. The family member expressed their happiness with the care and support provided. They spoke fondly of the staff team and the efforts that they had made since the resident's admission. They commented how happy the resident was in their new home.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Inspectors also observed communication aids used by residents such as visual choice boards and information on manual signs.

Overall, inspectors found that residents' needs were being met in the centre, and that they were in receipt of a good-quality and safe service.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a person in charge and supported by a team leader and support workers. There were clear lines of accountability, with the person in charge completing audits on the quality of care provided to the residents. The person in charge also demonstrated that they had detailed knowledge of the residents throughout the inspection.

The registered provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies,

and residents had access to vehicles for transport which was assigned for the centre's use only.

There was a planned and actual roster maintained for the designated centre. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The registered provider had agreed in writing with each resident and their representative, the terms on which the resident shall reside in the designated centre.

Overall, the inspection found that the registered provider and person in charge had effectively monitored the service provided to the residents. This had resulted in the needs of the residents being met.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The registered provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

A consistent staff team was in place, and the inspector observed that the residents appeared at ease in their interactions with the staff.

There was sufficient staffing levels on shift during the inspection. Inspectors observed warm and considerate interactions between the residents and the staff team supporting them.

Inspectors spoke with two staff members and found that they demonstrated a good understanding of the residents' needs and how to respond to and support them.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider and person in charge had effective systems in place to record and monitor staff training. Staff had access to and had completed training that was up to date and appropriate to the service provided and the needs of the residents. Staff had completed training in the following areas:

- Fire Safety
- Positive Behaviour Support
- Safeguarding Vulnerable Adults
- Safe Administration of Medicine
- Feeding, Eating, Drinking, Swallowing (FEDS)
- Buccal/ Seizure Management
- Infection Prevention Control
- Hand Hygiene
- Children First
- Manual Handling
- Human Rights
- First Aid
- Autism Awareness
- Food Safety

Furthermore, staff had completed training in human rights.

There was a schedule for staff supervision in place. Staff had all completed an induction supervision session on commencing work in the centre. All supervisions were up to date, in line with the provider's policy and scheduled until the end of the year. The inspectors did not review a sample of supervision records.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, multidisciplinary team services were available to residents, and there were vehicles for residents to access their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The internal management structure was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre. The person in charge was full time. They were supported by a team lead in managing the centre. For example, the team lead helped to supervise staff,

organise rotas, and complete reports. The person in charge reported to a regional operations manager.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including comprehensive staff training, fire, medication, hand hygiene, maintenance and a vehicle checklist. The audits were comprehensive, and where required, identified areas for ongoing quality improvement.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors saw that admissions were carefully planned and took into consideration the current residents' rights, needs and preferences regarding admissions.

The person in charge and the provider has ensured that each resident has received support throughout their transition by continuing to provide consistent and known staff to each resident and providing up-to-date information to each resident.

The registered provider had an agreed and signed contract of care for all residents living in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspectors on the day of inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents.

The inspectors found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support provided to them in the centre.

Residents were being supported in line with their assessed needs and interests, and were settling well into living in the centre.

Residents received appropriate care and support that was individualised and focused on their needs and wishes. Assessments of residents' health and social care needs had been completed as part of their transition, and further work had been completed since their admission. Care plans had been devised, and there was evidence of work being conducted to develop these further as residents settled into their new home.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

The residents were supported to identify and participate in activities as per their personal interests, capacities and developmental needs.

Residents were observed engaging in activities such as listening to music and enjoying the garden space outside. Two residents were supported to attend day services on the day of the inspection and another resident chose to have a lie on. Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern. Inspectors observed some environmental restrictions in place in the centre. The rationale for the restrictions was clear, and inspectors found that they were implemented in line with best practice.

There were good fire safety systems in place. For example, the fire doors were fitted with self-closing devices which closed properly when released, and the fire panel was easily located in the hallway.

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Through the review of information and observations on the day, inspectors were assured that residents were communicated to in a manner that suited their needs.

Residents had communication care plans in place which detailed that they required additional support to communicate. Residents used alternative communication means such as manual signs, choice boards and visual aids such as pictures to express their wishes.

Each resident had an up-to-date communication passport. Inspectors reviewed two of these passports on the day of the inspection and found that they accurately described both residents respective communication styles and supported their communication needs.

One inspector reviewed a communication plan which was in place for one resident. This contained the methods the resident uses to express themselves, important people in the resident's life and how to meet the needs of the resident when they communicate. The plan had been reviewed earlier this year. Staff were observed interacting with the resident in a manner which reflected the resident's individual communicative format. For example, staff were observed to be following the guidelines in place for communicating to the resident on choosing an activity for the day.

The registered provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities.

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and needs.

Support plans and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional development. Residents had access to transport and the community when they wanted.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. The review of records showed that since their transition into the service, residents were supported to engage in activities in their community.

Activities offered and encouraged as part of daily planning included trips to the cinema, bowling, swimming, the local athletics track and the possibility of joining a local sports club.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was appropriate to the number and assessed needs of the residents currently living there and had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was sufficient communal space, and a nice garden space for residents to enjoy.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans which outlined the associated supports and interventions they required.

Inspectors reviewed the personal plan in place for two of the residents. The personal plans contained a comprehensive assessment that met the needs of the resident and was completed when the resident moved to the centre. There were care plans in place to meet various support needs of the residents which included communication needs, medication supports and finances. A support in action plan was created for each resident which detailed the activities the resident could complete themselves and those they required support with and the level of that support.

The registered provider and person in charge held a meeting with each resident and a representative one month after the resident moved into the centre to review how the transition had gone and how the resident was settling into the centre. One resident had recently graduated from secondary school and was in the process of transitioning to a day service. The inspectors observed the same resident engaging with staff in choosing a preferred activity for the day, using the communication methods outlined in their associated plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents with behaviours of concerns received appropriate support to manage their behaviour. For example, written behaviour support plans had been prepared with multidisciplinary team input, and staff received training in behaviour support.

Inspectors reviewed the positive behaviour support plan for one resident. This reflected changes for the resident since they had moved into their new home. The plan outlined strategies and supports the resident required to manage their needs. It included guidance for staff in what the resident was communicating when they engaged in different behaviours. This enabled staff to support the resident to meet their needs. The plan had been developed by a behaviour support specialist.

At the time of this inspection, there were a number of restrictive practices applied in the centre. The provider had put in place a Restrictive Practice Committee which reviewed all the centre's restrictive practices and made recommendations regarding the continued use of the restrictive practice or where appropriate, to reduce or eliminate the use of the restrictive practice. A review of the minutes of this committee demonstrated that they had last met in August and were scheduled to meet again later in the year. Allied health professionals oversaw the implementation of all restrictive practices and their review. There was evidence of the removal of restrictive practices following the meeting of the Restrictive Practice Committee where it was decided that a restriction for one resident was no longer required. This promoted the residents' right to a restraint-free environment.

Furthermore, there were systems in place to record, monitor and review the unplanned and/or emergency use of restrictive practices.

A review of one restrictive practice in place showed that there was a risk assessment and support protocol in place with details for staff on measures to take to support the resident. The protocol included the conditions for use, the rationale for the restriction and the details of the implementation of the restriction. This had been written by two allied health professionals.

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 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 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant