



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

Issued by the Chief Inspector

Name of designated centre:	Na Driseoga
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	17 June 2025
Centre ID:	OSV-0002573
Fieldwork ID:	MON-0038315

About the designated centre

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

This designated centre provides residential based respite services to adults with either intellectual or physical disabilities (both male and female) over the age of eighteen years. The centre provides 24 hours respite care and currently can accommodate up to six adults each night. The service offers 24 hour nurse led care provision with 24 hour care assistant support. The centre is a bungalow in a large town in Co. Meath. The premises includes a kitchen/dining room, sitting room, two offices, six en suite bedrooms and additional bathroom facilities and pleasant gardens. The centre also had its own car and transport is available on request which is wheelchair accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 June 2025	11:15hrs to 18:15hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were five residents availing of respite breaks on the day of the inspection, and the inspector met them all at some time during the day.

On arrival at the designated centre, the inspector met a resident who had finished their respite break and was preparing to go home. They greeted the inspector in a friendly way, and appeared to be very happy with their break. They asked a staff member to tell everyone that they had gone, and goodbye to everyone.

The inspector conducted a 'walk-around' of the designated centre. Some renovations had been recently made, including a new hall and entrance, a new laundry room and storage area and renovations of one of the toilet areas. The centre was spacious, clean and nicely furnished, and had adequate facilities to meet the needs of residents. There was a spacious and functional outdoor area which was furnished and laid out for the use of residents, including sensory equipment and outdoor games.

Each resident had their own bedroom, and the picture of the resident currently staying in each room was on the door. On the back of these photos was a synopsis of some of the preferences of each resident, for example, if they would like their door to be locked when they were out, or particular requests in relation to laundry.

There were some cards displayed in the hallway, some of which were thank you cards from residents or their families. Comments in these cards included 'thank you for looking after our relative so well over the years', and 'thank you for a lovely family day'. This comment referred to a recent gathering in the garden of the house for residents and their friends and families which had clearly been enjoyed by a large group.

The inspector spoke to a family member of one of the residents during the course of the inspection. The family member spoke about the management of the groups of residents, and said that their relative was always with a compatible group. They also spoke about the activities that their relative enjoyed on their respite breaks, such as outings for snacks and shopping trips. They said that the staff team went 'above and beyond' and that the whole family could totally relax when their relative was staying in the centre.

Later in the day, residents began to arrive, either to commence their respite break, or on their return from their activities. The inspector could hear residents chatting to staff as they arrived. The inspector met three of the residents who were relaxing around the kitchen and chatting to staff and each other. Two residents were

demonstrating their activities, one imitating a runway walk, and then another dancing with staff.

One resident called the inspector and staff over to see their family photographs, and another spoke about being on holiday from their day service soon, and chatted about their plans for their break.

It was evident that the group of residents were happy and comfortable as a group, and that they had a good relationship with the staff on duty.

Residents and their families had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection, and three were returned to the inspector. All the responses were positive, and family members had mentioned activities, one saying that their relative went to all their favourite restaurants and another saying that their relative looked forward to their respite breaks.

Overall residents were supported to have enjoyable respite breaks, with an emphasis on supporting choice and preferences and on ensuring the compatibility of residents who were on breaks together.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. The person in charge was supported by staff nurses who were responsible for the effective operation of the designated centre in their absence. There were various oversight strategies which were found to be effective.

There was a competent and consistent staff team who were, for the most part, in receipt of relevant training, and who demonstrated good knowledge of the support needs and preferences of residents.

All the required records were maintained in the designated centre, including policies, documentation relating to staff and residents records.

There was a clear and transparent complaints procedure available to residents.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There were two staff nurses and three healthcare assistants on duty each day, although the number was occasionally reduced if resident numbers were low.

There was a consistent staff team who were known to the residents, and if additional staff were required from the agency used by the organisation, they were usually also known to residents. Where unfamiliar staff were on duty, they always worked alongside a familiar staff member, and one of the staff nurses conducted a detailed induction with them.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting. An audit of staff files was undertaken on a quarterly basis, and these audits indicated that all the required information was maintained in each staff file.

The inspector spoke to five staff members on duty, including the two registered nurses, who facilitated the inspection in the absence of the person in charge. All staff were knowledgeable about the support needs of each resident. The staff nurses were involved in the day-to-day management and oversight of the centre, both in the absence of the person in charge, and in support of them, and were knowledgeable about all aspects of the operation of the designated centre. .

Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way, and to be familiar with the communication preferences of each resident.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to medication management, rights and infection prevention and control (IPC) had also been made available to staff.

However, some of this training was either out of date, or had not been completed by one staff member. The issue had been raised at the most recent supervision conversation, and the agreed date for completion was 30 May 2025, but this had not been actioned.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three

supervision conversations and found a clear agenda for discussion including a review of any actions identified in the previous meeting, and a discussion on the care and support needs of residents, and the training and development needs of the staff member.

It was evident that staff development and training was supported, although some training was outstanding for one member of staff, and that staff were appropriately supervised.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to the admission and discharge of each resident was maintained in the centre as required.

Judgment: Compliant

Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents and the information in relation to healthcare and a record of any belongings.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The person in charge was supported by two registered nurses each day.

There were various monitoring and oversight systems in place. An annual review of the care and support of residents had been prepared as required by the regulations, which had incorporated the views of residents and their families. Six-monthly unannounced visits had been conducted on behalf of the provider, and where areas for improvement were identified, these were monitored until complete. For example, where it had been identified that there were some out-of-date documents in the personal plans, this had been rectified. Each six-monthly report included an overview of completed actions undertaken since the previous visit.

In addition there was a two-monthly schedule of audits, including audits of fire safety, accidents and incidents and residents' finances, from which any areas for improvement were identified. There were also detailed cleaning schedules which included tasks to be completed by day staff or night staff.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included the care and support needs of residents including new information, the importance of supporting residents to maintain their independence and the person-centred-planning process. A staff sign-in sheet was maintained to ensure that all staff had read the minutes of the meetings, and these were complete.

Daily communication between the staff team was managed by a written and verbal handover at the change of each shift. The inspector reviewed the records of these handovers and found them included detailed information on each resident so as to inform the care and support on a daily basis.

Overall there were effective monitoring and oversight strategies that ensured that good standards were maintained and that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract of care, which included information about the process involved in each admission, and details of the services to be provided for that resident.

There was a clear policy on admissions which outlined the management of each respite stay. In addition there was detailed information about the compatibility of each resident, and around which residents should have their respite breaks together.

The day of the inspection was 'pre-admission checklist day' on which staff contact the family members of residents due for admission the following week to ensure that all the current information was available, and that any changes since the previous admission were accounted for.

A family member of one resident told the inspector that they received a detailed discharge letter at the end of each break, including all aspects of care and support.

It was evident that the rights of all residents were given equal priority, and that there were detailed and effective process around admissions and discharges.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was

satisfied with the outcome, and a log was maintained with a record of all complaints.

There had only been one complaint in the six months prior to the inspection, and the issue had been addressed the same day, to the satisfaction of the complainant.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place in accordance with Schedule 5 of the regulations, and each of them had been regularly reviewed. The inspector reviewed the policies on safeguarding, risk management and admissions, and found them to be evidence based.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a enjoyable respite break, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The premises were appropriate to meet the needs of residents, and improvements had been made since the previous inspection. However, there were some further outstanding issues as outlined under Regulation 17: Premises.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

The rights of the residents were well supported, and residents and their families indicated that they were happy with the service offered. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Communication was well supported in the centre. Each resident had a communication passport/wellbeing plan which outlined in detail the ways in which they communicated. For example there was information about what different vocalisations meant to some residents, and information about how each would express discomfort or anxiety.

There was information for residents displayed in some areas, for example there were pictures of the staff on duty displayed in the kitchen. Easy-read information about various aspects of respite breaks was readily available, and included issues such as the admission process, advocacy and human rights.

It was clear from a review of the documentation and from observations of the interactions between staff and residents that residents were supported effectively in relation to communicating.

Judgment: Compliant

Regulation 12: Personal possessions

Support offered to residents in relation to the management of their personal finances were in accordance with the regulations.

Some residents managed their own finances whilst on respite breaks independently, and staff supported others who required assistance. Where residents required support, clear records were maintained of all transactions. A receipt was kept for each purchase, and the record was signed by two staff members. Receipts were generally for activities, treats and take-always that residents had chosen. There was a clear record of the final balance of each resident's money when they went home.

There was a clear record of any belongings brought into the centre by residents, and each item was ticked off as being present when they left.

Overall the inspector was satisfied that the support offered in relation to personal money was person centred and that residents' belongings were safely managed.

Judgment: Compliant

Regulation 17: Premises

The premises were spacious and well furnished, and renovations had been undertaken in accordance with agreed actions from the previous inspection, including renovations to some bathroom areas and the development of a laundry area and additional storage.

Some maintenance issues were outstanding, for example there were scuffed walls in two of the bedrooms, and scuffed door frames and skirting boards in the corridor and some wear and tear to the kitchen floor which had not been addressed.

Some of the bathroom areas had been refurbished since the previous inspection for example a toilet area that had been out of use was now functional again. However, the inspector found that the shower in one of the en-suite bathrooms flooded when used, and that water flowed into the bedroom area. Staff explained that that particular bathroom had not been used since the renovations had been completed, however the risk posed to future residents had not been identified.

The designated centre was clean throughout, and a family member told the inspector that it was always clean every time they came to the house, and that it even smells fresh and clean.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks, and each of them was risk rated appropriately.

Individual risk management plans included safeguarding, anxiety and healthcare needs, and each was detailed and referred to the relevant section of the resident's care plan.

General and local risks which had been identified included the risk of choking, traffic management and staff shortages. Each of these risks had a risk management plan including control measures to mitigate the risk.

Risk assessments had been developed in response to any changing needs. For example there was a risk assessment in place relating to the identified for another

overhead hoist in one of the rooms to ensure that all residents could be safely accommodated.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment throughout the houses and there were fire doors throughout. There was a fire evacuation bed list maintained which was up-dated each day so that all staff and all residents were accounted for. This list also outlined any aids which might be required on that particular day. For example, there was a 'flash card' if somebody would be unable to hear or to understand a fire alarm.

There was a Personal Emergency Evacuation Plan (PEEP) in place for each resident, and these were regularly reviewed and updated with any learning from fire drills. For example, two residents had recently declined to participate in a fire drill, and PEEPs had been updated with the relevant information. Regular fire drills had been undertaken, and records were maintained of each drill.

The inspector was assured that all residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were person-centre-plans in place for each resident which were regularly reviewed and were based on a detailed assessment of need. Each plan was kept up-to-date with current information, including information about healthcare and medication, and any life events of significance to residents.

There were plans of care in place for each resident in relation to activities, healthcare, intimate care, and activities of daily living. There was also a 'hospital passport' in place for each person which included all the relevant information should a resident become ill and need to attend hospital.

A daily note was kept on each resident with information about the activities they were involved in, and whether they enjoyed each of them, as well as a daily nursing note in relation to health and well-being.

There was an emphasis on ensuring that residents had an enjoyable respite break, and that there was continuity in ensuring that all their needs were met.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

All staff had completed some training in relation to human rights, and could discuss their role in ensuring the rights of residents were upheld. All staff spoke about the importance of residents having an enjoyable respite break, and of the importance of the breaks to both residents and their families.

Part of supporting the rights of residents was seen as being sure that all residents that had their breaks together were compatible, and there was a detailed list maintained of individuals and groups who were or were not compatible. There was an emphasis on trying to ensure that breaks were offered in an equitable manner, whilst also responding to needs or emergencies.

Residents' meetings were held twice a week, for each new group of residents, and staff reported that they made this a social occasion where residents would discuss their plans, and preferred activities. Some residents chose to go on several outings, such as shopping, cinema and restaurants, and others preferred to have a restful break and engage in some activities in the house. All these choices were supported.

It was evident that the rights of residents were upheld, and that their right to make their own choices was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Na Driseoga OSV-0002573

Inspection ID: MON-0038315

Date of inspection: 17/06/2025

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff member identified as not having completed one training course has now completed it 08-07-2025. The person in charge continues to have oversight of all staff training through the use of a staff training matrix, the PPIM has oversight of this also. The person in charge continues to ensure regular staff supervision in accordance with the organisation's policy to ensure all training needs are identified and completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Funding has been identified for the painting of bedroom walls, door frames and skirting boards in the corridor area along with the upgrading of the kitchen floor covering. A work plan schedule will be developed to ensure works are completed before the end of Q1 2026.</p> <p>HSE Estates have reviewed the shower in the en-suite and have a plan in place with a building contractor to address the flow of water in the shower identified in the en-suite bathroom, to ensure the water does not flow into the bedroom area. The Person in Charge has developed a risk assessment with interim safety control measures in place to ensure service user safety while the shower is in use.</p> <p>The person in charge continues to maintain a maintenance log to ensure oversight of all areas pertaining to maintenance.</p>	

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	01/08/2025
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