



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

Issued by the Chief Inspector

Name of designated centre:	Riverchapel
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	13 May 2025
Centre ID:	OSV-0008305
Fieldwork ID:	MON-0038408

About the designated centre

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

Riverchapel is a designated centre which accommodates three adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of one three storey house. The house is located in a busy town in Co.Wexford. All residents have their own bedrooms which are decorated to suit their preferences. The house has communal kitchen/dining and living areas. The house is located close to local shops, pubs, restaurants, sports facilities, boutiques, cafés, beaches and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 13 May 2025	09:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform decision making in relation to renewing the registration of the designated centre. The provider had submitted an application to renew the registration of the current centre however, there were ongoing plans to transition the residents out of this centre to different accommodation. Due to the time lines involved, the application to renew the registration of the current centre was to proceed, to ensure there was time and space for appropriate transitions.

Overall, the findings of the inspection were positive with very good levels of compliance with the relevant regulations in place. Positive outcomes were noted for the residents living in the home. Both residents had a very good quality of life where their independence was encouraged and facilitated. The provider, person in charge and staff team had ensured that positive risk taking was balanced with residents' autonomy, wishes, preferences and assessed needs.

The inspector used observations, conversations with staff, conversations with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre had capacity to accommodate three residents. On the day of inspection two residents were living in the centre. The inspector had the opportunity to meet and speak with both residents.

On arrival at the centre, the inspector was welcomed in by the person in charge. One staff member was also present and they were finishing up their shift for the day. Both residents had left the home at this point.

The inspector completed a walk around of the designated centre with the person in charge. This designated centre comprises an end of terrace three storey property. On the ground floor there was a sitting room, a kitchen come dining room and small bathroom with a toilet and sink. On the second floor there was two bedrooms, one was allocated to a resident and the second one was empty. There was a bathroom with a shower available for residents' use. On the third floor there was a staff office and a bedroom for a resident. Again a bathroom with a bath was allocated on this floor. All parts of the home were well presented and maintained.

As part of the inspection the residents stated that they wanted to show the inspector around their respective bedrooms. One resident had chosen to lock their room until they arrived home. The residents, on their return, were very happy to show the inspector their bedrooms. Both residents had some personal items and pictures on display.

The inspector got to speak and spend some time with both residents. The residents told the inspector about their life, what they liked doing, how they felt the staff

team treated them and their hopes for the future. Both residents had been at the forefront of the decision to move out of the home. They had been involved in the process since the beginning as it was the residents' will and preference to move nearer to a larger town. Both residents told the inspector that they were excited to move home. Throughout the day of inspection, the inspector heard the residents ask the person in charge questions about the time line of the move. Both residents expressed that they wished to continue to live together in the same home.

Both residents had busy, active lives and were very much a part of the local community and spent time in the larger town which was a couple of kilometers from their home. Both residents had paid employment. One resident also enjoyed volunteering and had an active role in a charity shop. Both residents told the inspector about their volunteer work and their paid employment. Residents also enjoyed going for walks, going to the gym, attending day service, spending time with family and friends and going on holidays. One resident enjoyed leaving the country to enjoy holidays while the other resident choose to stay more local.

There was a vehicle available to the house to support residents in attending activities, events and to go to work or access the community. Some residents also used the local buses and public transport. Residents had mobile phones to keep in touch with their family and friends, and to keep in touch with staff when they were out and about. The inspector saw one resident use their mobile phone on the day of inspection.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. Both residents had filled in the form independently. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Residents' comments included; "I like living with my housemate".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall it was found that the service was very well managed with suitable systems in place to ensure comprehensive oversight of the care and support being delivered. Both residents experienced a good quality of life, person-centered care was delivered ensuring residents independence was fostered at all times.

The centre was well-resourced and there was a clearly defined management structure. The centre was managed by a full-time person in charge. The person in charge was extremely knowledgeable around the residents' needs, likes, dislikes and strengths and they were a strong advocate in ensuring residents' needs were being well met. The person in charge was supported in their role by the residential manager.

The provider had ensured that the quality and safety of the care and support provided to residents was effectively monitored. For example, the provider had ensured that unannounced visits of the centre were carried out and reported on, and the local management team carried out a suite of audits. The audits identified actions for improvement that were monitored by the management team.

There was a regular core staff team in place. They were very knowledgeable of the needs of the residents and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. For example, as part of the application process the provider submitted floor plans which accurately represented the layout of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There was a full staff complement in place with no vacancies.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for a six week period between March and May 2025 and found that regular staff were employed, including regular relief. This ensured continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts. For example, during the Easter holidays some day service staff were redeployed to the centre, their names were represented on the roster accordingly.

The inspector reviewed two staff records and found that they contained all the required information in line with Schedule 2, including evidence of professional references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training maintained in the centre. The inspector reviewed the training records for all staff and saw that all staff were up-to-date in training in key areas including safeguarding, hand hygiene, managing behaviour that is challenging, and safe administration of medicines. To ensure that training was kept up-to-date, training records were audited on a regular basis. The inspector reviewed the audit completed in March 2025 and found that it had identified that one person required training in managing challenging behaviour. They were booked on relevant training and had completed the refresher module well in advance of their existing training date expiring. This ensured that staff had the most up-to-date knowledge to allow them to complete their roles effectively.

Staff were in receipt of regular support and supervision through staff meetings and individual staff supervisions which took place four times per year. The inspector reviewed the records from the most recent individual supervision sessions for two staff. These were found to cover key areas relating to staff member's roles and responsibilities including, for example, staff training and discussions around residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

Overall the systems in place were effective in ensuring the service was safe and was promoting a good quality of life for both residents that lived in the centre.

There was a clearly defined management structure in place with the staff team reporting to the person in charge, who in turn reported to the residential manager. The person in charge has remit over two designated centres operated by the registered provider. The person in charge was supernumerary to the staff team which enabled them to effectively provide sufficient oversight across their managerial remit.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, regular Infection Prevention and Control

(IPC), medication management and health and safety audits were completed. Action plans were implemented where risks were identified on these audits. For example a food safety audit in February 2025 identified a number of actions. To ensure that these actions were sufficiently followed up on two further audits, one in March and April were also carried out. The audit in April 2025 identified that all actions had been completed and sustained improvements in this area of care and support was in place.

As part of the audit process, staff knowledge around aspects of care and support was also audited to ensure that staff had sufficient information and skills to deliver care appropriately. The inspector reviewed staff knowledge audits around safeguarding, medication and IPC.

The provider had systems in place to complete annual and six-monthly reviews for the designated centre. The inspector reviewed the most recent annual review and the six-monthly provider unannounced audit. Again, these were comprehensive and identifying areas of improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. It included all the required information as set out in the associated schedule. For example, the criteria of admissions was clearly described in the document.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Office of the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. It was noted that all required notifications had been submitted as required in line with the statutory time frames. For example, the provider submitted all notifications in relation to minor injuries within the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal healthcare plans, risk documentation, fire safety documentation, and medicine management systems. The inspector found good evidence of residents being well supported in all areas of care and support. Full compliance with the regulations reviewed was found.

The centre was warm, clean and homely and the residents reported that they found it comfortable and they liked living here. As previously mentioned there was a long term plan for the residents to move from this home to be nearer the local town. Residents were involved in this process and both were able to tell the inspector about their wishes and preferences in relation to this move.

Regulation 17: Premises

This centre comprises a three storey end-of-terrace house in a residential area close to a nearby town. It has communal areas on the ground floor comprising a living room, kitchen-dining room and a shared bathroom. Externally to the rear of the house was a garden designed and laid out to meet the resident's need. Again this area was well presented. On the first floor were two residents' bedrooms with a shared bathroom and on the second floor one further resident bedroom, bathroom and a staff bedroom with an en-suite bathroom.

The design and layout of the premises was in line with the statement of purpose with adequate communal and private space. Residents present in the house showed the inspector their home and bedroom. The centre was warm and clean and presented as a comfortable and personalised home.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide had been reviewed as part of the registration of this centre. It was found to contain all information as required by the Regulation. For example, the

residents guide outlined how to make complaints if a resident was unhappy with any aspect of the care and support provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that positive risk taking was an active part of the care and support being provided and this was essential to ensure that the residents' will and preference to maintain their independence was considered. For example, residents were encouraged to go out and about independently or stay in the home on their own.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. The inspector reviewed all incidents that had occurred in 2025. Overall, incidents were low. However, suitable learning from incidents was identified as required. For example, following a medication error staff knowledge around the medication policy was audited to ensure they were aware of the relevant processes to follow.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. On the walk around of the premises the inspector saw fire extinguishers, emergency lighting, smoke detectors and the fire alarm. Fire containment measures were in place and effective. There were automatic door closures in place to ensure that doors would close in the event of an emergency. There were adequate means of escape. All fire equipment was being regularly serviced. For example, the inspector saw records that the emergency lighting was serviced in April 2025. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring regularly in the

centre and being completed at different times. The inspector reviewed four fire drills that occurred in 2025. The fire drills evidenced that all residents could evacuate in a timely manner with minimal supervision. This included a fire drill that occurred at night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the provider's systems for receipt, prescribing, storing and administration of medicines. A staff member showed an inspector the storage facilities including the main locked press for the storage of medicinal products, the press for emergency, as required medicinal products and the locked fridge for storing medicinal products. There were a number of audits and systems in place for stock checks and to ensure that residents had the required medicines and that their administration records corresponded with the relevant prescriptions.

The inspectors reviewed the staff training matrix and found that staff had completed training on the safe administration of medicines.

Residents who wished to were supported to take responsibility for their own medicines following a risk and capacity assessment. The inspectors reviewed the records for one resident who was self-administering their medicines. There was facilities to lock their medicinal products in their bedroom, or they could choose to store it in the medication storage press in the staff office. There were robust systems in place to ensure the resident was taking their medications as prescribed. For example, regular audits and spot checks of medicines present occurred. The inspector reviewed six audits that had occurred between February and May 2025 and the findings indicated that all medicines had been taken as prescribed.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments. For example, there were care plans in place to encourage health eating in line with a resident's changing health need. The inspector reviewed this plan and found that appropriate

health and social care professionals were consulted to draw up suitable recommendations.

There was evidence that residents were facilitated to access medical treatment when required including national screenings.

Residents had up-to-date hospital passports in place to ensure that the correct information was available if a resident was transferred to a hospital setting. The inspector reviewed two of these plans and found them reflective of residents' current needs. For example, the hospital passport stated if the resident had a medicine allergy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents, which were underpinned by a written policy. Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

The inspector found that safeguarding concerns had been appropriately reported and notified to the relevant parties. At the time of inspection there were no open safeguarding plans in place. However, both residents had safeguarding passports in place to outline the supports in place to keep them safe.

Residents' finances were adequately protected with systems in place to ensure that expenditure was cross referenced with bank statements. Residents independence in this area was encouraged with suitable education in place to ensure that residents' understood how to maintain their safety in this area. For example, regular key working sessions were completed with residents around safeguarding finances.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the centre promoted a rights' based approach to care and support. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through residents' meetings and discussions with staff and their keyworkers.

They had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and accessing housing,

or financial or advocacy supports. For example, in relation to the upcoming transition, the housing authority directly corresponded with both residents to inform them of what was happening with their identified home.

Residents both expressed to the inspector what was important to them and it was evident that this was considered by all members of the staff team. Interactions between residents and staff were respectful and professional across the day. It was evident the residents had built a good rapport with all members of the staff and they readily approached them if they had any questions or concerns.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant