



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

Issued by the Chief Inspector

Name of designated centre:	Riverwalk Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0002501
Fieldwork ID:	MON-0043319

About the designated centre

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

Riverwalk House is a spacious bungalow located on the outskirts of a busy town. The centre provides respite accommodation for both children and adults with intellectual disability and co-existing conditions, who are accommodated at separate times. There are three registered beds at this centre. Those attending respite are supported by a team of both nursing and care staff. Waking night-time support is provided.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 November 2025	10:00hrs to 18:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

Riverwalk Respite House provides planned and unplanned respite breaks for children and adults with intellectual disabilities on separate occasions. This unannounced inspection was completed over one day. It found that while the healthcare assistants at the centre were working hard to provide a good service, there were no core nursing staff employed and the provision of the service was entirely dependent on agency nurses. This impacted on the care and support provided to residents and on the governance arrangements at the centre as the person in charge provided nursing cover regularly. In addition, the development and maintenance of effective documentation systems was challenging due to numbers of children and adults registered to attend the service and the fact that agency nurses could not fulfil the named nurse role in a consistent manner.

The registered provider was aware of the staffing risks which were ongoing since April 2025. While they held a recruitment campaign, it was not successful. In light of the risks outlined, the provider had opened the service for an additional three nights at the time of inspection to support resident that required care at short notice. While well intentioned, this added to the frontline challenges and a review of the admissions policy found that it was not facilitated in line with the provider's admissions policy.

This centre was closed for a period of time while renovations were completed. It reopened as a respite service in April 2025 with a new person in charge who was covering in the role. The inspector found that that were skilled, experienced and capable. However, as there was no nursing on duty that day, they were covering for this role. In addition, they facilitated the unannounced inspection and later met with a family member for a planned visit to the service. This was observed as a task heavy role and this required review.

The inspector met with three adult residents on the day of inspection with a range of care and support needs. In the afternoon, two residents came to the centre from their day service. They were observed as happy, cheerful and content. It was clear that they were compatible with each other as they laughed together. They told the inspector that they had a busy evening planned, with a trip to a local town on the transport provided. They showed the inspector their bedrooms which were comfortable and nicely decorated and which they said that they liked.

Another resident with high support needs and was a new admission to the service. The staff team were observed providing a high standard of care and support. They spoke kindly to the resident, explained their actions and plans for the day and sought consent. They told the inspector that they were not familiar with the resident, however, they knew how to seek information to ensure that they support they were providing was in line with their needs.

A walk around of the centre found that its renovation impacted positively on the standard of the premises provided. It was spacious, warm and welcoming. It was accessible throughout and was in a good state of repair and clean and tidy. Outside, there were pleasant gardens areas and a playground. While the centre was located on a campus, it was within walking distance of a busy town and close to scenic amenities.

Overall, while the inspector observed a good standard of care at the time of inspection, this was sustained by limited availability of skilled staff and was not sustainable in the long term.

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

Capacity and capability

The inspector found that while the service provided at centre level was of a good standard, there was a lack of adequate skilled and experienced staff which impacted on the consistency of care and support provided and on the governance arrangements at the centre. The inspector was not assured by the staffing and governance arrangements in place.

The inspector completed a review of the statement of purpose, the person in charge, the submission of notifications and the management of complaints at this centre. This review found that the provider had the capacity and capability to align with the requirements of these regulations. Some improvements were required with staff training.

Further information and examples are provided in the next section of this report.

Regulation 14: Persons in charge

A person in charge was new to the role. They were employed fulltime. They demonstrated their skills in the role throughout the inspection and the inspector found that they met with the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that continuity of nursing care and support was not provided as the provider relied on agency nursing supports to run the centre.

This impacted on the quality of care provided to residents as not all nurses were familiar with the residents assessed needs. For instance, a review of incident reports identified two occasions where a child exhibited behaviours described as challenging. This was documented as a response to being supported by unfamiliar or newly assigned staff. In addition, a child's positive behaviour support plan (21 July 2025) documented the importance of familiar staff, predictability and routine.

The inspector reviewed the roster from 1 September to the day of inspection. It was well maintained and provided an accurate account of the staff on duty on the day of inspection. However, on three occasions over a seven day period, the person in charge provided nursing cover for the service. When asked, they told the inspector that this was because they could not get agency nurses to cover these shifts.

While a provider representative told the inspector that a plan was in place to secure full-time consistent agency nurses, this was at an early stage. Additional assurances are required to ensure that this plan was effective.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training, including refresher training, as part of a continuous professional development programme. The person in charge had prepared a training matrix which documented modules completed and those requiring update. They also kept a record of training completed by agency staff, however, they said that maintaining this record was challenging as there were new agency staff coming to the service on a regular basis.

The inspector reviewed a sample of modules which included safeguarding training, positive behaviour support, fire training and children first training. This found that while most training modules were up to date, one staff member required three day training in positive behaviour support. A plan was in place to progress this.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was not assured by the governance and oversight arrangements at this centre.

As outlined, since reopening in April 2025, the core staff team consisted of healthcare assistants only and there were no full-time nurses employed. This impacted on the consistency of care and support and on the ability to management governance systems effectively. In addition, as the agency nurses were not always familiar with residents' assessed needs, it was difficult to ensure that multi-disciplinary recommendations were understood and implemented.

For example:

A risk assessment (17 April 2025) identified how the absence of a core nursing team presented significant risks to the centre. This documented that care plans required updating, person-centred goals were not integrated into care provision and there was an inability to develop documentation to the standard required.

This risk assessment documented the risk of burnout for the person in charge who was required to provide nursing cover for the centre. On 29 October they provided nursing cover as an agency staff nurse did not report for duty. On 31 October, they cancelled planned leave to complete induction training with a new agency nurse. In addition, they were providing nursing cover on the day of inspection.

A review of the residents residing at the centre found that a new admission was admitted to the service on 2 November 2025 for a three night stay. This meant that the centre was opened for additional nights for a new admission, despite the identified and escalated staffing risks. The inspector completed a review of the provider's policy on admissions to respite services (4 September 2025) which found that this admission was not in line with the policy.

While the inspector acknowledged the challenges relating to the recruitment and retention of nursing staff, as well as the pressures associated with providing short-notice or emergency respite, the issues outlined required review to ensure that safety of the service was prioritised.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose dated 4 February 2025 2025 which was reviewed by the inspector.

In the main, the statement met with the requirements of this regulation. Some changes were required to the information on staffing arrangements and to the information on admissions. These matters were rectified on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a review of incidents arising at the centre from 3 May 2025 to the date of inspection. This found that if required, statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints procedures at the centre found that residents and their representatives were supported to provide feedback on the service and to make complaints if required. Information on how to do this was displayed on a notice board at the centre.

The inspector reviewed a recent complaint relating to the closure of the service due to a lack of water. The person in charge followed the provider's process and the matter was resolved promptly in line with the complaints policy.

Judgment: Compliant

Quality and safety

As outlined the quality of care and support provided was of good quality. However, significant improvements were required with management of risk and behaviours of concern, as the inspector found that the arrangements were not working effectively.

A review of information for residents, the premises provided and the fire safety arrangements used found that good systems were in place that ensured that residents were safe.

Further information and examples are provided in the next section of this report.

Regulation 17: Premises

This designated centre was closed for a period of time while renovations were completed.

A tour of the centre found that it met with the assessed needs of the children and adults attending for respite breaks.

It was bright, spacious and accessible throughout. Each resident had their own bedroom, along with adapted equipment if required. There was a new flooring throughout the centre and while the kitchen units showed signs of wear and tear, the provider had a plan to address this. The person in charge told the inspector that this would include accessible units such as a sink and counter for wheelchair users so that they could have full access to the kitchen.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide in respect of the designated centre which was available in writing and displayed on the notice board in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had some systems in place for the assessment and management of risk, however, these were not subject to regular review and this required improvement.

The inspector reviewed the centre specific risk register dated 12 February 2025. The risk associated with lack of nursing staff and reliance on agency was not documented on the risk register. However, other risks such as indoor air quality were included. When asked, the person in charge told the inspector that they were not aware of a risk relating to air quality at this centre.

In addition, a review of risk ratings would further enhance compliance. For example, a risk in relation to a resident leaving the building was risk rated low and a green risk. However, an incident form outlined an occasion when the resident darted through the doorway recently and this required amendment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. An external fire safety inspection was taking place on the day of inspection.

The inspector met a staff member who had acted as safety officer for the service. They were competent in their role and provided an overview of the actions taken to plan for and mitigate against fire risks. Residents had individual personal emergency evacuation plans and fire drills were taking place on a regular basis. All staff had access to fire training and this was in date.

Judgment: Compliant

Regulation 7: Positive behavioural support

A review of incidents completed by the inspector found a high number of occasions when residents attending respite engaged in responsive behaviours that impacted on staff. These included striking out at staff and pulling their hair.

The inspector reviewed the arrangements and support processes for behaviours that challenged. This found that in the main, children attending respite had access to behaviour support specialists and had associated care plans, however, this was not always the case for adult residents.

For example, an adult referred for behaviour support last had contact with a specialist on 22 September 2025. However, there was no guidance for staff on file. This person was reported to hit and slap staff and to swear and shout. When asked, the person in charge requested written recommendations which were made available that afternoon. There were gaps in the information provided and the first name of another person was documented on one section of the behaviour support plan.

A second resident had a positive behaviour support plan (29 January 2025) which was specific to their day service. The person in charge requested a review of the plan in order to include reference to respite care on 9 April 2025. This was due to the fact that the person was engaging in hair pulling and biting of staff. This matter remained outstanding at the time of inspection.

Where present, plans recommended that consistency of care and support was key. Also that all staff be familiar with the assessed needs of those attending respite and were consistent in the application of behaviour support strategies. As outlined throughout this report, this was not always possible.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Riverwalk Respite House OSV-0002501

Inspection ID: MON-0043319

Date of inspection: 04/11/2025

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with regulation 15: Staffing: the following action will be undertaken</p> <ul style="list-style-type: none">• The PIC/ADON has completed a review of the vacant nursing positions in the centre to ensure all the necessary documentation for the filling of these positions has been completed and escalated to the Head of Service for approval. All post has been approved. The vacant nursing positions have been offered to staff nurse panels. The date of last offer to panels was 07.12.2025. One staff nurse will commence employment in the centre on 06.01.2026 and a second staff nurse will take up a position in the centre by the 16.02.2026.• Agency conversion was offered to one staff nurse working in Riverwalk House on the 10-12-2025. The staff nurse has accepted the position on the 15-12-2025.• The remaining vacant staff nurse posts will be filled with regular agency staff nurses to ensure appropriate skill mix and consistency of care.• The PIC will continue to monitor the centres roster on a weekly basis to ensure there is adequate staffing in the centre daily to meet the assessed needs of the residents.	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

To ensure compliance with regulation 16: Training and staff development: the following action will be undertaken

- The PIC has completed a training needs analysis for the centre to ensure all staff complete their mandatory and site-specific training within the agreed timeframe. A copy of the individual training requirements has been provided to each staff member.
Completion date: 04.12.2025
- The PIC has scheduled training for one staff member who requires the three-day training in Positive Behaviour Support on the 6th, 7th and 8th of January 2026.
Completion date: 31.01.2026.
- The PIC will continue to monitor the centres training matrix to ensure all training is completed within the agreed timeframe.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure compliance with regulation 23: Governance and management: the following action will be undertaken

- The PIC/ADON has completed a review of the vacant nursing positions in the centre to ensure all the necessary documentation for the filling of these positions has been completed and escalated to the Head of Service for approval. All post has been approved. The vacant nursing positions have been offered to the staff nurse panels. The date of last offer to panels was 07.12.2025. One staff nurse will commence employment in the centre on 06.01.2026 and a second staff nurse will take up a position in the centre by the 16.02.2026.
- Agency conversion was offered to one staff nurse working in Riverwalk House on the 10-12-2025. The staff nurse has accepted the position on the 15-12-2025.
- The remaining vacant staff nurse posts will be filled with regular agency staff nurses to ensure appropriate skill mix and consistency of care.
- The PIC will continue to monitor the centres roster on a weekly basis to ensure there is adequate staffing in the center on a daily basis to meet the assessed needs of the residents.
- The Policy on Admissions to Residential, Day Centres and Respite Service has been

updated to reflect the arrangement in place for short notice and emergency respite.
Completion date: 05-12-2025

- The PIC will ensure all staff read and sign the updated Policy on Admissions to Residential Day Centres and Respite Service. Completion date: 31-01-2026
- Senior Management to include General Manager, Disability Manager and DON in liaison with the PIC will continuously monitor and review staff levels within the centre until all posts have been recruited.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

To ensure compliance with regulation 26: Risk management procedures: the following action will be undertaken

- A full review of all risks on the centre's risk register has been completed by PIC/ADON to ensure the risk ratings are accurate and are reflective of the needs of the centre. Completion date: 28-11-2025
- The PIC has developed a risk assessment for the centre to reflect the lack of nursing staff and reliance on agency. This risk assessment has been added to the centres risk register and will be reviewed by the Senior Management and the PIC on a weekly basis. Completion date: 28-11-2025.
- The Clinical Nurse Manager 3 for Quality Risk & Service User Safety will deliver risk management training for the staff in the centre. This training is scheduled for the 21-01-2026. Completion date: 31-01-2026

Regulation 7: Positive behavioural support

Not Compliant

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

To ensure compliance with regulation 7: Positive behavioural support: the following action will be undertaken

- The PIC has developed a plan with the psychologist to review all the Behaviour support plans for the adult service users who attend Riverwalk respite. The reviews are scheduled for 16th, 18th & 22nd of December. Completion date: 31-01-2026.
- The PIC has a schedule in place with the Children's Disability Network Team (CDNT) to ensure the Positive Behaviour Support Plans for children are reviewed on a regular basis. The next review is scheduled for 17-12-2025. Completion date:31-01-2025

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/06/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/01/2026

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/01/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/11/2026
Regulation 07(1)	The person in charge shall	Not Compliant	Orange	31/01/2026

	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.			
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