



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

Issued by the Chief Inspector

Name of designated centre:	Dreenan
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	26 March 2025
Centre ID:	OSV-0005490
Fieldwork ID:	MON-0046368

About the designated centre

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

Dreenan provides full-time residential care and support for up to five adults with an intellectual disability. Dreenan comprises of a five bedroom bungalow and residents have access to communal facilities at the centre which include two sitting rooms, a dining room, a kitchenette, a laundry room and bathroom facilities and each resident has their own bedroom. The centre is located within a campus setting which contains six other designated centres operated by the provider. It is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and health care assistants. During the day, residents are supported with their assessed needs by four staff members with one nurse being on duty at all times. At night-time, residents are supported by two staff, a nurse and health care assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 26 March 2025	09:35hrs to 16:25hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

Residents in this centre received a good quality service. The needs of the residents had been identified and appropriate supports were put in place to meet those needs. The service was delivered by a consistent team of staff with the necessary mix of skills. The staff had up-to-date training in modules that were relevant to the care of residents in this centre. The provider maintained good oversight of the service and addressed service improvement issues when they were identified on audit. The centre was well-suited to the needs of the residents, though the kitchen of the centre was not accessible to all residents.

The centre consisted of a large single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The house was registered to accommodate five residents. On the day of inspection, three residents were living in the centre. The person in charge reported that there were no plans for any other residents to move into the centre. Each resident had their own bedroom. Each resident had their own bathroom. The bathrooms all had level access showers. One of the bathrooms contained a large adjustable bath that could be used by all residents. One bedroom contained a tracking hoist that extended into the resident's bathroom. There was an additional bathroom that could be used by all residents. The centre also had two sitting rooms, a dining room, a visitor's room, a multipurpose room, a utility room and staff office. The centre had a small kitchen. Due to its small size, it was not accessible to the residents who required a wheelchair to mobilise. This was a long-standing issue in the centre and will be discussed further under regulation 17: premises.

The centre was warm, bright and comfortable. It was nicely decorated and in a very good state of repair. It was very clean and tidy. The residents' bedrooms were decorated in different styles in line with the residents' tastes. Residents' photographs and belongings personalised their bedrooms and were reflective of their interests. The centre had the necessary equipment and facilities to support residents with their daily needs; for example, shower chairs and adjustable beds. Residents had adequate storage for their clothing and belongings. Outside, there was a garden to the front and rear of the house. The back garden had outdoor furniture, a basketball hoop and soccer goal posts with corner flags. One of the residents in the centre had a keen interest in soccer and staff reported that the garden had been set up with that in mind. The centre had a water feature in the front garden and numerous garden ornaments. Again, these were placed in the garden by residents and were reflective of their choice and interests.

The inspector had the opportunity to meet with all three residents during the inspection. Two residents required the support of staff when communicating with the inspector. When asked if they were happy in the centre, all residents indicated that they were. One resident spoke about their desire to move to a new house. The person in charge reported that there was a plan underway to find new

accommodation for all residents. One resident spoke about some of the activities that were available to them in the centre and in the wider community. One resident smiled broadly when asked if they enjoyed the food in the centre. Another said that they weren't always happy with it but that they could have an alternative meal, if they liked.

In addition to the person in charge, the inspector had the opportunity to meet with two other members of staff. The staff spoke about the residents with respect and were knowledgeable of their individual needs and supports. Staff clearly outlined the supports that they put in place to help residents manage their behaviour. This was in line with the information that was set out in the residents' behaviour support plan. They knew the arrangements that were in place to ensure that negative interactions between residents were avoided. This was in line with the control measures that were outlined in residents' risk assessments. They were knowledgeable on the steps that should be taken should any safeguarding incident occur. They knew how to support residents with their individual health needs. Staff had completed training in human rights-based care and support. Staff reported that this training had enhanced their understanding of the need to promote the rights of residents through everyday activities; for example, ensuring that residents' choices were respected.

Overall, the inspector found that residents in this centre received a good service. 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 provider had good systems in place to ensure that the service was suitably monitored. The governance structure ensured that information was relayed to staff and that issues for service improvement were identified and addressed.

The provider maintained oversight of the service through a number of methods. These included regular audits completed by staff in the centre, audits completed by a member of senior management, self-assessment tools by the person in charge, and findings from incident reviews. All of this information was clearly recorded in the centre's quality improvement plan. This plan identified the actions needed to improve the service and the timeline for completion. Information was shared with staff through team meetings and residents' care plans.

The lines of accountability were clearly defined. Staff knew who to contact should any issues arise. The staffing arrangements in the centre were suited to the needs of the residents. Staff had received training in modules that were identified as mandatory by the provider. Training had also been completed in modules specific to the needs of residents in this centre. Staff training was largely up to date.

Regulation 15: Staffing

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

The inspector reviewed the rosters from 3 February to 30 March 2025. The person in charge maintained a planned and actual staff roster. These indicated that the required number of staff with the necessary skill-mix were on duty at all times. The person in charge reported that there were four vacant posts in the centre on the day of inspection. There were plans to fill these posts but, in the meantime, the vacancies were filled by a regular pool of agency staff and other staff who worked across the campus. The review of rosters indicated that regular staff were employed in the centre and that the staff were familiar to the residents.

This meant that residents received consistent support to meet their assessed needs from staff who were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up-to-date training in areas that were relevant to the care and support of the residents in the centre.

The inspector reviewed the training records that were maintained by the person in charge. These indicated that staff had up-to-date training in all modules that the provider had identified as mandatory. In addition, staff had completed training in other modules that were specific to the needs of residents in this centre. This meant that staff had been given appropriate training to meet the needs of residents and that this training was kept up to date.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents in the centre.

Then inspector reviewed the records of two residents. This showed that the provider had recorded the necessary information about residents as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good systems in place to ensure oversight of the quality and safety of the service. This ensured that areas for service improvement were identified and addressed in a timely manner.

The inspector reviewed the audits that had been completed in the centre since the beginning of 2025. The provider had a schedule that indicated when certain audits should be completed within the year. The audits had been completed in line with this schedule.

The provider had completed an annual review and six-monthly unannounced audits into the quality and safety of care and support in the centre. The inspector reviewed the most recent annual report and unannounced audit. These were comprehensive and identified clear actions for service improvement.

The person in charge maintained a quality improvement plan. When reviewed by the inspector, it was noted that this plan identified specific actions for service improvement and there was evidence of issues being addressed and completed. The quality improvement plan drew on findings from multiple sources, including audits in the centre, self-assessment by the person in charge, provider-led audits and senior management observations. This ensured a comprehensive overview of all actions that were underway to continually improve the service.

Information was shared with staff through regular team meetings. The minutes from the most recent team meeting was reviewed by the inspector. All staff had signed the minutes to indicate that they had read them. The agenda covered issues relating to the care of the residents and to operational issues when running the service. There was a schedule in place for the remaining team meetings for the rest of the year.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a contract for the provision of services to residents.

The inspector reviewed the contract for the provision of services for two of the three residents. These contracts clearly outlined the fees that the residents were required to pay and the terms on which the resident resided in the centre. The contracts were signed by the provider's representative and the resident or their

representative.
Judgment: Compliant
Regulation 3: Statement of purpose
The centre's statement of purpose was reviewed by the inspector and it was found to contain the information as set out in the regulations. It had been reviewed by the person in charge within the previous 12 months.
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The person in charge had reported any notifications to the Chief Inspector of Social Services in line with the requirements set out in the regulations.</p> <p>The inspector reviewed the incidents that had occurred in the centre since 1 January 2025. These records indicated that the person in charge had submitted notifications to the Chief Inspector, as required.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The provider had a complaints policy and procedure. This was implemented in the centre.</p> <p>The inspector's review of the centre's statement of purpose showed that there was a complaints procedure in the centre. The inspector's review of one residents' files showed that the procedure was followed in relation to a complaint that had been made by a resident. Complaints were audited on a quarterly basis.</p>
Judgment: Compliant
Quality and safety

The service in this centre was person-centred and of a good quality. The provider had taken steps to protect the safety of residents.

The residents in this centre received a good quality service. Though the kitchen was not accessible to all residents, the rest of the centre was suited to the residents' needs. The health, social and personal needs of residents had been assessed and appropriate supports put in place to meet those needs. The rights of residents were promoted and residents' choices in relation to their daily lives were respected. Staff were knowledgeable of residents' individual communication strategies and how to support resident to express their needs and wishes.

The safety of residents was promoted in this centre. A good system of risk management meant that risks to residents were identified and steps put in place to reduce those risks. Where residents required support to manage their behaviour, plans had been developed by appropriate professionals to guide staff. Residents were protected from abuse. Staff had received training in safeguarding and were knowledgeable on the steps to take should any incidents occur.

Regulation 10: Communication

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

The inspector reviewed the notes of two residents. These provided clear guidance to staff on how to support the resident to understand information that was presented and how to support the residents to make their wishes known. The input from a speech and language therapist had been sought in relation to one resident. The speech and language therapist had made recommendations in relation to the resident's communication supports. The inspector noted that these supports were available in the centre and accessible to the resident. Staff were able to provide clear information about the ways to support residents with their communication.

Judgment: Compliant

Regulation 17: Premises

The centre was suited to the needs of residents. However, the kitchen in the centre was not accessible to all residents.

As outlined in the opening section of the report, the centre was homely, clean, comfortable and in a very good state of repair. There was ample space for residents to spend time together or alone. Residents had space to store their belongings. All of the equipment needed by residents for their daily activities was available in the centre. However, the kitchen in the centre, though it was equipped with cooking

facilities, was too small to be accessed by residents. This was a known issue and the provider had made arrangements to support residents who wanted to bake. Baking activities could be supported in the centre's dining room. The person in charge reported that there were no plans to change the kitchen in the centre as there was a plan in place for residents to move to a new designated centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents had access to choices at mealtimes and nutritious, wholesome meals.

The inspector reviewed the files of two residents and found that they had been referred to appropriate professionals in relation to their dietary needs. Reports and recommendations from these professionals were recorded and staff were knowledgeable of residents' individual needs.

Residents were offered choices in relation to their meals. Main meals were prepared in a central kitchen that was located in another building on the campus. Residents could be offered an alternative meal if they did not like the food offered. Some alternative meal options were kept in the freezer in the centre and could be prepared in the centre's kitchen. The inspector noted that there was fresh food in the kitchen for snacks for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in place in relation to risk management. This meant that risks to residents were identified and measures put in place to reduce the risks.

The inspector reviewed the risk assessments that had been developed for one resident. The risk assessments were kept under regular review. Where incidents had occurred, risk assessment were updated to reflect any changes to control measures. When reviewing the resident's notes, the inspector noted that the control measures that were outlined in the risk assessment had been followed.

The inspector reviewed the centre's risk register. This identified risks to resident, staff, visitors and the service as a whole. The risk assessments in the register were comprehensive, recently reviewed and specific to the risks in this centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal needs of residents.

The inspector reviewed the notes for two of the three residents. These showed that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' notes contained plans and guidance to staff on how to support residents to meet those needs.

In addition, an annual review of residents' personal plans had been completed within the previous 12 months. This included input from the resident or their family representative. The previous year's plan was reviewed and new goals set for the following 12 months.

The residents' personal plans were also available in an accessible format for residents. The plans contained photographs of the residents as they progressed towards their personal goals.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of resident were well managed.

The inspector reviewed the notes for two residents and found that residents had access to a wide variety of healthcare professionals, as required. There was evidence that regular health checks were completed with residents; for example, weight checks. Residents had a named general practitioner (GP) and accessed their services when required. Information and reports from health professionals were recorded. Staff were knowledgeable on the residents' specific healthcare needs and the supports they needed to meet those needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had made arrangements to ensure that resident's received support to

manage their behaviour.

The inspector reviewed the notes for two residents and found that, where required, behaviour support plans had been developed for residents. These were developed by appropriate professionals and were regularly updated. Clear guidance was given to staff on how to support residents to manage their behaviour. Staff were able to discuss these plans with the inspector and were observed implementing some of the strategies during the inspection.

Where restrictive practices were required, these were recorded on a restrictive practice log. This log was reviewed by the inspector and it was noted that the restrictive practices were regularly reviewed. The inspector reviewed the risk assessments that were also devised in relation to restrictive practices. These were up to date and gave clear guidance to staff on how to implement these practices. These documents gave assurances that the practices were the least restrictive options in place for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to protect residents from abuse.

Staff were clear on the process that should be followed should any safeguarding concerns arise and could discuss this with the inspector. Safeguarding was included as a regular team meeting agenda item. All staff had up-to-date training in safeguarding. There were known incompatibilities between residents in this centre. The provider had implemented systems and staffing arrangements that ensured that negative interactions between residents were minimised and occurred very rarely in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Staff had received training in human rights-based care. Staff told the inspector how they ensured that residents were offered choices in their daily lives and how these choices were respected.

The inspector reviewed the minutes of the residents' meetings that had taken place in January, February and March 2025. These indicated that residents were supported to make choices about their planned activities for the week. The

responses of residents who communicated through non-linguistic means were also documented.

The inspector noted that the centre's complaints procedure was followed. A complaint made by a resident was acknowledged and processed with the support of members of the multidisciplinary team.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dreenan OSV-0005490

Inspection ID: MON-0046368

Date of inspection: 26/03/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• A review of the Kitchen facilities has been completed and it has been agreed that this work is no longer required at present due to the number of residents in the centre and this will be reassessed in line with the decongregation. Date Completed 15/09/23• This was reviewed most recently on 31/03/25• Currently within the designated centre residents meals are provided in line with their assessed need based on Speech and Language assessment and dietetic recommendations.• Breakfast is prepared in the centre and there is a wide range of options available based on individual preference.• Dinner and evening meals are provided from the central kitchen where residents are provided with options. Alternative food stuffs are available in the designated centre and staff will support residents in preparing simple meals.• Baking can be accommodated in the designated centres dining room just off the kitchenette with the support of staff.	

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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/03/2025