Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Annalee View Respite Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	28 July 2025
Centre ID:	OSV-0008086
Fieldwork ID:	MON-0047610

About the designated centre

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

The centre provides respite care services for up to five adults or five children on a 24 hour basis. Respite breaks are offered to residents for a period of two to seven days, and children and adults are accommodated on alternate weeks. The centre can accommodate residents with complex needs, and support is provided by a team of nurses and healthcare assistants. The centre is a five bedroomed property located on the outskirts of a large town, and has a large garden with playground area and parking. The centre has it's own wheelchair accessible bus, and residents are supported to avail of activities in the centre, as well as outings in the community. The team is managed by a full-time person in charge, and admission to respite services are planned in consultation with community health personnel and some voluntary agencies.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 28 July 2025	10:45hrs to 18:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre provided residential respite services to both adults and children, and five residents could be accommodated at any one time. Respite services were planned on a rotational basis with one week catering for children and the other week for adults. There were just over 100 residents availing of services in this centre, from the Cavan and Monaghan area.

The centre was located on the outskirts of a large town, and transport was provided for residents travelling to school, day services, and on social outings in the evenings and at weekends. The centre comprised of a large two storey property, with five bedrooms. Each resident had their own room when they stayed in the centre, and there was sufficient storage for their personal possessions. Where specific equipment was needed, this was provided, for example, hoists, shower trolley, and hand rails. The centre was well maintained, homely and welcoming, and since the last inspection new wardrobes and storage furniture had been provided in each bedroom. A range of sensory equipment had also been provided in the centre, and funding had been secured for further development of sensory areas, as well as upgrading the playground.

On arrival to the centre, the inspector met a staff nurse, and they outlined that two residents were due to be discharged that morning, and that another resident had already left the centre for day services. The inspector had the opportunity to speak with a parent of the residents in the morning, and they told the inspector their children were very happy to stay in the centre, and always come home very happy after their stay in the centre. The family member explained a lot of thought is put into the groups of children that stay together in the centre, and that the activities their children like to do are catered for in the centre. The family member also said there was good communication with the staff team, including any changing needs, as well as the choices of residents for their stay before residents come to stay in the centre.

Feedback from two families was received as part of the annual review process in September 2024, and both families were complimentary of the service their loved ones received and of the staff team in the centre. Both families also noted they had no issues with the service and were aware of who to contact if they had a concern.

There was relaxed atmosphere in the centre, and there were spaces for play and for leisure. For example, in the afternoon, two residents were observed to spend time in the sitting room on their devices. There was a sittingroom, and a separate dining room, and sensory equipment was installed in the dining area. The person in charge was planning to get additional sensory equipment installed in two bedrooms, to cater for some residents' preferences.

There was large garden to the front of the centre, and a range of play equipment was provided. As mentioned, the person in charge outlined a plan for upgrading the

playground, and it was planned to be completed in October 2025. There was also a covered seating area, and outdoor tables and chairs and residents could freely access all parts of the centre.

The inspector spoke to two residents in the afternoon, and one resident said they had recently gone with staff to a country music festival. There was plenty of choices available for social outings, or if residents preferred they could spend time in the centre. During weekdays most residents attended either school or day services, and they chose what they would like to do during their stay in the centre. For example, a resident on arrival spoke to the person in charge about going to the cinema, and the person in charge got the cinema schedule, which the resident later discussed with their friends who were also staying in the centre. Picture cards of a range of activities were also available in the hall, to support residents in communicating their choices, for example, for a football match, bowling or restaurant.

At all times staff were observed to be respectful and kind in their interactions with residents. For example, providing reassurance to a resident on their arrival to the centre, and helping residents chose their room and unpack their belongings. Admissions to the centre were planned, to ensure residents were safe, and that groups of residents get on well together. Two staff members told the inspector that residents were safe in the centre, that if there were any concerns they can raise issues with the person in charge, and that the person in charge was very approachable. From speaking with a staff member and the person in charge it was evident that they knew residents very well, and were knowledgeable on how best to support residents with their identified needs.

The following sections of the report outline the governance and management arrangements, and how these arrangements positively impacted the quality and safety of services residents received while staying in this respite centre.

Capacity and capability

This inspection was carried out to monitor the ongoing level of compliance with the regulations. High levels of compliance were found on the day of inspection, with all 15 regulations inspected compliant.

The person in charge was suitably qualified and experienced, and knew the residents' needs well. They provided ongoing supervision of the care and support provided to residents, and provided good leadership to the staff team. There were sufficient staff in the centre, and while there were some staff vacancies in the centre, these vacancies were filled by regular relief and agency staff, who knew residents well. Staff had been provided with the required training, and where refresher training was due this had been requested.

The management systems were ensuring the service provided to residents was safe and effective, and there was ongoing review of the services provided. Corrective

actions were taken to issues identified in audits and reviews, and a proactive approach was employed in both planning respite stays for residents, as well as responding to any identified risks. There were comprehensive procedures in place for the admission of residents to the service, including taking into account the need to protect residents.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and worked weekdays in the centre. The person in charge was responsible for this centre only. The person in charge had the required qualifications and management experience to fulfil this role. The person in charge knew the residents well, and had ensured the arrangements were in place to meet the needs of the residents as they availed of services in this respite centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, and the staffing levels and skill mix were in line with the needs of the residents.

The inspector reviewed the staffing arrangements with the person in charge. One nurse and two healthcare assistants worked during the day, and one nurse and one healthcare assistant at night time. At weekends an additional staff was on duty each day to accommodate day trips for residents. There were some staff vacancies in the centre due to planned leave, and regular relief and agency staff had been provided to fill these vacancies. The inspector reviewed rosters, and planned and actual rosters were available. Consistent staff was provided, and this meant that residents were provided with continuity of care and support, by a staff team who knew them well.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with appropriate training, and training was in line with mandatory requirements and the specific needs of residents. Where refresher training was due to be completed this had been requested from the training

department.

The inspector reviewed training records, and all staff had been provided with mandatory training in fire safety, managing behaviour that is challenging, safeguarding and in children first. Additional training provided included food safety, manual handling, cardiopulmonary resuscitation, dysphagia, feeding eating drinking and swallowing (FEDS), and a range of infection prevention and control (IPC) trainings. Nurses were responsible for medicines administration, and all nurses had up-to-date training in medicines management. Some staff required refresher training in manual handling and in managing behaviour that is challenging, and this had been requested from the training department.

Staff were supervised on a day-to-day basis by the person in charge and supervision meetings were facilitated on an annual basis. A staff member confirmed they had attended supervision meetings with the person in charge. Supervision records were not reviewed as part of this inspection.

The training provided and supervision arrangements meant that staff had the skills and knowledge to safely meet the needs of residents, and that the care and support provided to residents was supervised on an ongoing basis.

Judgment: Compliant

Regulation 23: Governance and management

The resources provided and the management systems in place had ensured residents were provided with a safe and effective services, based on their identified needs. The centre was monitored on an ongoing basis, and corrective action was taken to issues raised in audits and reviews.

Suitable resources were provided in the centre including a well-maintained premises, sufficient staffing, staff training, equipment, transport, and a household budget. This meant that the provider had identified and provided the resources needed to safely support residents in their care.

There was a clearly defined management structure and staff reported to the person in charge. The person in charge worked Monday to Friday in the centre, and at weekends a staff nurse took responsibility for supervising the care and support provided to residents. The person in charge reported to the director of nursing, who reported to the service manager. An out-of-hours on call management system was in place.

The systems in place had ensured the service provided to residents was safe and included, for example, safe medicines management practices, appropriate management of risks and incidents, transparent procedures for admissions, and implementing safeguarding measures where required.

The centre was monitored on an ongoing basis, and an annual review of the quality and safety of care and support had been completed in September 2024, and all recommendations arising from this review were observed to be complete on the day of inspection. For example, a staff had completed required training, parental consent had been received for use of a window restrictor, and all staff had completed training in person-centred planning. A six monthly unannounced visit was completed in March 2025, and all actions were also observed to be complete.

There was schedule of audits completed in the centre, and the person in charge maintained a quality improvement plan (QIP), with actions from reviews and audits uploaded onto this plan. Audits completed included medicines management, complaints, incidents, fire safety, and the inspector reviewed a sample of seven audits, as well as the actions in the QIP. All actions from audits were complete, and actions in the QIP were either complete or not due for completion at the time of inspection.

Staff meetings were held every two months, and the inspector reviewed records of the two most recent meetings. Staff discussed residents' needs and updates, behavioural support and restrictive practices, training needs, staff vacancies, as well as reviewing any incidents or safeguarding concerns, and discussing any learning from these. A staff member told the inspector they can raise concerns about the quality and safety of care and support provided to residents with the person in charge, and the person in charge was very approachable. The monitoring systems and reviews at staff meetings meant that there was effective oversight arrangements to raise concerns, respond to identified issues, to ensure the safety and wellbeing of residents in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were planned and took into account the individual needs of residents, as well as the need to protect residents

The person in charge was assigned as respite coordinator for the service area, and admissions were planned a number of months in advance. The service provided respite services for children on one week, and for adults on the opposite week.

There was a phased transition of residents admitted to the centre. Once new referrals were received, residents were offered a minimum of two day visits. The person in charge outlined that some residents may require more than two day visits and this was assessed on an individual basis. Two single night stays were then offered to prospective residents, and the team assessed how residents got on during their stay. During these visits and stays, any concerns regarding compatibility were noted, and the information was used to inform admission planning.

There were two residents staying in the centre on an emergency basis, and these

residents were being provided with services in this and one other respite service in the area on alternate weeks. In the meantime, both residents were being provided with appropriate care and support, including access to healthcare professionals as needed.

Prior to any respite stay in the centre, families were contacted to provide up-to-date written information on any changes in residents' needs or supports since the last admission, for example, changes in healthcare needs or medicines prescribed. On admission to the centre, an inventory of personal possessions was completed and cross referenced on discharge.

There was ongoing review of the compatibility of residents, for example, where a recent minor incident had occurred, the staff had reviewed compatibility, and a decision was made to change the group a resident would stay in respite with in the future. Staff respite planners were discussed at each staff meeting to ensure groups of residents staying together in the centre were appropriate.

There was no charge for residents using this service.

Judgment: Compliant

Quality and safety

Residents were provided with care and support in line with their identified needs, and the provider's remit in providing a respite service.

There was up-to-date information available on residents' needs, and this was informed by family input, healthcare professional reviews, and by residents, and from day services or schools residents attended. Plans were in place to support residents with their health and emotional needs, as well as supporting residents with any social opportunities they wanted to take part in while staying in the centre. Residents had been provided with a range of activities both in the centre and in the community.

Residents chose how they wanted to spend their stay in the centre, and could go out in the community, or if they preferred could spend time in the centre. The facilities in the centre promoted opportunities for play, socialising, or for relaxation, and transport was available for community activities.

There were safe and suitable arrangements in place for the protection of residents including their finances, management of their possessions, risk management, and medicines management. The action following the last inspection relating to infection prevention and control (IPC) was complete, and there were suitable IPC arrangements in place.

Regulation 12: Personal possessions

Residents had access to their own possessions and money, and support was provided to help residents keep account of money they spent while staying in the centre.

As mentioned, an inventory of all possessions, clothing, and money residents brought into the centre on admission was recorded, and checked off as residents were discharged from the centre. There was adequate storage in residents' individual rooms for their clothing and possessions, and laundry facilities were available for residents' use.

An account book was kept for each resident for any money they brought with them for their stay, and a record of all money spent by residents' was recorded. The inspector reviewed account books for two residents, and accurate records were maintained, and receipts were available for all money spent by or on behalf of residents. Overall the inspector found the arrangements meant that residents' money and their possessions were safety managed during their stay in this respite centre

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents in the centre, and residents were supported to access their day services, schools, and a range of activities when they stayed in the centre.

The care and support provided to residents was in line with their identified needs and support plans, including their health, social and personal care plans. Residents and their families communicated with the team on their choices of food and activities, and these preferences were provided for during residents' stays. A staff member told the inspector that some residents liked to be out and about during their stay, while some residents did prefer to spend time in the centre. Transport was provided for residents to attend day services, and schools.

The inspector reviewed records of activities in two residents' files, and residents had been supported with a GAA fun day, walks, a number of bus trips, going out for ice-creams, and trips to local towns. Residents admitted to the centre on the day of inspection were planning to go to the cinema, and three residents went out on a bus trip the evening they arrived.

There was a large playground in the front garden, with a range of play equipment for residents to use. There was also a range of outdoor seating, and sensory equipment was provided in the dining room of the centre. The person in charge

outlined that finances had been sourced to upgrade the playground, as well as provide for sensory equipment in some bedrooms in the centre. Residents could access the internet, and it was observed that number of residents liked to spend time on their own devices.

Given the remit of the provider in supporting residents in a respite service, the care and support provided was appropriately meeting their needs, while supporting residents to enjoy their break with activities of their own choosing.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with food and nutrition in line with their assessed needs, and their preferred choices, and there were suitable facilities in the centre to ensure food was stored and prepared in hygienic conditions.

Residents' needs in terms of their preferences had been assessed, and where residents had specific dietary needs, they had been assessed by a dietician or a speech and language therapist. Guidelines were available from these healthcare professionals, and records were maintained of all food and percutaneous endoscopic gastrostomy (PEG) feeds provided to residents. The inspector observed the area for preparation of PEG feeds was suitable and clean.

The team maintained an list for each resident of their preferred food choices, and food was purchased based on these known preferences, in planning for residents' upcoming admissions to the centre. The inspector observed there was a range of choices of fresh and nutritious food available, and food was stored in hygienic conditions. The kitchen was also observed to be clean and well maintained, including food preparation and storage areas.

Overall the inspector found the food and nutrition offered meant that residents' individual needs and preferences were catered for during their stay in the centre, and food was prepared in a safe and hygienic environment.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks in the centre were assessed and the control measures had been implemented to protect residents' safety. There was a comprehensive incident management system implemented, and appropriate actions taken at the time of incidents, and as follow-up measures to promote safety in the centre.

Each resident had an assessment complete, and a missing person profile was developed, for use in the event a resident went missing while in the centre. Individual risks relating to residents had been assessed, and risk management plans outlined the control measures implemented to reduce the risk of harm to residents. The inspector observed that these measures were in place, for example, close supervision of a resident, the use of prescribed footwear for a resident, providing bedrails for a resident at risk of falls, and ensuring the known allergies of a resident were documented in care plans and in a medicine kardex.

The inspector reviewed incident records for 2025, and all incidents had been reviewed by the person in charge. Actions taken at the time of incidents were appropriate, for example, calling emergency services, or redirection of a resident, and follow-up actions were taken where required. These included for example, requesting input from behavioural support, review with an occupational therapist, and reviewing admission plans to ensure groups of residents staying together were appropriate to ensure safety for all. Monthly audits of all incidents and follow-up actions were submitted to senior management. This meant that assurances were being provided to senior management on the actions taken in response to incidents, as well as providing data on any emerging trends within the centre.

Overall the inspector found the systems in place to manage risks, and to respond to incidents were ensuring that residents were kept safe, and that risks could be escalated to senior management if required.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control measures were in place, and the action from the previous inspection was found to be complete.

Since the last inspection, new wardrobes, and clothes storage units had been provided in the centre, and there were ongoing upgrades of the centre. The inspector reviewed all aspects of the premises, and all areas were observed to be clean and well maintained. The person in charge had identified that one small surface in the kitchen required replacement, and this had been alerted to the maintenance department. Contract cleaners were employed and completed a deep clean of the centre every fortnight.

There were suitable arrangements for food safety, colour coded chopping boards were provided, food was appropriately stored in a fridge, freezer and food presses, and as mentioned, there was a suitable area for the preparation of PEG feeds. There were suitable arrangements for the disposal of waste, pedal bins were provided, and a waste removal company disposed of all waste.

Handwashing and hand sanitising facilities were provided throughout the centre, and the inspector observed that a range of personal protective equipment (PPE) was

also provided. Additional PPE was available in the event of an infectious disease occurring in the centre. Healthcare plans for Covid-19 and infectious illnesses were available in residents' personal plans and guided practice.

Overall there were suitable preventative procedures in place to protect residents from the risk of infection while staying in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and suitable arrangements in place for medicines management.

Each residents' medicines was supplied by their own pharmacist, and an inventory of medicines received into the centre, and sent home on discharge of residents was maintained. Medicines received were checked on admissions of residents to ensure the correct medicines were received. Families arranged for medicine kardexes to be reviewed and updated by the prescriber, as residents' prescriptions changed, and all medicine kardexes reviewed were up-to-date.

Medicines were stored in a locked cabinet and the key was held by the nurse on duty. A locked medicine fridge was also available if required. The inspector reviewed three residents' prescription and administration records, and all records were found to be complete. PRN (as needed) medicine prescription sheets stated the circumstances for administration of PRN medicine and the maximum dose in 24 hours was stated.

Medicines requiring disposal were sent home to families on discharge.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were provided for during their stay in the centre, and plans were informed by assessments by a range of healthcare professionals.

Assessments of need had been completed for residents' by nurses and had included assessments of residents' healthcare needs. Information was provided by healthcare professionals, for example, speech and language therapists, hospital consultants, physiotherapists, occupational therapists, and dieticians, and their recommendations formed the basis of a number of healthcare plans. The inspector reviewed three residents' files, and up-to-date healthcare plans were available, and guided practice in how best to support residents' with their assessed needs.

Records were maintained relating to residents' healthcare needs, for example, epilepsy, bowel, and weight records.

Residents staying in the centre on a long-term basis were being supported to access required services, for example, their general practitioner, psychologist, and mental health services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported during their stay with their emotional needs, and where required, behavioural support was provided in line with the recommendations in behaviour support plans.

The inspector reviewed two behaviour support plans, and residents' support needs had been reviewed by a psychologist and behaviour support specialist. Plans guided how best to support residents to manage their emotions, as well as preventive and reactive strategies to promote the safety and wellbeing of residents. Where required residents had been supported to access mental health and psychology services.

There were some restrictive practices in use in the centre, and records of each time a restrictive practice was used were maintained. Restrictive practice were implemented relative to the risk presented, for example, bedrails and lapstraps to prevent falls, overnight checks for residents with significant healthcare needs, and window locks, where risks of absconding out windows were known. Notwithstanding this, residents could access all parts of the centre, and were observed to come and go around the centre and gardens as they pleased.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and where safeguarding issues had arisen, these had been reported and measures taken to reduce risks.

The inspector spoke to two staff members and they stated they felt residents were safe in the centre. A staff member described the procedure in the event a safeguarding incident occurred and this was in line with the centre policy.

There had been a number of safeguarding incidents reported to the Chief Inspector of Social Services since the last inspection, and the person in charge described the measures taken to keep residents safe. These included, for example, refresher training for staff in medicines management and reorganising respite admission

planners to ensure some residents did not attend together. Due to the transition of a resident to another service, risks related to a number of safeguarding incidents had been mitigated. The inspector reviewed a sample of eight reports sent to the safeguarding and protection team, and these incidents had since been closed.

As mentioned, there were appropriate procedures for supporting residents to protect their finances.

The inspector reviewed records of incidents in the centre, and there were no ongoing safeguarding incidents occurring. Overall the procedures implemented, and the response to any safeguarding incidents, meant that a proactive approach was taken to ensure residents were kept safe as they availed of services in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were given the choice of how they wished to spend their stay in respite, and plans were made around these choices. The person in charge explained that staff talk to residents on admission about what they would like to do during their stay, and also talk to families about preferred activities for residents that may need support with their communication needs. As mentioned, a family member told the inspector there is very good communication with the staff and families about the choices of what residents would like to do during their stay.

On the day of inspection, the inspector observed the person in charge talking to a resident who said they would like to go to the cinema. Later the resident was chatting with their friends who were also staying in respite, and they were deciding which film to go and see. As mentioned, an inventory of each residents preferred food choices were available in the centre.

Residents meetings were held on the evening residents were admitted to the centre, and the inspector reviewed records of four meetings. Residents discussed their activity and meal choices with staff, and staff had also provided information on safeguarding, fire safety, complaints procedures, privacy and dignity, and staff changes.

Residents' intimate care needs had been assessed, and plans outlined how to provide care while ensuring their privacy and dignity was maintained. Personal information pertaining to residents was securely held in a locked press,

Overall the inspector found the choices provided to residents were facilitating residents have a varied and enjoyable stay in the centre.

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 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant