Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fernhill Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	11 August 2026
Centre ID:	OSV-0003338
Fieldwork ID:	MON-0050603

About the designated centre

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

The provider describes the service offered as a four day and three night planned holiday respite break for male and female adults aged 18-65 years with a physical and/or sensory disability in a community setting. Fernhill Respite House is a bungalow situated in a residential housing development, in close proximity to a busy town. Each resident has their own bedroom, and share the kitchen, main bathroom and sitting room facilities. Respite breaks are offered to over 36 clients, and up to three people can avail of a break at any one time. Staffing arrangements are designed to provide maximum consistency and person-centred support and is adjusted according to the needs of people availing of a respite break. Both sleepover and a waking night options are provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 August 2026	10:00hrs to 14:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was a repeat risk inspection. It followed a period of sustained non-compliance found on inspections completed in November 2025 and March 2026. Five regulations were found non-compliant in March 2026 and following this, the registered provider was subject to escalatory activity at a cautionary meeting held on 26 March 2026. The provider was informed of the nature of the continued non-compliance put on notice of the possible legal consequences of continued non-compliance. It was an unannounced inspection completed over one day. It was competed to monitor regulatory compliance but also to inform a registration renewal application.

This inspection found significant improvements in the governance, management and oversight of the service which impacted positively on regulatory findings and compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). Further work on risk management systems and fire safety checks would further strengthen the safety of the service provided.

Fernhill Respite House provides planned respite/holiday breaks for adults with physical and sensory disabilities. The service is registered to accommodate three people and typically three-night breaks are facilitated. The person in charge told the inspector that 36 people accessed the service and there were 11 people on the waiting list.

There were no residents present on the day inspection. The inspector met with the new person in charge and the house manager. In addition, the inspector spoke with two people that used the service by telephone. From observations made, conversations held and documents reviewed, the inspector was assured by the improvements in the service.

Respite residents spoken with, continued to compliment the quality of care and support provided and the dedication of the staff team. One person told the inspector that they felt very lucky to attend respite at Fernhill and that the staff were wonderful. They said that the staff were there 'so long' and that this made a big difference. They said that there was 'no hierarchy' at the centre and that they felt respected and equal. A second person said that they appreciated the transport provided, as it offered a door-to-door collection service. They said that they enjoyed going out for dinner, going shopping and visiting scenic locations in the area and that the staff were very accommodating.

Overall, the inspector found that the provider and the person in charge had progressed many of the commitments made to improve the oversight, quality and safety of the service. Some matters relating to risk management and fire safety required additional attention and this will be expanded upon later in this report.

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 person in charge was new to the service and the role. They were skilled and competent. They were supported by the established house manager and it was clear that this arrangement was working well. This demonstrated improved capacity to run the service effectively.

The staffing model was unique to the service and the inspector found that it was designed to suit the needs of the residents and worked very well. Staff were reported as happy at work. This sustained them in their roles and meant that consistency of care and support was provided.

Documentation systems were much improved and provided clear and comprehensive guidance for staff. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Registration Regulation 5: Application for registration or renewal of registration

The registered provided made an application to renew the registration of this centre in the form determined by the Chief Inspector of Social Services. This included the information set out in Schedule 2 of this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was new to the service and to the role. They commenced employment in March 2026 following the completion of a satisfactory assessment of fitness.

The had responsibility for this centre only and were engaged in the governance, operational management and administration of the centre on a regular and consistent basis. There were employed fulltime and had appropriate qualifications

and experience. They demonstrated good knowledge of the regulatory history of their designated centre and good understanding of their regulatory responsibilities in this regard.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster found that the service operated with a small team of consistent staff who reported for duty when respite residents were admitted and remained for the period of the respite break. Agency staff were required to cover shifts on rare occasions, for example, when core staff were attending training.

The roster was well maintained and provided an accurate account of the staffing levels on the day of inspection. When requested, the person in charge documented each staff members role on the roster and this improved the clarity of information provided.

The out of hours cover arrangement was strengthened since the last inspection. Cover was provided by the person in charge and the house manager on a rotation basis and the inspector was told that this worked well.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found significant work in relation to staff training and development was completed since the last inspection. All staff had completed their mandatory and refresher training modules and there were no matters outstanding.

Where required additional bespoke training was provided in areas such as sign language. In addition, staff were aware of how to interact with and support visually impaired people and guide dogs.

In addition, a review of the arrangements for performance management for staff found improvements. The inspector reviewed meeting minutes for three supervision meetings which were held in between March and May this year. Objectives were clearly documented and aligned to both the interests of the staff member and the requirements of the service.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was an up-to-date insurance policy for the service which provided protection against risks that may arise in the centre, including injury to residents. A valid insurance certificate was submitted as part of the registration renewal requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found significant improvements in the governance arrangements at Fernhill. The fact that there was a person in charge was employed meant that there were effective arrangements in place to appropriately oversee the service.

The person in charge and the house manager were present on the day of inspection. The person in charge told the inspector that they were provided with a service induction on commencement. They described their current reporting structure and said that it was effective. In addition, they said that they valued the knowledge and expertise of the house manager who supported their role.

The inspector found that this service model as described under regulation 15 worked very well. Staffing levels were designed to support those attending the service and changed in accordance with assessed needs. Staff were aware of their individual roles and responsibilities and of who they reported to. The frequency of staff meetings had improved, minutes were documented and were available for review. Arrangements for out of hours support were strengthened and included in the safety statement for the service.

The provider introduced an improved audit schedule to the service. This impacted positively on the ongoing monitoring and quality improvement of the service. The six-monthly provider led audit and the annual review of care and support were completed. Actions were documented on a quality improvement plan and the inspector found that all actions identified were completed. Where additional actions were identified on the day of inspection, the person in charge had a plan to ensure that these matters were documented and that oversight systems were improved to prevent recurrence.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider and the person in charge ensured that a written statement of purpose that reflects the operation of the service was available for residents, their representatives, staff and the inspector. It was updated since the last inspection which improved compliance under this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found a low level of matters arising. If required, they were reported to the Chief Inspector of Social Services in line with the requirements of this regulation

Judgment: Compliant

Regulation 34: Complaints procedure

During a tour of the centre, the inspector noted an information folder for residents use in their bedrooms. This included information on how to make a complaint.

In addition, the provider had a complaints policy which was up to date. There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 written policies and procedures held at the centre. They were easy to access, provided good guidance and were subject to regular review.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection. Additional work in relation to fire safety and vehicle road safety certification was identified on inspection and a plan put in place to address this.

People that attended respite spoke of a high standard of care and support where their human rights were respected. They enjoyed their visits and the opportunities to attend planned and unplanned events in the locality and further away.

Overall, this was a good inspection, with good quality care and support provided. This staff team were supported by recent improvements in governance and management arrangements and this impacted positively on the safety of the service.

Regulation 13: General welfare and development

As outlined, this centre provided a planned respite service for people with physical and sensory disabilities. While people had person centred care plans to support their care, the inspector found that in the main, those attending respite had the skills and abilities to self-direct their social care.

The inspector spoke with two people that attended respite by telephone on the day of inspection and completed a review of documentation. The respite residents spoke about opportunities to take part in activities which matched their interests, capacities and developmental needs. They said that information on community events was provided by staff which meant that they could meet and make individual and joint decisions on what they wanted to do. Where forward planning was required, this was completed. For example, tickets for events were purchased and staffing supports arranged. This meant that people met with friends, and were involved in a range of social, educational and support networks in line with their preferences.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a tour of the centre and found that its design and layout was in accordance with the statement of purpose.

There was adequate private and communal accommodations and the general environment was clean and kept in a good state of repair. Suitable equipment such as tracking hoists were provided which supported respite resident's safety, dignity

and wellbeing. Automated door opening devices were fitted to some internal and external doors which supported independence.

Where repairs and/or refurbishments were required, they were documented and a plan of action was made.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found some improvements in risk management arrangements since the last inspection; however, the inspector was not assured that all systems used were effective.

The inspector reviewed the risk management folder. The information was updated, streamlined and indexed since the last inspection. It held provider level, service level and centre level safety statements to guide staff on risk management systems. Where required, residents had individual risk assessments which were also updated, however, further review was required.

For example, a review of a resident's care plan completed by the inspector found that they had half hourly night-time bed checks completed by staff. These were recorded on a monitoring chart. When asked, the staff identified risks relating to the resident's diagnosis and the use of bedrails and an alert mat. This system required review to ensure that an assessment by an allied health professional was completed in line with provider's policy and to ensure that where checks and restrictions were used, that they were implemented only if necessary, and that they were recorded as control measures on residents' risk assessments.

In addition, while Fernhill had a plentiful supply of transport options, the oversight of vehicle safety checks required improvement. The inspector found that the certificate or road worthiness for one of three vehicles had expired recently. However, the staff were not aware of this as there was no advance alert system in place. The staff on duty made arrangements to have testing completed following the inspection and to remove the vehicle from service until completed. As the service had two other vehicles for use, the inspector was assured that this would be completed as agreed.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector found that while the provider had some good fire safety management systems in place further work was required to fully comply with the requirements of this regulation.

A review of the systems to detect and extinguish fires found that they were subject to regular assessment. Fire safety was a standing agenda item at staff meetings and both day and night-time simulated fire drills were taking place. A walk around of the building found that items needed to be removed from a pathway at the side of the building as this provided an escape route. This was completed on the day of inspection.

When requested, staff activated the fire alarm and a review of the fire doors was completed by the inspector. This found that the door of bedroom 4 did not close when the fire alarm was activated. The house manager contacted the fire safety company and arranged for a repair. Updated information regarding the completion of this was provided to the Chief Inspector of Social Services on the days following the inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector found that a human rights-based approach was embedded in the culture of the service provider at Fernhill, with residents at the heart of the service provided. This was underpinned by the uniqueness of the service model provided.

As outlined under Regulation 15 in this report, the service was staffed by a small and consistent team of healthcare professionals who remained on duty for the duration of a respite admission. This meant that holistic rights-based care and support was provided with a focus on individual and group decisions made by residents. From telephone conversations with two people that attend respite and from a review of documentation, the inspector found people led their own service and their choices were supported by a dedicated staff team.

For example; some people liked to go out in the evenings, have dinner and enjoy music and dancing. In the main, this could be facilitated without a break in the shift pattern of staff. Others lived some distance away and liked to schedule medical appointments while attending respite. This meant that they could avail of the support of staff and transport and maintain their autonomy outside of the typical supports of family members. Another person living in a rural location used their time in respite to meet with a support service for the sensory impaired. This meant that they had an opportunity to train their service dog in busier town environments

Overall, the inspector found that the improved oversight of this service maximised residents' personal independence and choice in their daily lives, with routines, practices and facilities promoting their independence and preferences

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fernhill Respite House OSV-0003338

Inspection ID: MON-0050603

Date of inspection: 11/Aug/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 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
To ensure Compliance with Regulation 26(1) (e) Risk Management, the following actions have been undertaken:

• The Person in Charge has reviewed all relevant individual risk assessments to ensure risks, control measures and any associated impact on residents' quality of life are clearly documented and reflected in care plans. Completed 11/08/2026.

• Annual bedrail assessments are completed by the relevant Public Health Nurse. A review schedule is maintained by the Person in Charge to ensure assessments are completed within required timeframes. Completed 11/08/2026

• Risk assessments relating to bedrails, alert mats and night-time monitoring arrangements have been reviewed and updated to ensure all control measures are proportionate to the identified risks. Completed 11/08/2026.

• All individual risk assessments are reviewed quarterly by the Person in Charge and audited through the centre's governance and quality assurance processes to ensure ongoing compliance. Completed 11/09/2026

• The vehicle identified during inspection as having an expired NCT was immediately removed from service and has since successfully completed NCT testing. Completed 28/08/2026.

• A vehicle compliance register has been implemented to monitor NCT, insurance and servicing requirements for all vehicles used by the service. Completed 11/09/2026
• Automated reminders have been scheduled in advance of all renewal and inspection dates to ensure certification remains current. Completed 11/09/2026

• Vehicle documentation is reviewed monthly by the Person in Charge and monitored through the centre's audit programme. ongoing

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure Compliance with Regulation 28 Fire Precautions, the following actions have been undertaken:

• The fire door identified during inspection was repaired by the contracted fire safety provider, and written confirmation of compliance was received. Completed 12/08/2026.

• Weekly fire safety checks have been updated to include verification that all fire doors close fully and engage correctly when the fire alarm is activated. Weekly

• Any issues identified through routine testing are recorded in the fire register and escalated immediately for repair. Ongoing

• Fire safety systems are monitored through regular audits and reviewed as part of the centre's governance and oversight arrangements. Completed 12/08/2026.

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 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	11/Aug/2026
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced,	Not Compliant	Orange	28/Aug/2026

	insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/Aug/2026