



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

## Issued by the Chief Inspector

Name of designated centre:	Riverwalk Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	03 March 2026
Centre ID:	OSV-0002501
Fieldwork ID:	MON-0048987

## About the designated centre

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

Riverwalk Respite House is a bungalow located on a campus setting close to a busy rural town. The centre provides accommodation for up to three residents. The centre was established as a respite service to provide both day and overnight residential respite care to both children and adults with a disability, with children and adults availing of the centre at separate times. In addition to their own bedrooms, residents have access to communal facilities including a kitchen and dining room, two sitting rooms, a laundry room and bathroom facilities. Residents are supported by a team of both nursing and care staff. A waking night-time support arrangement is provided.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2026	10:00hrs to 16:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This was an unannounced risk inspection that took place over one day. It was a follow up inspection to one that took place on 4 November 2025 which found non-compliance in three regulations and substantial compliance in two. This inspection found improvements in the quality and safety of the respite service offered, however, ongoing work was required in relation to staffing, positive behaviour support and overall governance and management of the service.

The centre was closed for admissions on the day of inspection. This was in line with the statement of purpose and this was an improvement on the previous inspection. On arrival, the inspector met with the person in charge and they facilitated the inspection. The assistant director of nursing attended the opening and feedback meetings.

A walk around of the building found that the premises provided met with the assessed needs of the children and adults attending respite. The service was provided in a large accessible space which was well-equipped and had transport provided. The provider told the inspector that they had a plan to make improvements to the kitchen units and this was documented on a risk inspection for the centre.

Later in the afternoon, the inspector observed a person visiting the centre with their family. They were welcomed warmly and they stayed for a short visit so that they could get to know the centre and the staff on duty prior to any possible overnight admission. This was person-centred approach which facilitated with care by the person in charge. In addition, the inspector met with a staff member who reported for duty in the afternoon. They spoke about improvements to the service, particularly relating to consistent staffing. They said that at the time of the last inspection it was 'always new faces'. Now, it was much better as the children and adults knew the staff and they were happier.

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

This centre reopened in April 2025 after a period of renovation. At the time of November 2025 inspection, it was experiencing significant staffing risks as the

provider had no consistent nursing staff at the centre and were wholly reliant on agency nursing staff who were not consistently employed. In addition, the centre was opened for additional days to support an emergency admission outside of the requirements of the statement of purpose and the admissions policy. This exacerbated the risks at this time.

Matters had improved on this inspection. The centre opened on the days specified in the statement of purpose and while emergency admission were facilitated, guidance on how to do this was documented in the statement of purpose and the admissions policy. Further work was required to ensure that a core staff team were recruited to run the services.

### Regulation 15: Staffing

The inspector reviewed the staffing arrangements at the centre since the last inspection and found some improvement. While agency nurses remained employed, they were consistent at the centre. Plans were at an advance stage for 4 experienced agency staff members to take up provider funded positions at the centre. This meant that children and adults would be met by a familiar staff team when coming in for their respite breaks. Immediate action was required to ensure that this plan was advanced by the provider's administration functions and completed without delay.

A review of the planned and actual roster from 4 January 2026 to the date of inspection found that it was well maintained and provided an accurate review of the service on the day of inspection.

A discussion with the person in charge and the acting assistant director of nursing provided some assurances relating to consistency of care and support and the provision of a nurse-led service in line with the requirements of the service and the statement of purpose.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The inspector reviewed the training matrix for the centre. This found improvements which were linked to the consistent employment of the same people at the centre and therefore, the ability of the person in charge to monitor their training records.

All mandatory and refresher training for healthcare assistants employed at the centre was up to date. A staff nurse employed had completed training in positive behaviour support which was an action from the last inspection. While there were some gaps in training for other staff nurses, they did not pose a medium or high risk

to the quality of care and support provided to children and adults attending respite. In addition, a plan was in place to rectify this in the short term.

Judgment: Compliant

### Regulation 23: Governance and management

A review of governance and management arrangements at this centre found that the registered provider and the person in charge had completed the actions they committed to following the November 2025 inspection. While there were significant improvement, some ongoing work was required to reach compliance under this regulation.

The person in charge had settled into their new role and they demonstrated good oversight of the service throughout the inspection. Service management systems were improved and the inspector found that each child and adult had a comprehensive folder which provided guidance for staff on their assessed care and support needs. Where required, service policies were reviewed. For example, the policy on admission the service was updated on 5 December 2025 and following the last inspection.

Audits were ongoing and in line with the provider's annual audit schedule. The six monthly provider-led audit was completed on 15 December 2025. This identified a number of actions which were included on the quality improvement plan for the service. A formal annual review of the care and support provided was not yet due.

It was clear that the provider had taken action to address concerns arising relating to the provision of the service and the lack of adequate staffing resources. This included updates to the admissions policy and ensuring the service was open in line with the statement of purpose.

However, the inspector found that ongoing work was required ensure that a full complement of core staff were employed at the service. Also, additional time was required to facilitate the full assessment of all adults that required support with behaviours of concern.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider reviewed the statement of purpose on 10 November 2025. This review was completed in response to matters highlighted on the last inspection.

The inspector read the statement and found that it provided an accurate reflection of the services and facilities at Riverwalk Respite House and met with the requirement of Schedule 2 of this regulation.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support provided had improved since the November 2025 inspection, however ongoing work was required to ensure that consistent nursing staff were employed.

In addition, ongoing improvements to the risk management arrangements at the centre impacted on the safety of the service provided. Children that required support with responsive behaviours had support plans which provided guidance for staff. Work in relation to support plans for adults was ongoing at the time of inspection.

## Regulation 26: Risk management procedures

Risk management arrangements had improved since the last inspection. A review of these completed by the inspector found that the provider had completed the actions committed to in response to a substantially compliant finding at the last inspection.

The inspector reviewed the centre-specific safety statement which was updated on 6 December 2025 and since the last inspection. In addition, the centre's risk register was updated, rationale for the risk was reviewed and risk ratings were relevant to the level of risk at the centre and in line with the provider's policy.

Where required, children and adults had individual nursing interventions or risk assessments in order to mitigate against the risks arising. In order to ensure that risk management systems were improved at the centre, access to in-person risk management training was provided for nursing staff on 21 January 2026.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support children and adults with responsive behaviours and behaviours of concern while attending respite.

This found an improvement in staff training which was up to date. In addition, the provider and the person in charge had arranged a review of behaviour support plans for adults and children since the last inspection.

The sample reviewed found significant improvements since the last inspection. Some work was ongoing at the time of inspection and additional time was needed in order to ensure a multi-disciplinary assessment was in place where required.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Riverwalk Respite House OSV-0002501

Inspection ID: MON-0048987

Date of inspection: 03/03/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>To ensure compliance with regulation 15: Staffing: the following actions have been/ will be undertaken</p> <ul style="list-style-type: none"><li>• All vacant position numbers have been identified and have been forwarded to the Recruitment Manager. The documentation has been completed and approved for the replacement of 4.5 vacant staff nurse positions in Riverwalk House. All vacant positions have been offered to panels.</li><li>• One agency staff nurse has accepted an agency conversion position and is currently awaiting a start date. A second nurse has accepted a permanent position and has commenced this role on 23.03.2026. A third nurse will transfer from another service on a permanent basis and is due to commence in Riverwalk from May 2026. Completion date: 31-05-2026</li><li>• Interviews are currently being scheduled by the HR department for staff nurses. Completion date: 31-05-2026</li><li>• The PIC will continue to review and monitor the roster to ensure adequate staffing in the center on a daily basis to meet the assessed needs of the residents.</li><li>• Regular agency staff nurses have undertaken an induction within the centre to fill current vacant positions and are rostered in advance to ensure an adequate skill mix is provided within the center.</li><li>• Senior Management to include General Manager, Disability Manager and DON in liaison with the PIC, will continuously monitor and review staff levels within the center until all posts have been recruited. ]</li></ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation 23: Governance and management the following actions have been/ will be undertaken</p> <ul style="list-style-type: none"> <li>• Senior management continues to monitor all vacant positions for this centre.</li> <li>• All vacant position numbers have been identified and have been forwarded to the Recruitment Manager. The documentation has been completed and approved for the replacement of 4.5 vacant staff nurse positions in Riverwalk House. All vacant positions have been offered to panels.</li> <li>• One agency staff nurse has accepted an agency conversion position and is currently awaiting a start date. A second nurse has accepted a permanent position and has commenced this role on 23.03.2026. A third nurse will transfer from another service on a permanent basis and is due to commence in Riverwalk from May 2026. Completion date: 31-05-2026</li> <li>• Interviews are currently being scheduled by the HR department for staff nurses. Completion date: 31-05-2026</li> <li>• The PIC will continue to review and monitor the roster to ensure adequate staffing in the center on a daily basis to meet the assessed needs of the residents.</li> <li>• Regular agency staff nurses have undertaken an induction within the centre to fill current vacant positions and are rostered in advance to ensure an adequate skill mix is provided within the center.</li> <li>• Senior Management to include General Manager, Disability Manager and DON in liaison with the PIC, will continuously monitor and review staff levels within the center until all posts have been recruited.</li> <li>• The PIC in conjunction with the Senior Clinical Psychologist have completed a full review of all Positive Behaviour Support Plan's pertaining to adults availing of the respite service. All required Positive Behaviour Support plans are now in place. Completion date 19.03.2026.</li> <li>• A comprehensive MDT was held on 12.03.2026 to develop a complex Positive Behaviour Support Plan that was not in place at the time of the last inspection. Completion date: 12.03.2026.</li> <li>• The PIC has developed a schedule with the Senior Clinical Psychologist to continue to review and update Positive Behaviour support plans for adults who require same. Completion date: 31-03-2026</li> </ul>	

- The PIC has developed a schedule with the Children’s Psychologist and the CDNT team to continue to review and update Positive Behaviour Support Plans for children on an ongoing basis. Completion date: 31-03-2026 ]

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To ensure compliance with regulation 7: Positive behavioural support: the following actions have been/will be undertaken

- The PIC in conjunction with the Senior Clinical Psychologist have completed a full review of all Positive Behaviour Support Plan’s pertaining to adults availing of the respite service. All required Positive Behaviour Support plans are now in place. Completion date 19.03.2026.
- A comprehensive MDT was held on 12.03.2026 to develop a complex Positive Behaviour Support Plan that was not in place at the time of the last inspection. Completion date: 12.03.2026.
- The PIC has developed a schedule with the Senior Clinical Psychologist to continue to review and update Positive Behaviour support plans for adults who require same. Completion date: 31-03-2026
- The PIC has developed a schedule with the Children’s Psychologist and the CDNT team to continue to review and update Positive Behaviour Support Plans for children on an ongoing basis. Completion date: 31-03-2026 ]

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and	Substantially Compliant	Yellow	19/03/2026

	skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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