

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

## Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 2
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0002388
Fieldwork ID:	MON-0038525

## About the designated centre

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

Donabate Respite 2 is a designated centre operated by St. Michael's House. The centre comprises of one six bedroom purpose built premises. The centre provides respite services for adults only. The centre is located in a suburban town and is in close proximity to a range of local amenities and public transport. There is a small garden to the rear of the centre. Throughout the centre large communal space is provided with comfortable seating options and two living room spaces provided with TVs. Residents are provided with a private bedroom space during their stay and accessible toilet and bathing facilities. The centre is managed by a person in charge who reports to a senior manager. The staff team consists of nurses and healthcare assistants.

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

Number of residents on the date of inspection:	5
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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 4 June 2025	10:15hrs to 16:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Donabate Respite 2. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector saw that residents in this house were in receipt of person-centred, rights-informed care which was delivered by a stable team of suitably qualified staff.

The designated centre was located on a small campus-based setting close to a suburban village in North County Dublin. There was easy access to local recreational facilities including the beach, pub, shops and restaurants for those residents who wished to access these.

The centre operates seven days of the week and provides residential adult only respite services for approximately 160 people. A maximum of six respite residents could be accommodated in the centre, at any one time. Respite care is scheduled on a planned rotational basis. Respite allocations are coordinated and managed by the person in charge and the service manager with the use of a compatibility assessment as part of the planning arrangements in consultation with the social work department and the multi-disciplinary team.

On the day of inspection there were five adult respite residents availing of the service. The inspector had the opportunity to meet with three of the residents availing of respite care on the day of inspection. Each resident used different means to communicate, such as eye contact, vocalisations and gestures.

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. Six of the surveys were returned to the inspector. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and care provided.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the premises design ensured that respite users could enjoy staying in an accessible and comfortable environment during their respite break. Each resident had their own bedroom with access to bathroom facilities. There was sufficient storage facilities for their personal belongings in each room. The layout of the house provided respite users with a variety of spaces to relax in and suitable provision to store their personal belongings during their stay.

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

On the day of the inspection, the inspector found that the governance and management arrangements in this respite centre facilitated good quality, person-centred care and support to residents. Residents were supported to engage in a range of activities and offered choice with respect to their will and preference. Activities offered during the residents respite stay included trips to the cinema, bowling, going out for dinner and walks in the locality.

It was observed that the residents were involved in choosing how to spend their days during their respite break. For example, residents were planning what activity to do for the evening and two opted to head out for a meal and another indicated they wished to stay in the centre and relax.

Overall, the inspector saw and was told that residents were in receipt of a very good quality and safe service which was delivered by a caring staff team.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

There were supervision arrangements in place for staff. In addition, staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

Records set out in the schedules of the regulations were made available to the inspectors on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

The provider had effected a contract of insurance against injury to respite users and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

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

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

There was a planned and actual roster maintained by the person in charge. The inspector reviewed actual and planned rosters at the centre for April, May and June 2025.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed three staff records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

## Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Refresher training was available as required.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control and fire safety. However 13 staff required refresher training in manual handling and had been booked to attend on the next available dates in July and August. All staff had completed online manual handling training as an intermediary measure.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these meetings were maintained.

Judgment: Substantially compliant

## Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant



## Regulation 23: Governance and management

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service.

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle which was assigned for the centre's use only.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. Residents, staff and family members were all consulted in the annual review. Satisfaction surveys had been sent to all families availing of respite and those that were returned included comments like: 'service is invaluable', 'exceptional care provided' but some families commented that 'one respite house was not enough' and would like 'longer breaks and 'more weekend respite'.

Other audits carried out included fire safety, infection prevention and control (IPC) and medication management audits.

Judgment: Compliant

## Regulation 3: Statement of purpose

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

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

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

It was also available to residents and their representatives.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents in receipt of respite services. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

Overall, the inspector found that the residents were supported to enjoy their respite break while having their assessed needs met.

The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was designed and laid out in a manner which met residents' needs.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

A residents' guide was readily available in the centre. This provided information to residents on the day to day running of the service along with other information such as the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports.

The inspector saw that residents' files contained information, through their individualised communication support plans, on their preferred mode of communication.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

Some residents required support to manage their behaviours of concern. However, not all positive behaviour support plans had not been updated and reviewed for residents who had assessed behavioural support needs.

On review of a sample of residents' medical records, the inspector found that their medicines were administered as prescribed. Residents' medicines was reviewed at regular specified intervals as documented in their personal plans, and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment.

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

### Regulation 10: Communication

Staff were informed of residents' communication needs and described how they supported residents' communication.

Residents' files contained communication care plans where required and a communication profile which detailed how best to support the resident.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary needs. Staff had received training in feeding, eating, drinking and swallowing (FEDS) and were available to support those residents with FEDS needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available to all respite users in easy read format. This contained information required by the Regulations including information on the services available in the centre the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports.

Other information that was relevant to respite users was provided in user-friendly formats, such as photographic information about activity planning and meal planning, the designated safeguarding officer, and an easy-to-read version of the complaints process.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre and the inspector reviewed these procedures with a staff member on duty.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre.

The inspector viewed two residents' medicine administration record sheets and the associated documents including the protocols for administering PRN medicines (medicines as required).

The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Restrictive practices were regularly reviewed and notified to the Chief Inspector in line with the regulations.

Positive behaviour support plans were developed for residents where required. However, two of the three plans reviewed were out of date and required attention. This meant that information to adequately guide and support staff to manage behaviours that challenge, in a consistent way, was insufficient and therefore impacting on the quality of care the resident was receiving.

Furthermore, not all staff in the designated centre had received appropriate training in managing behaviour that is challenging and positive behaviour support. Five staff members were booked in for in person training. The inspector was told there was no more available training for the remainder of the year and another five had been wait-listed for place in the event of a cancellation. As a result, the inspector was not assured that the systems in place to support residents with behaviours of concern were effective.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Not compliant

# Compliance Plan for Donabate Respite 2 OSV-0002388

Inspection ID: MON-0038525

Date of inspection: 04/06/2025

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training has been requested and booked for all staff and will be completed by 16/10/2025	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A review was completed of all 110 respite files. 5 files were indentified to have out of date PBS plans. The head of the psychology was contacted to ensure that the relevant psychologist will update the PBS plans for these service users. All plans were reviewed by psychology on 26/06/2025 and are now updated and on file.  The two out of date PBS plans on the day of the inspection have been updated and are on file.  The PIC will regularly review all files on a quarterly basis to ensure that PBS plans will remain in date	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	16/10/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	03/07/2025
Regulation 07(3)	The registered provider shall	Not Compliant	Orange	03/07/2025

	<p>ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p>			
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