Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Drumboe Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	22 September 2025
Centre ID:	OSV-0002531
Fieldwork ID:	MON-0047398

About the designated centre

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

Drumboe Respite is operated by the Health Service Executive and is situated on the outskirts of a town in County Donegal. The centre provides after school, day and overnight respite services for children and adults on alternate weeks. Emergency admissions are also facilitated if the need arises. The property comprises five bedrooms (two of which are en-suite), a toilet upstairs and a shared bathroom downstairs. There is a kitchen, dining room and spacious sitting room also downstairs. Outside there is a large garden to the back of the property with swings, trampolines and garden furniture. A sensory room is also provided to the back of the property which residents can avail of. A bus is provided to facilitate residents going on community activities. The team liaise with residents, mutli-disciplinary members, primary carers, school and day services in order to provide continuity of care to residents. The staff team consists of a full time person in charge, nurses and health care assistants. Student nurse placements are also facilitated in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 22 September 2025	09:20hrs to 16:25hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of this centre. The inspector found that the residents in this centre received a good quality service. Their needs had been assessed and the supports required to meet those needs had been put in place. The quality of the service was regularly reviewed through good oversight systems. The staffing arrangements met the needs of the residents and staff had the required training and knowledge to support residents. Some improvement was required to ensure that there were plans in place to address refurbishment issues in the centre and to promote the rights of residents in relation to accessing permanent accommodation. Some improvement in relation to the documentation relating to the communication needs of residents was also required.

The intended use of the centre was as a respite house for children and adults. The centre had not been used for that purpose since 2020. Residents had been living in the centre since that time on a full-time emergency respite basis. This meant that the centre was not available for use for respite by any other residents. On the day of inspection, two adults were living in the centre on a full-time basis awaiting a long-term residential placement. The person in charge reported that two residents recently moved out of the centre to their new homes. There were no plans for any residents to move into the centre. The person in charge reported that there were planned meetings in the coming weeks with senior management to see if a limited respite service could recommence. However, on the day of inspection, there were no definite plans for this to occur.

The centre consisted of a two-storey house on the edge of a town. It was a dormer bungalow. The centre had five separate bedrooms for use by residents. Three bedrooms were located downstairs and two bedrooms were located upstairs. One upstairs bedroom had an en-suite bathroom. The remaining bedrooms had access to a shared bathroom on the ground floor. In addition, the house had a kitchen, a dining room, sitting room, a staff office and staff bathroom. There was a stand-alone building in the back garden with a laundry room, a room with sensory equipment and a games room. The back garden had a small in-ground trampoline, a gazebo and timber play house.

The house was clean, tidy and warm. The furniture in the communal rooms was new, comfortable and free from damage. There was a television in the sitting room. There was also another couch and television in the dining room so that the two residents could spend time apart. The inspector noted areas in the house that required refurbishment. The flooring in the kitchen had an area that was covered with tape. There were areas in one bathroom where paint was peeling from the wall. The person in charge reported that these issues had been highlighted to management and that proposals for refurbishment works had been submitted. However, on the day of inspection, no definite plan for these works was in place. The inspector also noted that front door, back door and internal doorways in the centre were narrow. There was also a lip at the threshold of the back door. Due to

the nature of the dormer bungalow, the ceilings upstairs were low in sections. This would impact on the accessibility of the centre for people requiring support in relation to their mobility. Though this did not impact on the residents who were living in the centre at the time of inspection, the person in charge and a member of senior management confirmed that this would need to be considered when offering respite services to residents in the future.

The inspector had the opportunity to meet with one of the residents who was living in the centre at the time of inspection. This resident told the inspector that they liked their current house but that they were eager to move out to their new home. They said that they were happy with their bedroom in this centre. They said that they liked the staff and that staff respected their privacy. They said that they got support to engage in activities that they enjoyed in the community. The resident said that they liked the food in the centre.

In addition to the person in charge, the inspector also had the opportunity to meet with three members of staff. They demonstrated a good knowledge of the needs of the residents who were living in the centre. They gave examples of the specific supports that they offered to residents particularly in relation to the residents' behaviour support plans. They knew the steps to follow should any safeguarding incidents occur. Staff were observed interacting with residents in a respectful manner.

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 the provider had systems in place that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector of Social Services in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits that were completed by staff in the centre and by inspections of the service by provider representatives. Actions from these audits were recorded on the centre's quality improvement plan. Residents and family members could provide input on the quality of the service through an effective complaints procedure. The statement of purpose was reflective of the service delivered in this centre.

The staff in the centre were very familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that

were mandatory for all staff. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of the residents. This meant that residents received support from the necessary number of staff and that staff were familiar to them.

The number of residents in the centre had changed recently and there were only two residents in the centre at the time of inspection. One resident had moved out two weeks prior to the inspection. The inspector reviewed the roster from 1 September 2025 as it was reflective of the current situation in the centre. This showed that the required number of staff with the necessary skill-mix was on duty at all times.

The person in charge reported that there were no vacant posts in the centre on the day of inspection. Planned and unplanned leave was covered by regular agency staff who were familiar to the residents. The provider had completed an audit of staff member's personnel files in March 2025. This audit was reviewed by the inspector and it showed that the provider had obtained the necessary documentation from all staff as outlined under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up-to-date training in this centre. This meant that staff had been given the necessary knowledge and training to support the residents appropriately.

The inspector reviewed the training records that were maintained by the person in charge. These showed that staff had largely up-to-date training in the modules that the provider had identified as mandatory. In addition, staff had received training in modules that were specific to the care and support of residents in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good systems of oversight that identified areas for service improvement. Actions to address these issues were identified and there were

systems to track progress towards achieving these actions. This meant that the service was routinely monitored and improved to ensure that it met the needs of residents.

The provider had a suite of routine audits. There was a schedule in place that indicated how frequently these audits should be completed. The inspector reviewed the audits that had been completed in the centre since the beginning of 2025. This indicted that audits were happening in line with this schedule. There were action sheets generated upon the completion of these audits with evidence that issues identified had been addressed by staff in a timely manner.

The provider also completed unannounced visits to the centre every six months to review the quality and safety of care and support in the centre. The inspector reviewed the two most recent reports from these visits. These reports were comprehensive and identified specific actions that were required to improve the service.

All identified actions from these audits and visits were added to the centre's quality improvement plan. This gave an overview of the steps that the provider was taking to address service improvement issues within a specific timeline.

The inspector reviewed all incident reports that had been completed in the centre since the beginning of 2025. This showed that incidents were reported and escalated. Where further action was required, for example, onward referrals to the multidisciplinary team or safeguarding team, this had occurred and the actions taken by the provider were clearly documented.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained all of the information as outlined under the regulations. The statement of purpose was also reflective of the service that was in the centre on the day of inspection; namely, that the service was in use as an emergency full-time respite service for adult residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and notifications had been submitted to the Chief Inspector in line with the regulations.

In preparation for the inspection, the inspector reviewed the notifications that had been submitted for this centre since its last inspection. The inspector also reviewed all incident reports that were completed in the centre since the beginning of 2025. This showed that all necessary notifications had been submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and it was used effectively.

The inspector reviewed the provider's complaints procedure. This outlined the steps that would be followed in response to any complaints. In reviewing the provider's routine audits, the inspector noted that complaints were reviewed quarterly.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports had been put in place to meet those needs. Residents were supported to engage in activities that they enjoyed and that were important to them. Residents were offered choice in relation to their day-to-day activities and these choices were respected. However, the rights of residents to exercise choice in their daily lives was impacted by the fact that they were not living in permanent accommodation. Residents expressed a desire to the inspector to move to their new home and, on the day of inspection, there was no definite plan for this to occur. In addition, improvement was required in relation to the documentation of residents' communication needs to ensure that staff were given clear guidance on how to support residents.

The centre was clean and comfortable. However, the provider had identified areas for improvement in the centre and, on the day of inspection, there was no definite plan to address these issues.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. Staff were aware of the supports that should be offered to support residents to manage their behaviour. Risks to the residents had been assessed and control measures to reduce risks had been implemented.

Regulation 10: Communication

Residents in the centre were supported to communicate their needs and wishes. However, some improvement was required in order to ensure that documentation in relation to residents' communication supports were reflective of the actual strategies in use in the centre.

When speaking with the inspector, staff were clear on the supports that they offered to residents in relation to their communication. They knew how to present information and how to interpret residents' responses.

The inspector reviewed the care plans that had been developed for both residents. These contained documents that gave guidance to staff in relation to residents' communication supports. This included information in the residents' behaviour support plans and communication care plans. However, the inspector noted that the information in the care plans was not always consistent with the practices in use in the centre. For example, one resident's communication plan referenced a folder with pictures for communication but this was not in use in the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was suited to the needs of the residents who were availing of the service at the time of inspection.

As outlined in the opening section of the report, the centre was clean, tidy and warm. It was of a sufficient size and layout to meet the assessed needs of the residents who were living there at the time of inspection. However, refurbishment works had been identified by the provider as outlined in the centre's quality improvement plan but, on the day of inspection, there was no definite plan for this work to commence. This included repairing the kitchen floor, installing a new kitchen and repainting parts of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents' nutritional needs were identified and that they got the necessary supports to meet those needs.

The inspector noted that there was ample fresh food in the centre for healthy meals and snacks for residents. The resident who met with the inspector said that they were happy with the food in the centre. Residents' files that were reviewed by the inspector showed that residents' nutritional health was monitored through regular weight checks and nutritional screening. Residents were supported to make healthy choices in relation to their food. This was seen in the minutes of the residents' meeting that were reviewed by the inspector. These showed that residents were supported to make choices about their weekly meals and to go shopping for groceries.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems for the identification, assessment and management of risk.

The inspector reviewed the risk assessments that had been completed for both residents. These had been developed within the previous 12 months. They outlined the risks to residents and the control measures in place to reduce the risk. A preliminary risk screening had been completed for both residents that outlined the risk assessments that needed to be completed. Not all risks identified had corresponding risk assessments. However, this had been identified by the provider and was outlined as an action on the centre's quality improvement plan to be completed in the coming days.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had measures in place to protect residents from the risk of fire. This meant that the systems and supports needed to reduce the risk of fire and to support residents in the event of a fire were in place.

The inspector reviewed the evacuation plans that had been developed for the residents. These were found to be up to date and contained clear information for staff on the supports required by the residents to evacuate the building safely in the event of a fire. This evacuation had been practiced through regular fire drills. The inspector reviewed the fire drill records in the centre that had been completed since

June 2025. These showed that fire drills were completed regularly and under differing scenarios. The records clearly stated the simulated scenario, what happened during the evacuation and the time taken to evacuate the building.

The provider completed regular checks of fire safety equipment in the centre. The inspector reviewed the records of these checks. A recent check had identified that fire doors in the centre were not closing properly. This was rectified by the provider promptly and on the day of inspection, the inspector noted that all fire doors closed fully when the fire alarm sounded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal care needs of residents. This identified the residents' needs and meant that the provider could ensure that the necessary supports to meet those needs could be put in place.

The inspector reviewed the assessments of need that had been completed with both residents. These had been completed within the previous 12 months and were comprehensive. Where required, corresponding care plans had been developed to guide staff on the supports that should be offered to residents.

The annual review of both residents' personal goals and personal plan were viewed by the inspector. These showed that the previous year's goals had been evaluated and new goals set for the residents.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The inspector reviewed the files of both residents and noted that they had access to a variety of healthcare professionals in line with their identified needs. Both residents had received a health check-up within the previous 12 months. They were supported to attend medical and healthcare appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had good systems to support the residents to manage their behaviour.

The residents' behaviour support plans were reviewed by the inspector. These documents were developed by a suitably qualified professional and were recently reviewed. They gave clear guidance to staff on the supports that should routinely be offered to create an environment that supported their behaviour. There was also guidance to staff on the steps that should be taken if the residents required additional support. Staff were clear on the content of these plans when speaking with the inspector.

There were a number of restrictive practices in the centre. The rationale and corresponding risk assessments for all restrictive practices in the centre were reviewed by the inspector. These clearly documented the restrictive practice, reason for its use and the documents were regularly reviewed. A log of when these practices were used was also maintained. This meant that the restrictive practices were only used when necessary and were the least restrictive option in use for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect the residents from the risk of abuse.

The inspector's review of audits in the centre found that staff knowledge of safeguarding procedures was regularly assessed. Staff demonstrated this knowledge when speaking with the inspector.

There were no open safeguarding plans in the centre on the day of inspection. The inspector reviewed closed safeguarding plans from earlier in 2025. These showed that that provider had responded to any incidents and had followed their own safeguarding procedures.

Intimate care plans had been developed for both residents within the previous 12 months. When reviewed by the inspector, these were found to contain clear guidance to staff on how to appropriately support residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre. However, the residents' ability to exercise choice and control over their daily lives was impacted by the fact that they were not living in permanent accommodation.

The provider had implemented systems to ensure that residents could have an input into the running of the designated centre through weekly resident meetings. The minutes of the three most recent meetings were reviewed by the inspector. These gave choices to the residents about the routine activities of the week. These choices were respected. Staff had received training in human rights-based care and support. However, residents expressed a desire to live in other accommodation and were eager to move to their new homes. The provider had identified possible locations for residents. One resident had commenced a transition plan to their new home. This included going to furniture shops to choose their new furniture. However, on the day of inspection, no definite plan for this move had been developed.

Judgment: Substantially 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Drumboe Respite House OSV-0002531

Inspection ID: MON-0047398

Date of inspection: 22/09/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: • The Person in Charge has contacted the Speech and Language Therapist requesting that they visit residents and review their communication passports. Date Completed: 22/10/25 • The Speech and Language Therapist will meet with residents and review their communication passports. Date for completion: 15/11/25 • The Person in Charge has reviewed the residents care plans and Positive behavior support plans on the 20th October 2025. All staff have been advised that one resident has a folder with pictures for communication and this is utilised daily to support the resident with communication. Date completed 20/10/25 • The Person in Charge will ensure that communication supports is a standing agenda at governance meetings. Date for completion: 27/11/2025.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Funding has been approved and a contractor appointed to complete the identified refurbishment works to include the replacement of the kitchen and the painting. Date completed 21/10/25 • The person in charge is liaising with the maintenance department to ascertain a commencement and completion date for the identified works. • The identified works will be completed by 31/03/26	

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A Multidisciplinary team meeting took place on the 20th October 2025 to discuss the staffing requirements for one resident prior to their transition to their new home.
• There has been approval for seven Healthcare attendant positions. To date five positions have been filled and these will be expressed out to the new panel. Date for completion 30/12/25
• A business case has been submitted to Regional Executive Officer (REO) for approval for a new Person in Charge for the new identified property.
• Once approval has been received this will be expressed out to the panel. Date for completion: 28/02/26
• The Person in Charge has met with the resident who made a complaint regarding the length of time it has taken to move to their new home. The resident is provided with regular updates -last update provided on 22/10/25.
• Progress for both residents moving to their new homes remains on the agenda of the network planning and DSMAT meetings. Date for completion 12/11/25 and ongoing.
• The provider and the Multi-Disciplinary team will continue to work with the residents and their representatives to transition to their new homes. Date for completion: 30/08/26

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	27/11/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the	Substantially Compliant	Yellow	30/08/2026

	freedom to exercise choice and control in his or her daily life.			