



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

## Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 1
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	11 June 2025
Centre ID:	OSV-0007712
Fieldwork ID:	MON-0038596

## About the designated centre

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

Donabate Respite 1 is a children's respite designated centre operated by St. Michael's House and located in North County Dublin. It provides a respite service to up to 44 children with a disability. The designated centre is a purpose built bungalow which consists of a sitting room, a kitchen, a dining room, a sensory room, six individual bedrooms, a number of shared bathrooms, a utility room and an office. There is a secure garden to the rear of the centre which contained a trampoline for childrens' use. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and direct support workers.

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

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 11 June 2025	09:45hrs to 17:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with management, staff members and respite children, in addition to a review of documentation, to form judgments on the respite residents' quality of life during their time in the centre.

Overall, the inspector found good levels of compliance with the regulations. There had been a number of improvements in the designated centre since the last inspection which resulted in positive outcomes for children availing the respite service. In particular, improvements had been made to the fire precautions, bathroom accessibility, the outdoor garden area as well as staff training and risk management.

The inspector found that the provider and person in charge were endeavouring to ensure that children received the care and support they required during their respite visits but also that the service delivery was person-centred.

On the day of the inspection there were four children availing of the respite service. The children arrived in the afternoon and were due to stay in the centre until Friday. Group booking meetings took place every month and considered compatibility, health and behavioural needs and children's preferences. Staffing levels including drivers, were also considered when group bookings were planned. This was to ensure that each child was provided a good quality, safe and person-centred service during their respite stay.

At the time of the inspection there was one young person living in the centre on a residential basis. They had been admitted as an emergency (crisis) admission in January 2025. Additional staffing had been funded and the resident was supported by staff members on a one to one basis. In line with the resident's needs and preferences, they were supported by staff members who were familiar to them. The inspector briefly met with the resident in the afternoon however, the resident chose not to speak with the inspector and the inspector respected their wishes. Staff advocated on behalf of the resident and relayed some of the resident's needs, likes and preferences to the inspector.

An alternative location for the resident to move to on a full-time basis had been sourced by the provider. The resident had visited their potential new home with staff and a family member on several occasions. There was no date in place for the resident to move to their new home however, the inspector was informed that once a variation of the layout of the location was complete, the resident could then move there. Overall, the inspector found that this admission was impacting on some areas

of service delivery for respite users and particularly in relation to group allocations, staffing arrangements and continuity of care.

The centre comprised of a large six-bedroom house. The premises was divided into two areas leading off the main large hallway. The large open hallway led into the kitchen, dining room, sitting room and a file and storage room. Through the dining room there was access to an enclosed large garden. One area of the house comprised of a staff bedroom, staff toilet, utility room, three respite residents' bedrooms, a large wet-room bathroom and a sensory room. The other area of the house included a staff office, a newly refurbished bathroom and three respite residents' bedrooms.

On walking around the premises the inspector saw that it provided a bright welcoming and child-friendly environment. The hallway included lots of colourful and age-appropriate posters. For example, there was a cartoon style information poster on keeping safe and an easy-to-read poster on the organisation's complaints process. There was also a large colourful poster that included photographs of staff working in the centre during the children's respite break.

Other walls of the house included colourful murals, framed collages of children enjoying community and on-site activities. One collage was specific to activities that took place in the last month and provided a visual synopsis of in-house and community based activities enjoyed by the children during May 2025. The inspector observed photographs of children with happy and smiling faces taking part in activities in play parks, trampoline centres, watching buskers on the street, museums and the local library.

There were three bedrooms in one area of the centre and three in the other area. All bedrooms were painted with a different soft pastel colour. All bedrooms contained a television, colourful soft furnishings and a sensory light that projected colourful beams of light and star shapes into the room. There was sufficient storage in each room for the children to put their clothing and personal possessions into.

On viewing the bedroom of the resident who was staying in the centre, the inspector saw that the room had been laid out and decorated in a manner that was personal to the resident. There were lots of soft toys, posters, and memorabilia that was important to them.

The sensory needs of the respite residents were supported through different activities, facilities and equipment. In particular, the communal sensory room included a lot of soft seating areas, a projector, a bubble tube and beanbag type mobility equipment.

The other communal areas included a bright and comfortable sitting room, a kitchen and dining room and two large accessible bathrooms. One bathroom had been completely refurbished since the last inspection to ensure accessibility.

There had also been improvements to the large garden area out the back of the house since the last inspection. The brightly coloured garden walls surrounded a large grassed area that included a variety of large outdoor play equipment. There

was a new raised timber playhouse that induced swings one side and a basket swing the other side. The inspector was informed that phase one of the garden plans were due to be completed in August 2025 with the installation of more large outdoor play equipment.

In the afternoon of the inspection, the inspector observed the children arrive to the centre. They appeared excited and happy entering the front door. Staff greeted the children warmly and supported them bring their bags and suitcases inside. Once inside, the children appeared comfortable and familiar in their surroundings. One child told the inspector that they were looking forward to going to the cinema later that evening. They showed the inspector their collection of compact disks and said that they liked to bring with them during their stay. The inspector observed another resident who was using a wheelchair to mobilise around the centre. It was evident that there was plenty of open space for ease of access and that the resident was confident in moving around the different areas of the centre. The inspector met another child in one of the bedrooms. The inspector was informed that the resident picked out this room them self on arrival. The inspector observed staff members support the resident unpack their bag and set up channels on the television, ensuring the resident was comfortable and was provided their favourite programmes during their stay.

In advance of the inspection, children and their families had been provided with Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to stay in the respite service. The inspector reviewed two surveys which had been returned by families to the person in charge. The feedback was very positive, and indicated satisfaction with the service provided to the children during their respite stay in the centre including, activities, trips and events, premises, staff support and food.

One family member noted in the survey that the respite service had been amazing for their children (who attended the service) and that their children loved going for their sleepovers and had so much fun during their stays in the centre.

Another survey completed by a family member relayed a young person's view by noting that they had attended the service for over ten years and how staff looked after them so well. The survey also noted how grateful the family members were to the staff who support the young person during their stay.

On review of the centre's annual report of the quality of care and support provided to the children, the inspector saw that the provider had consulted with, and received feedback, from the children and young persons, their family and front line and clinical staff working in the centre. The feedback was positive and in particular, families noted their satisfaction and happiness of the care and support provided by the staff team and how happy and excited their child was when they visit the respite centre.

On speaking with the person in charge, the inspector found that they were familiar with the needs of the children and of the supports required to meet their needs during their stay at the respite centre. Through observations and speaking with

staff, the inspector saw kind, caring and fun interactions between staff members and the children.

Staff who spoke with the inspector were familiar with the respite residents' assessed needs and supports in place to meet those needs. They were aware of each child's likes and dislikes. One staff member spoke to the inspector in detail about the garden project and the upcoming plans for the completion of phase one of the plan. On speaking with the staff member, who relayed details of the project's fund-raising events and ideas, the phased stages of the garden project and the overall planned outcome, it was evident that a person-centred and child friendly approach was taken to the project.

In summary, the inspector found that the children's well-being and welfare was maintained to a good standard during their respite stay and that there was a strong and visible person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure that children and young persons staying in the centre were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that children enjoyed their respite stay in a supportive and caring environment.

Some improvements were needed to the staffing arrangements in place, communication support plans, infection protection and control measures and protection. These are discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each child during their respite stay.

## Capacity and capability

The purpose of this inspection was to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of respite residents staying in the centre. The person in charge worked full-time and was supported by a clinical nurse



manager (CMN1). The person in charge was also supported by a senior service manager.

The registered provider had implemented management systems to monitor the quality and safety of service provided to respite residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre. However, some improvement were needed to ensure that the most recently six-monthly report in May 2025 included an action plan and timelines, in line with the regulatory requirement.

The person in charge was striving to ensure that resources in the centre were planned and managed to deliver person-centred care. There were two part-time vacancies. Permanent staff members, relief and agency staff covered the gaps in the roster. However, the current weekly booking arrangements for agency staff was impacting on the provision of continuity of care for respite residents.

There was a planned and actual roster maintained for the designated centre. Some improvement were needed to ensure that at all times, staff rosters showed the full name of each staff member.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The inspector spoke with staff members on duty throughout the course of the inspection and found that they were familiar and aware of respite residents' assessed needs and of the supports in place to meet those needs.

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

Overall, the inspector found that the centre was well governed and that for the most part, there were systems in place to ensure that respite residents were provided a service that was of good quality, safe and person-centred.

## Regulation 14: Persons in charge

The person in charge commenced their role in the centre near the end of March 2025 and was employed full-time. Overall, the inspector found that the person in charge was ensuring effective governance, operational management and administration of the designated centre.

The person in charge was supported by a clinical nurse manager (CMN1) and a senior service manager who was one of the persons participating in management (PPIM) for this centre.

Documentation submitted to the Chief Inspector, demonstrated that the person in charge had the appropriate qualifications and skills and sufficient practice and

management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Since commencing their role as person in charge, they had progressed a number of outstanding actions waiting completion which overall provided better outcomes for children during respite breaks. For example, the completion of the accessible bathroom refurbishment.

The person in charge was familiar with residents' support needs and was striving to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of children attending the respite service.

Judgment: Compliant

### Regulation 15: Staffing

There were two part-time staff vacancies in the centre. The person in charge was endeavouring to ensure continuity of care however, this was difficult at times. Where possible, permanent staff worked additional hours and relief staff, employed by the organisation, covered gaps on the roster. However, in relation to employing agency staff, and due to the arrangements in place for an emergency admission (in January 2025), continuity of care could not be maintained at all times for respite residents. The person in charge informed the inspector that agency staff were booked on a week to week basis and this meant that it was difficult to secure the same agency staff who were familiar to respite residents each week.

Notwithstanding the above, the resident who was admitted as an emergency admission was provided with continuity of care since they moved to the centre. Staff who worked on a permanent basis, and were familiar to the resident, were rostered to support them on a one to one basis. While this was in line with the resident's assessed needs and preferences and ensured positive outcomes for them, it meant that staff who were not employed on a permanent basis, were rostered to support the respite residents.

Overall, the planned and actual staff rosters were appropriately maintained by the person in charge. For the most part, rosters clearly reflected the staffing arrangements in the centre. The working hours of the person in charge were noted on the roster. However, some improvements were needed to ensure that all staff names on the roster were accurate and that they included surnames. For example, the inspector saw that for the month of May and June that three staff members' full names had not being included on the roster.

The inspector found that there was a staff culture in place which promoted and protected the rights and dignity of children through person-centred care and support. Staff who spoke with the inspector demonstrated good understanding of

the respite resident's needs and were knowledgeable of policies and procedures which related to the general welfare and protection of children. Throughout the inspection, staff were observed treating and speaking with the children in a kind, respectful and caring manner.

A sample of five staff files were viewed and were found to meet the requirements of Schedule 2 of the regulations. The sample included details of one nurse, one social care worker and three direct support workers.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge was ensuring that one to one supervision meetings, that support staff in their role when providing care and support to respite residents, was being completed in line with the organisation's policy..

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training matrix for the staff team and specific staff training records of the staff team, including the person in charge, the inspector found that staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the children during their respite stay.

For example, staff had undertaken a number of training courses, some of which included the following:

- Emergency first aid
- Manual handling
- Fire safety
- Feeding eating drinking and swallow (FEDS)
- Children's First
- Safe medication management
- Infection prevention and control including
- Safeguarding vulnerable adults

On speaking with the person in charge and review of staff meeting minutes, the inspector saw that additional on-site training was often provided at staff meetings. For example, in May 2025 staff were provided with on-site refresher hand-hygiene training at the meeting. The person in charge informed the inspector that Manual Handling training would be provided at the next meeting and continuous positive airway pressure (CPAP) training at the meeting after that.

Judgment: Compliant

<b>Regulation 19: Directory of residents</b>
<p>The registered provider had established and maintained a directory of residents in the designated centre. On a review of a sample of childrens' directory of residents information, the inspector saw that they contained elements of the information specified in paragraph three of Schedule 3 of the regulations.</p>
Judgment: Compliant
<b>Regulation 21: Records</b>
<p>On the day of the inspection, records required and requested were made available to the inspector. The inspector found that records were appropriately maintained. The sample of records reviewed on inspection reflected practices in place.</p> <p>On the day of the inspection, the person in charge organised for staff records to be made available to the inspector in the designated centre for review. On review of a sample of four staff files, the inspector found that they contained all the required information as per Schedule 2.</p>
Judgment: Compliant
<b>Regulation 22: Insurance</b>
<p>The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.</p> <p>The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.</p> <p>The inspector reviewed the insurance submitted to the Chief Inspector and found that it ensured that the building and all contents, including respite residents' property, were appropriately insured during their stay. In addition, the insurance in place also covered against risks in the centre, including injury to respite residents.</p>
Judgment: Compliant

## Regulation 23: Governance and management

The inspector found the governance and management systems in place to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

However, some improvements were needed to ensure that there was adequate oversight during times there was a gap between person in charges leaving and commencing the role. For example, a new person in charge had commenced their role in late March 2025. The inspector was informed that there was a gap of almost three weeks since the previous person in charge had ceased in the role. A staff member stepped into the role of local manager on an interim basis during this period. However, the provider had not put sufficient supports in place during the interim period to ensure all person in charge regulatory requirements were completed. As a results, a safeguarding notification had not been submitted to the Chief Inspector as per the regulatory requirement and a formal safeguarding plan had not been put in place in a timely manner. Further information can be found under Regulation 8.

The provider had completed an annual review of the quality and safety of care and support in the designated centre in May 2025. There was evidence to demonstrate that children and their families and or representatives, had been consulted in the review. In addition to the annual review, a unannounced six monthly had been completed in July 2024 and included an action plan and timeline. There was also an unannounced six month review in March 2025 however, there was no action plan or timeline in place. Furthermore, the review had being carried out eight months after the last review which meant that it was not in line with the regulatory requirement.

A monthly data report had been completed by the person in charge in April and May 2025 and there were copies of other reports completed since January 2025) These reports were used at management meetings between the person in charge and service manager to review issues arising and actions required. Some of the areas that were reviewed include, quality and safety checks, money audits, complaints and complements, fire drills and environmental risks.

The provider had committed to completing an upgrade on one of the centre's bathrooms as well as improvements to the centre's back garden area through the last inspection's 2022 compliance plan. While the bathroom had been installed, some outstanding works to fixtures and fitting were needed to ensure accessibility to all children. In addition, while there had been a lot of traction and development with the outdoor garden and play area for children, there was no completion date for phase two or three of the project. There was a lot of reliance on fun-raising and the centre's staff and the organisation's fund-raising coordination were meeting every month in an effort to find ideas to raise more funds. Overall, the inspector found that the timeliness to complete both actions in full was not satisfactory or in line with the previous inspection's (2022) compliance plan.

In relation to the emergency admission that took place in January 2025 and the impact this arrangement had on the continuity of care for respite residents, the inspector found that a review of resources during times when an emergency admission occurred, was required. This was due to the impact these types of admissions had on respite children's stay and particularly in relation to providing continuity of support and care to the children during their respite stay. Furthermore, due to the assessed needs of the current emergency admission, respite children's needs, behaviours, preferences, staff and drivers all required additional considerations when arranging group bookings and in some cases limited group numbers.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations. The statement of purpose had been reviewed and updated on 14 April 2025.

The statement of purpose described the model of care and support delivered to respite residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives and was available in communal areas of the centre.

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

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall, the inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that, for the most part, all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of Social Services, had been notified and within the required timeframes as required by

S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Where there was one notification not submitted as required, this has been addressed under Regulation 8.

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. For the most part, where there were incidents of concern, the incident and learning from the incident, were discussed at staff team meetings.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint should they receive one.

The inspector observed that the complaints procedure was accessible to children and in a format that they could understand. There was information on children's advocacy services available to residents. All information on the complaints process and advocacy services were placed in communal areas to ensure they were available to children and their family to see.

On review of the centre's complaints folder the inspector saw that there was no open complaints. However, on review of the compliments section there was a number of positive comments, letters and complements from families about the service and care their children received.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of the service for the children who avail of the respite service in the designated centre.

The inspector found that the designated centre was well run and provided a homely and pleasant environment for children during their respite break. Each of the children's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of the children's needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to children

during their respite break was of good quality. However, to ensure positive outcomes for respite residents at all times, some small improvements were needed to the following areas; communication support plans, infection prevention and control measures, fire precautions and protection.

Overall, the design and layout of the premises of the designated centre was in line with the statement of purpose and met the needs of children availing of the respite service. The house was observed to be clean and tidy and for the most part, in good upkeep and repair. There had been improvements to bathroom facilities and to the external areas of the centre.

To enhance the feeling of homeliness and to assist the residents feel at home in the centre, the provider and person in charge had created an environment which encouraged the children, to have items and personal possessions that were meaningful to them in the centre and their bedrooms.

The person in charge had ensured that an assessment of need was completed for each respite resident on an annual basis and in consultation with each resident, their family, representatives and where appropriate included multi-disciplinary input. In addition, there was a pre-admission checklist for each child which ensured updates and changes were made to care plans after each respite visit.

Through conversations with staff, the inspector found that they were aware of each respite resident's communication support needs. On observing staff interact with the children, it was clear that the children understood what staff were saying to them. Engagement between staff and respite residents was observed to be kind, supportive and caring. However, some improvements were needed to ensure that all children were assisted and supported, at all times, to communication in accordance to their assessed needs.

Overall, the inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where children were provided positive behaviour supports plan, staff followed the guidelines and strategies to support respite residents manage their behaviours.

The inspector saw that, overall, where restrictive procedure were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the children.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individual and location risk assessments were in place to ensure the safe care and support provided to children during their respite break.

Overall, children attending the respite service were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping children and young persons safeguarded. The person in charge and staff demonstrated good levels of understanding of the need to ensure each respite



resident's safety. Safeguarding measures were in place to ensure that staff providing personal intimate care to children, who required such assistance, did so in line with each child's personal plan and in a manner that respected their dignity and bodily integrity. Some improvements were needed to ensure, that all safeguarding incidents were followed up in line with the organisations policy and procedures.

From a review of documentation, from observations in the centre and from speaking with staff, the inspector found that the person in charge was endeavouring to ensure that infection, prevention and control measures were effective and efficiently managed to ensure the safety of children during their break. However, some improvements were needed and in particular regarding oversight of unused water outlets, cleaning products and areas that required upkeep and repair.

There had been a significant improvement to fire precautions since the last inspection. There had been upkeep and repair to a number of fire doors and there was a system in place to review the upkeep of the doors on an annual basis. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. There was emergency lighting and illuminated signage at fire exit doors. Local fire safety checks took place regularly and were recorded and fire drills were taking place at suitable intervals. However, some improvements were needed to ensure optimum egress was provided on all fire escape routes and that this was noted in the fire evacuation plan.

## Regulation 10: Communication

The children availing of the respite service presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways. However, some improvements were needed to ensure that children were assisted to communication in accordance to their assessed needs at all times.

Through observations walking around the centre and speaking with the person in charge and staff it was evident that there was an emphasis on how best to support residents to understand information. The inspector observed lots of child friendly and easy-to-read information displayed in the centre. For example, information relating to safeguarding, complaints, staff roster and activities.

One of the examples included a large board hanging on the wall in the dining room that included photographs of a selection of community activities. The board was used as a communication tool to assist respite residents, who used non-verbal communication, in choosing which activities they would like to participate in during their stay.

The children's communication needs were reviewed and updated through their assessment of need which was contained in their individual personal plan. On review of a sample of personal plans, the inspector saw that some children required communication tools and supports such as Lámh, picture exchange communication

systems (PECS), photographs, electronic devices and 'first and then' systems to support them when communicating. In addition, a number of children were provided communication assessments and recommendations through speech and language and behavioural supports professionals.

However, while there was a level of guidance in the healthcare professional assessments there was no specific communication support care plans provided within children's personal plans. This meant that there was limited guidance in place for staff to know how best to assist the children communicate in accordance to their assessed needs.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

The person in charge and staff ensured that the children's possessions were respected and protected. In particular, they recognised items that were of significance to the children during their respite stay.

On arrive at the centre, staff recorded each resident's personal possessions including, there clothes, toys, pocket money and any other such personal items. These items were checked-out through the same system on the day the respite residents went home. An audit was also completed of respite residents' monies which included details of money spent during their break and money returned on departure.

The children were provided with ample storage to place their personal items in. The person in charge told the inspector that they encourage the children to bring items from their home on their break, particularly things to support them enjoy their stay and feel at home during their stay. The inspector met one young respite resident who showed them their large collection of music compact disks (CDs) which they had brought from their home to the centre. They told the inspector that they always brought their CDs whey they visited the respite centre and loved playing their favourite music during their stay.

Judgment: Compliant

### Regulation 17: Premises

The physical environment of the house was clean and for the most part, in good decorative and structural repair. The design and layout of the premises ensured that each child could enjoy their respite visit in an accessible, safe, comfortable and

homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents throughout their stay.

The inspector observed the centre to be warm and welcoming and child-orientated in layout and décor. There was a sensory room with ample sensory equipment to meet the sensory needs of children where appropriate.

A new accessible bathroom had been installed with all new sanitary wear as well as new flooring. There were some fixtures and fittings still to be installed such as accessibility rails, toilet roll holder and hand towel dispenser.

There was a large garden to the back of the premises which was child and young person appropriate. Since the last inspection there had been improvements with some additional painting on external walls and a new raised tree-house that included two frames either side with two swings on one side and a circular net swing on the other. Funding had been sourced for additional garden equipment to be installed in August 2025 such as a play tunnel and hammock. There were two more phases of the garden works to be completed however, the provider had no completion date in place for these works. Resources and time-lines for premises have been addressed under Regulation 23.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for respite residents which met the requirements of Regulation 20. For example, on review of the guide, the inspector saw that information in the respite residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy was last updated in June 2023 and was due for renewal in June 2026.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to respite residents' individual health, safety and personal support needs.

For example;

Where there was a risk of getting a shock or burn from from using electrical equipment, there were measures in place to reduce the risk. Some of the measures included weekly checks of plugs, sockets and electrical equipment, monthly health and safety audits and only cleaning appliances when switched of.

Where there was a risk of slips, trips and falls, there were a number of measures in place to reduce the risk of these occurring. Some of the measures included, adequate staffing, no walk-ways blocked, suitable footwear, staff report any flooring defects, yellow floor signs in place when floor wet and no washing floors until night time.

Where there was a risk of injury to a respite resident due to behavioural incidents of other respite residents, control measures included, completion of risk assessments, appropriate staffing levels employed, accidents and incidents reviewed by management, input from positive behaviour support and psychology professionals, and all staff provided with first aid training.

Judgment: Compliant

## Regulation 27: Protection against infection

The inspector found that, for the most part, the infection prevention and control measures were effective and efficiently managed to ensure the safety of the children during their respite stay. The centre was observed to be clean and tidy. There was a cleaning staff member employed to clean the centre five half days a week. On the day of inspection the inspector observed the cleaning staff member cleaning the centre (in advance of a new group of children arriving). The inspector was informed that a deep clean occurred between each respite group visit. This included washing the waterproof pillows and duvet sets in each bedroom.

Staff were also responsible for the cleaning of the centre. Cleaning records demonstrated a high level of adherence to cleaning schedules by staff. However, a review of cleaning products used during cleaning was needed to ensure they were effective and did not impact on the wear and tear of areas being cleaned. For example, on review of the cleaning list, a lot items included "disinfecting" the area. This mean that surfaces or furnishing that may only require soap and water were

unnecessary being disinfected. It was also unclear if they had been cleaned by soap and water in advance of disinfection.

Staff had completed specific training in relation to infection, prevention and control. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support respite residents keep safe (in terms of infection control).

The inspector observed that there were a number of upkeep and repair works required that were impacting on the effectiveness of cleaning which in turn impacted on the arrangements for ensuring the best possible infection, prevention and control arrangements, and this required improvement.

Some of the upkeep and repair works such as chipped and peeling paint and unclean extractor fans had been identified on the provider's annual infection prevention and control audit in 2025 and in a number of local audits.

However, other areas listed below also required addressing:

Rust observed on radiator in one respite resident's bedroom.

Rust observed on the shower-trolley frame and wheels in one of the bathrooms.

There was an a tap on an external wall of the house facing the garden. While there was no tap fitting to turn water on and off it was unclear on the day when the water had last been used from the tap. There had been no flushing checks put in place for this water outlet. Overall, there were no adequate assurances that should the tap be used, that the water was free from contaminants.

There were no toilet roll holders in two of the respite children's bathroom facilities and no paper towel dispenser in one bathroom.

There was a lot of old sticky tape residue on one of the internal window frames in the sitting room and was observed as grubby and discoloured.

A review of the cleaning of medical and mobility equipment was needed to ensure that it was in line with manufacturer's instructions, in relation to frequency of cleaning and cleaning products used.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There had been significant improvements to fire precautions since the last inspection. Where there were deficits to fire doors these had been addressed. In addition, the provider had organised for a fire door survey to be completed in 2024 and again in 2025. Where there were some deficits identified, these were of low risk and provided a timeline of twelve to eighteen months for completion. A new alarm

panel had been fitted in the centre and in the event of a fire could display the zone where the fire was. There was a floor plan next to the panel which relayed the zoned areas, however, a review of this system was needed as there was no format or pattern to the zones on the floor plan for ease of identification and could potentially slow down locating the fire.

The fire management systems in place included containment systems, fire detection systems, emergency lighting, and firefighting equipment. These were all subject to regular staff checks and servicing with a fire specialist.

All residents had individual emergency evacuation plans in place that included details of each residents' day and night time support needs. Fire drills were being completed by staff and respite residents on a regular basis. Drills included simulated day and night time conditions. Drills were being completed in a timely and efficient manner and where an issued occurred it was reported to the appropriate person and changes in personal evacuation plans were made. Where one resident refused to evacuate during fire drills, this had been reported and a risk assessment with alternative measures to support the resident evacuate were in place.

There was a fire evacuation plan and it was reviewed regularly however, some changes were needed to the plan so it clearly relayed fire exit doors that opened automatically and locked gates that required opening.

On walking through one of the fire exit routes at the end of a corridor, the inspector was informed that a fire exit door which required a keypad code to open it, opened automatically when the fire alarm sounded. Outside the door was a timber garden gate that was locked with a small key lock. The key for the gate was located in a key box by the front door. This system would likely impact on the speed of egress from the fire exit route. Overall, a review of the locking system on the garden gate was required to ensure the safety of respite residents in the event of a fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Respite residents attending the service were provided with a personal plan which included an up-to-date assessment of their personal, health and social care needs. There were good oversight systems in place to ensure childrens' personal plans were reviewed regularly and kept up to date. The person in charge told the inspector that a liaison nurse reviewed the content of respite residents' personal plan folder on a regular basis and the person in charge ensured all actions from the review were completed by keyworkers.

In addition there was a pre-admission checklist to ensure that each child's file was kept up-to-date and that staff were informed of any changes to care plans. For example, if there were any changes to the children's health, sensory, behaviour

supports, medication or social care needs, these were included on the check-list and the respite resident's personal plan was then updated with the new information.

There was also a "respite passport" in place for each child. This included information relating to each respite resident's support needs including mobility, communication, personal care as well as their likes and preferences, any health issues and pain management plans.

There had been improvements to care plans since the last inspection. For example, where required, end of life plans were in place which had been agreed by family representatives and the child's medical team. The person in charge had ensured that, all directives were in place in such an event, and that they had been reviewed by the child's medical team and were up-to-date.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behavioural supports to respite residents with an assessed need in this area.

The inspector reviewed a sample of personal plans for three groups of respite residents: For example children and young persons who had attended respite, were currently attending and who were due to attend during the month of June 2025. One of the plans included a positive behaviour support plan. The plan was detailed, developed by an appropriately qualified person and reviewed in December 2024. The plan contained proactive and reactive strategies to support the young person in managing their behaviour. The plan included details such as setting event, antecedent trigger, behaviour function and signs, response and reaction. Overall, the plan provided adequate guidance for staff in supporting the young person manage their behaviours.

The person in charge was endeavouring to ensure that all staff had received training in positive behaviour supports. At the time of the inspection ten staff had completed the training and two staff were booked on a course.

The inspector found that the person in charge was endeavouring to promote a restraint-free environment within the centre. Documents showed the restrictive practices were reviewed and approved by the provider's oversight group. Overall, restrictive practices in use at time of the inspection were deemed to be the least restrictive possible for the least duration possible. However, to ensure this was the case at all times, the inspector found that a tracking system for one of the restrictions in use, (interim locking of the kitchen door), would provide greater assurances and may better support the reduction of the restriction.



Judgment: Compliant

## Regulation 8: Protection

Overall, the inspector saw that there were a number of practices and systems in place that ensured residents were safeguarded while attending the respite centre. Children were provided age-appropriate information on keeping safe and what to do if they had a concern or felt unsafe. All staff had completed age-appropriate safeguarding training and on a review of a sample of staff files, the inspector saw that all staff had been through a vetting process. Overall, where there had been safeguarding incidents they had been followed up in line with best practice, however, on the day of the inspection the inspector found that one safeguarding incident had not been fully processed in line with national policy or in line with regulatory requirements.

In March 2025, a staff member witnessed an incident that was reported as a safeguarding concern. The incident was screened, forwarded to the organisation's social work team and submitted to the national safeguarding team. The safeguarding team accepted the action plan and recommended that the interim plan be changed into a formal safeguarding plan. The plan included measures and supports to ensure the safety of the respite resident and reduce the risk of a similar incident occurring again.

On review of the plan the inspector saw that it had not been updated from an interim to a formal plan. However, when this was brought to the attention of the person in charge, they organised for the safeguarding plan to be updated and included in the resident's personal plan.

Overall, the inspector found that, improvements were needed to ensure that when there was a changeover of person in charge and particularly if there was a gap in time during the changeover, that the provide put in place adequate oversight measure that ensured safeguarding incidents were processed in line with the organisation's policy and procedures. While the safeguarding plan had been updated on the day, the resident, their family and staff had yet to be informed of the detail within it, which was over two months after the incident occurred. In addition, a notification regarding the safeguarding incident had not been submitted to HIQA.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Donabate Respite 1 OSV-0007712

Inspection ID: MON-0038596

Date of inspection: 11/06/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The 2 x part time vacancies have been combined into one 1 fulltime vacancy and recruitment is in progress. The closing date for the position was 27th June, 14 candidates have been shortlisted. Interviews scheduled for 16/07/2025. Successful candidate should be onboarded by 30th September 2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The emergency admission has moved to a permanent place of residence.  In absence of PIC, CNM1 now has access to HIQA portal.  Bathroom is now complete. Date for Garden Phase 1- 4th – 8th August.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:	

Communication support plans have been added to children's personal plans.	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Sticky tape on windows has been removed.</p> <p>Outdoor tap has been fixed, and guidance around using it has been obtained from IPC.</p> <p>Toilet roll holders and paper tissue dispensers have been purchased.</p> <p>Quotes obtained for new shower trolley and same has been ordered.</p> <p>Date for house painting booked for September when the children go back to school.</p> <p>Cleaning schedule reviewed and in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the locking system on the garden gate was carried out. A Key lock box has been purchased for storage of key for locked gates which will be fixed beside the fire exit doors to ensure ease of exit.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In absence of PIC, CNM1 now has access to HIQA portal.</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 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	03/07/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2025
Regulation 15(3)	The registered provider shall ensure that	Substantially Compliant	Yellow	03/07/2025

	residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	03/07/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	08/08/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and	Substantially Compliant	Yellow	30/09/2025

	control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	03/07/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	03/07/2025
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	03/07/2025