



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

Issued by the Chief Inspector

Name of designated centre:	Robin Hill Respite House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	19 June 2025
Centre ID:	OSV-0003285
Fieldwork ID:	MON-0047487

About the designated centre

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

Robin Hill Respite House is a designated centre operated by the Waterford Intellectual Disability Association. The centre consists of two units located within a short distance from another in County Waterford. The designated centre provides a respite service to adults and children with a disability. Adults and children avail of the respite service at different times. Overall, the designated centre has the capacity to accommodate up to 11 persons with a disability at any one time - six people availing of respite users in the first unit and five in the second unit. The first unit is a purpose-built detached bungalow which comprises of six bedrooms for people receiving services, sitting room, kitchen/dining room, multi-sensory room and play room. There is a large garden and safe play area containing suitable equipment including swings and activity centres to the rear of the centre. The second unit is a dormer bungalow which comprises of five bedrooms for people using this service, open plan kitchen/sitting and dining room. There is a well maintained garden to the rear of the premises. The designated centre is staffed by Clinical Nurse Managers (CNM) 1, staff nurses, social care workers, care assistants and household staff. The staff team is supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 June 2025	09:30hrs to 17:00hrs	Conan O'Hara	Lead
Thursday 19 June 2025	09:30hrs to 17:00hrs	Linda Dowling	Support

What residents told us and what inspectors observed

This unannounced inspection was completed to monitor ongoing compliance with the regulations. The inspection was carried out by two inspectors over one day.

In February 2025, the provider submitted an application to vary to increase the footprint and capacity of this centre as part of a reconfiguration of their services. The centre now consists of two respite units which can provide a respite service to up to 11 people at any one time. This is the first inspection of this centre in this configuration. At the time of the inspection, the designated centre provided a respite service to approximately 218 people who use respite services, 70 of which are children with a disability.

The inspectors had the opportunity to meet with six people who were availing of respite on the day of the inspection. The inspectors were unable to meet with one person using the service as they were attending an appointment.

On the morning of the inspection, the inspectors arrived at the first unit which could provide respite for a maximum of six people including an emergency placement. At the time of the inspection, it was providing a respite service to one adult.

The inspectors met with one person availing of the respite service in the morning. It was the last day of their respite and they were preparing to go to their day service. The person communicated non-verbally through facial expressions, gestures and vocalisation. They sat at the kitchen table with the inspectors smiled and appeared comfortable in the respite house and in the presence of the staff team. The inspectors were informed that this individual was supported to go swimming during their stay and liked to listen to music in the bus. They then left the unit to attend their day service before returning home.

In the afternoon, the inspectors then went to the second unit which could provide respite for a maximum of five individuals. At the time of the inspection, five people were availing of the service. The inspectors had the opportunity to meet with four people using the service as one person had not yet returned to the unit from an appointment. The four people were relaxing in the sitting room listening to music on the TV, using their tablets while getting ready for dinner. The inspectors sat in the sitting room with the people receiving the service and observed one person speaking about their day with the person in charge while others engaged with the staff team and respite group. The people availing of respite were observed getting the table ready for dinner and the inspectors were informed of plans to go to a local beach and get ice cream after dinner. Overall, they appeared content and comfortable in the unit.

In the late afternoon, the inspectors returned to the first unit to meet with one person as they were coming in for a stay in the unit. They were listening to music and playing with the staff. Overall, they appeared happy to be coming in to avail of

respite.

The inspectors carried out a walk through of the premises of both units of the centre. The first unit is a purpose-built detached bungalow which comprises of six bedrooms, sitting room, kitchen and dining room, multi-sensory room, play room, medication room, office and utility. There is a large garden and safe play area containing suitable equipment including swings and activity centres to the rear of the centre. At the time of the inspection, the inspectors observed the maintenance team in the process of covering a number of large rocks in the garden with soil to manage an identified risk. The second unit was a detached dormer bungalow which comprises of five bedrooms, open plan kitchen/sitting and dining room. There is a well maintained garden to the rear of the premises.

The inspectors found that the centre was presented well, nicely decorated and clean. However, some areas required attention including two areas of damaged plasterwork and water damage to some doors and flooring. This had been self-identified by the provider and plans were in place to address this.

Overall, good levels of compliance were found on the inspection. However, the inspectors found that two practices in place in relation to fire safety and medication required review to ensure they were appropriate. In addition, some improvement was required in personal plans and premises.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, there were management systems in place to ensure that the service was suitably monitored. The inspectors found that people using the respite service were receiving good quality care and support while they availed of the service. There were suitable arrangements in place to ensure staffing levels were appropriate to meet the needs of those receiving the service.

The provider had systems in place to monitor the quality and safety of the care and support provided to the people using the service, including an annual service review, six-monthly provider visits and local audits. Through a review of documentation, discussion with staff members, management and interactions with people attending the services, the inspectors found that the providers systems were, for the most part proving effective. Although, some improvement were required in the management of residents plans on the providers online system. This is outlined under Regulation 5: Personal Plans.

There was an established staff team in place which ensured continuity of care and

support. The staffing in the respite service operated on a rolling basis. From a review of the roster, it was demonstrable that there were sufficient staffing levels were in place to meet the needs of the respite group in both units. There was evidence of the staffing numbers changing in line with the needs of the respite group. There were appropriate systems in place for the training and supervision of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of those availing of respite services.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre and a held senior management position for eight other centres operated by the provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge demonstrated a very good knowledge of the people using respite services who were supported in the centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspectors reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the people availing of the respite service. The roster demonstrated the staffing ratio changing in line with the needs of the respite group.

The staffing team allocated to this designated centre work across the two houses and are familiar with all people using the respite service. The staff team is stable and consistent and comprises of staff nurses, social care worker and care staff. There has been limited requirement for agency staff. To ensure consistency of care, a minimum number of staff from one agency are used. The inspectors reviewed a staff communication book that is utilised for effective handover system. The handover includes topics such as management information, premises issues, people using services and staff information.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team had completed training which had been identified as mandatory by the provider, such as fire safety, safeguarding, medication management and manual handling. The staff team had also completed additional training in areas such as human rights and PEG (Percutaneous Endoscopic Gastrostomy) feeding.

There was a supervision schedule in place which demonstrated that staff were receiving supervision as per the providers policy. The inspectors reviewed a sample of supervision minutes and found they discussed the actions from previous supervision, job description, training requirements, professional registration, the providers online recording system discussions and acknowledgements of staff work. At the end of each supervision actions were set out for the staff member and management as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and management arrangements in place to monitor and oversee residents' care and support. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to director of services. The person in charge was supported in the day-to-day operation of the centre by two clinical nurse managers (CNM) 1. The CNMs worked opposite each other to ensure oversight and support at all times.

The provider's systems to monitor the quality and safety of the service provided for residents included unannounced provider visits every six months and annual review. The annual review captured feedback from residents and their representatives as required by the regulations. In addition, area specific audits were being completed in areas such as finance (both centre petty cash and residents' individual funds), medication, food and nutrition, infection prevention and control and health and safety. The audits were completed to a good standard and identified both areas of good practice and areas where improvement were required. Each audit was completed with an action plan attached and these actions were seen to be completed on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in

charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirement.

The inspectors had reviewed notifications prior to the inspection and also completed a review of the provider's incident, accident and near-miss records for the period of January to June 2025. The inspector found that all incidents requiring notification had been reported as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the centre presented as a very comfortable home and care was provided in line with each resident's assessed needs. However, some improvement was required in personal plans and premises. In addition, the inspectors noted two practices in relation to fire safety and medication that required review.

The inspectors reviewed a sample of personal plans and found that, for the most part, the plans were up-to-date and provided clear guidance to staff team in supporting the people availing of this service with their personal, social and health needs. The staff team maintained regular communication with the residents' families, which ensured that the personal plans included any changes to the respite users' care needs that occurred in between their respite stays. However, some improvements were required, in particular, a review of plans to ensure the staff team were appropriately guided in supporting the people who availed of respite services.

There were systems in place to ensure residents were safe. For example, the planning of respite bookings considered the preferences, compatibility and safety of those availing of the service. Meetings were held at the beginning of every respite stay. This was a forum for people availing of the respite service and staff to plan and decide activities and meal options. There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, the external evacuation route to access the assembly point in the first unit required review.

Regulation 17: Premises

Overall, the premises were bright and homely and the residents were seen to be comfortable mobilising around both properties.

The premises were located close to each other on the outskirts of Waterford City.

One property was a large six bedroom purpose-build bungalow with large open space communal areas including a kitchen-dinning room, living room, relaxation area and sensory room. It also included a staff sleepover room, medication room, office and utility.

The second property was a two story five bedroom house with an open plan sitting room kitchen and utility. The bedrooms in the second property were smaller but still had sufficient space for residents belongings. All bedrooms in both properties were en-suite.

There was evidence of some wear and tear across the centre. For example, in the first unit the bottom of two doors had been damaged as a result of water from showers. This had been identified in the previous inspection and followed up by local management. However, the issue remained outstanding on the day of inspection. In addition, a hole in the plaster in the sitting room from the door closing units required attention. The inspectors also observed a camera fitting in the foyer of the unit. While it was not in use, it impacted on the homeliness of the centre and required review.

Similarly, in the second unit there were areas in need of attention including a hole in the wall from a door handle and a missing door strip between a bedroom and en-suite. This had resulted in the floor boards swelling.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspectors reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place. Risk assessments were in place for identified risks such as behaviour, feeding, eating and drinking supports and specific healthcare supports.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. In the first unit, three fire doors had been identified as needing attention due to the gap between the fire door and the frame. On the day of inspection, the inspectors observed this being addressed.

Each person availing of this service had a personal evacuation plan in place which appropriately guided the staff team in supporting the person to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

However, the inspectors observed that the path around the first unit was not continuous. While residents could evacuate the unit to the garden, the break in the pathway may negatively impact the ability of some residents to access the assembly point at the front of the building. This arrangement required further review by a person competent in fire safety.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had practices in place for the storing and administration of medication. The respite service did not keep a stock on medication on site and all people availing of the service brought in their own stock of medication for each stay. At the end of a respite stay, they returned home with their medication. However, the practices regarding returning medications was in need of further review, particularly in relation to Schedule 2 medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of personal support plans for people availing of the service. Each person had an up-to-date assessment of need which appropriately identified their health, personal and social care needs. The inspector found that for the most part personal support plans reviewed were up-to-date and guided the staff team in supporting the people availing of the service with their assessed needs while they attended respite.

However, continued work was required in some personal plans reviewed to ensure the staff team were appropriately guided in supporting the people using the service during their stay. For example, the inspectors found that the pre-admission check to note any significant changes in needs was not always recorded. In one personal plan regarding PEG (Percutaneous Endoscopic Gastrostomy) feed, the recording of flushes was inconsistent and the guidance required review. In another personal plan, the copy of the guidance from speech and language on feeding, eating and drinking supports was dated 2018. While the provider had updated the supports based on the information provided by the person and their family, the new guidance

document was not on file.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The people availing of the respite service were supported to manage their behaviours and stress support guidelines were in place, as required. The inspectors reviewed a sample of the stress support guidelines and found that they appropriately guided the staff team in supporting the resident for the duration of their stay.

There was some use of restrictive practices in the centre; these restrictions varied depending on the residents utilising the service at the time. The person in charge had a log in place of all restrictions, and these were subject to review. The person in charge had also utilised the self-audit tool to assess the use of restrictive practice in the centre and identify any room for improvement. Overall, systems were in place to ensure restrictive practices were reviewed and reduced where possible.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures in place which protected the people using services. The inspectors reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. All staff had up-to-date safeguarding training. There was evidence of compatibility and preferences being considered when offering respite to groups. The people using the service met with on inspection appeared happy and comfortable in the service and in the presence of the staff team.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Robin Hill Respite House OSV-0003285

Inspection ID: MON-0047487

Date of inspection: 19/06/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Meeting with PIC and maintenance manager and areas requiring repair/attention identified. Maintenance have repaired the areas unit 1 and 2 whereby it was identified at inspection ,hole in the wall behind the door in the sitting room, and unit 2 ,bedroom strip will be fitted and repair to floorboard. The camera at entrance in unit 1 has been removed. Unit one, damage to bathroom doors due to water damage /maintenance have fitted stainless steele to end of doors.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Engineer has assessed the areas and provided report and what is required to rectify to ensure compliance. 1. Review of the ground to the rear left-hand side of the property the contractor to provide quotes for a new 1.5-metre-wide concrete footpath to connect the side and rear footpaths. This will give clear access in both directions to fire assembly point. 2. Fire doors identified at inspection needing attention, plan that a fourth hinge is fitted to each door, close to the top of the door which is under the most strain, This should prevent the doors from dipping in the centre.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Review of control drug register to include sections who medication was received from on	

admission, and whose medication was returned to on discharge. Review of record of medication supplied amended so it's clear what staff checked in/out medications on admission and discharge.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Review of documentation Personal plans/ Pre- admission correspondence. Management has communicated that pre-visit correspondence documentation completion is required. Changes in need /correspondence to be included. Review of pre-visit correspondence form and more detail included to assist/prompt staff what to document/ask parents/families when completing pre-visit correspondence. Staff ensure that any changes in need is recorded in correspondence. Discussed at the staff meeting all staff reminded to complete all pre-visit correspondence forms. Speech and language report document, correspondence with family to forward most recent report for file.	

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 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	25/08/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/08/2025
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	30/08/2025

	storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	08/08/2025