



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

## Issued by the Chief Inspector

Name of designated centre:	St. Teresa's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	14 September 2023
Centre ID:	OSV-0004064
Fieldwork ID:	MON-0040918

## About the designated centre

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

St Teresa's Services is registered children's respite service which can provide respite services for up to six children aged between six and eighteen years. The children have a diagnosis of intellectual disability and some of the children also have complex physical, medical and/or mental health issues. St Teresa's Service is located in Co. Galway. The centre comprises of a six bedroom bungalow. All of the bedrooms are spacious, two of the bedrooms have been designed for wheelchair users and provided with overhead ceiling hoists. There is a shared accessible bathroom with overhead ceiling hoist and a separate accessible shower room. The centre has two sitting rooms, a dining room, kitchen, multi-sensory room and children have access to secure well maintained gardens. Children attending St. Teresa's Service generally access education by attending local schools during the week. The centre is staffed by two to three staff during the day and a waking staff at night.

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

Number of residents on the date of inspection:

0

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 14 September 2023	09:00hrs to 16:00hrs	Mary Costelloe	Lead
Thursday 14 September 2023	11:30hrs to 16:00hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on non compliance's identified during previous inspections of this centre, to assess the provider's compliance with the regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The provider was again largely not compliant with the regulations reviewed. The provider continued to fail to adequately resource this centre, to appreciate the diverse needs and age ranges of those using the service and to put in place governance structures that supported local management to provide safer better care.

St. Theresa's Services is registered to provide a respite service for children (Children can avail of respite post 18 years old as long as in full-time education). At the time of inspection, there were ten children and two young adults (the service offered respite to children of all ages but also there were two young adults over the age of 18 with one of these 19 years old) receiving respite services on a planned and recurrent basis, with each child or young adult having their own bedroom for the duration of their stay. The length of stay is typically for one or two nights with each child or young adult availing of a varying number of days per month. Staff advised that there were normally a maximum of three children and young adults accommodated per night. Children and young adults were supported to attend school during the week days while availing of respite services. Some children and young adults availed of the respite service at weekends. The provider had not recognised that two young adults utilising the service were no longer children resulting in significant gaps in the safeguarding measures in place.

The inspectors met and spoke with a staff member, the person in charge and local manager. The inspectors did not meet with any children as the two children availing of respite the previous night had already left to attend their respective schools and there were no children availing of the service on the evening of the inspection. Staff informed inspectors that the service had reduced its opening days due to lack of available staff, they advised that the service was currently open for 13 nights per month.

The centre consists of a single storey six bedroom bungalow located in the countryside but close to a large urban centre. There was a variety of communal areas, including two sitting rooms, a dining room and sensory room. While many areas had been repainted, new curtains had been provided to some rooms and some childrens' artwork was displayed in the hallway and dining room, the sitting rooms had bare walls, were sparsely furnished with little decor or furnishings to provide a homely and stimulating environment for children. Improvements carried out were basic and there was no evidence that works completed or planned were based on design principles for children or young adults with a disability including autism. There was very little if any evidence that children, young adults or their

families had been meaningfully consulted about any proposed updates.

Improvements had been made to the facilities for storage in bedrooms so that personal effects could be securely stored between respite stays.

The provider committed to address persistent failures as outlined in the last inspection report pertaining to the outside space. This is a clear requirement under regulation when offering services to children. While children had access to a large secure outdoor area, this area was found to be poorly maintained, lacked suitable and accessible age-appropriate play and recreational facilities. The specialised surface underneath the swings was uneven with weeds growing through. The swings provided were not accessible and not usable due to the lack of any suitable safety harness. Other paved areas were also poorly maintained. The person in charge advised that while there was a contract in place for grass cutting, there was no staff employed to provide a regular and routine maintenance programme of external areas. The entrance area to the house was uninviting and unkept, the footpath to the front of the house was strewn with rusted and broken garden ornaments.

There were significant issues relating to the roof of the centre which had been brought to the attention of the provider since March 2023 which had not been resolved. The provider also needed to address non-compliance's identified in relation to fire safety management, risk management, and protection.

The staff and local management team strived to ensure that children and young adults availing of respite services received a good quality service. The centre was found to be visibly clean, there were written cleaning protocols in place, improvements were noted to personal planning documentation and medication management practices. Staff reported that children and young adults who availed of respite continued to be supported to engage in activities of their choice both in the centre and in the local community. All children and young adults attended school during the weekdays. Staff advised that some children preferred to relax and listen to music or watch their preferred DVD in their bedroom in the evening time, some liked spending time alone in the sensory room, others enjoyed going for walks, spins in the bus, visiting local playgrounds, going to the shop for treats or getting a take away meal. The centre had access to its own transport which could be used to support the children to partake in activities.

The findings of this inspection were again poor. This was the third inspection in 18 months in which there were significant non-compliance's with the regulations. The provider continued to fail to adequately resource this centre and had failed to comprehensively address the issues as outlined in the reports over this period.

The next two sections of the report outline 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 children's and young adults lives.

## Capacity and capability

This designated centre is run by Ability West. Due to previous concerns in relation to a range of centres pertaining to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed as part of this inspection and this report will outline the findings found on inspection.

The provider had failed to complete a comprehensive review of all aspects of the care and support on offer in this service in response to previous poor inspection findings. The findings from this inspection found that the provider had continued to fail to provide a premises that was suitable to the needs of the children and young adults utilising the service. The provider had failed to implement all actions set out in its compliance plan from the previous inspection within the agreed time lines.

In response to previous poor findings on inspection the staff and local management team had brought about improvements to infection prevention and control practices. They had continued to escalate identified issues of concern to the provider and update the risk register accordingly. There was clear evidence that local management aimed for and strived to improve the service but there was little evidence that the provider responded positively or appropriately.

On the morning of inspection, there was one staff member on duty to meet the needs of two children who were availing of respite services. A review of the rosters indicated that staffing levels varied. The person in charge advised that staffing levels were flexible and were dependant on the number and assessed needs of children availing of respite. They advised that there were currently three staff vacancies and a number of staff on leave. The service had reduced the number of nights available to service users due to lack of staffing resources. The staff roster required further clarity to accurately reflect the hours worked by all staff. For example, ND was used to describe night duty, however, it was not clear what hours staff worked. The hours worked by the person in charge in their operational management role were also not clear.

A review of staff training records indicated that staff had completed mandatory training with the exception of one staff member who had not completed refresher training in Child protection. Additional training in various aspects of infection control, medication and epilepsy management, use of hoists, percutaneous endoscopic

gastrostomy (PEG) feeding and oxygen therapy had also been provided to staff.

There were only two staff meetings since the last inspection on February 28th 2023. There were consistent resident meetings up until July 21st 2023 but no records existed of any meetings since this date.

The provider led audits of the service were limited in scope and nature. The provider had completed a six monthly visit to the centre post the inspection in February 2023. The audit concentrated on three sub-regulations that were not referenced in the most recent inspection report. One regulation reviewed was to confirm that the audit was taking place. The six monthly visit failed to recognise any of the risks that had been identified during this inspection. There was no mention of the significant safeguarding issues, no comments on the issues with restrictive practices and no plan to address the fundamental issues with the premises as outlined in the two most recent inspection reports.

#### Regulation 14: Persons in charge

The person in charge worked full-time and was also in charge of one other designated centre. They were supported in their role by the director of client services. The person in charge had the required qualifications and experience for the role, they also worked some shifts as a social care worker on the floor.

Judgment: Compliant

#### Regulation 15: Staffing

The staff roster required review to accurately reflect the hours worked by all staff. For example, ND was used to describe night duty, however, it was not clear what hours staff worked. The hours worked by the person in charge in their operational management role were not clear.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff training records reviewed indicated that staff had completed mandatory training with the exception of one staff member who had not completed refresher training in Child protection. All staff had completed fire safety training, however,



training was generic, provided off site, was not centre specific and required review. Staff spoken with were unclear as to the workings of the fire alarm, the layout and location of zones and compartments in the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider continued to fail to provide and resource a centre that was suitable to the needs of the children and young adults utilising the service. There was still no outdoor appropriate recreational area with age-appropriate play and recreational facilities and no evidence that funding had been approved for such facilities. There continued to be a lack of appropriate toys and equipment for children and young adults to play with and there was no plan in place for provision of same. The grounds of the centre remained poorly maintained and there was clear protocols for the routine maintenance of same.

The provider had failed to implement all actions set out in its compliance plan from the previous inspection within the agreed time lines.

The provider had failed to address serious issues of concern relating to the roof of the premises despite being made aware of same in March 2023, and the issue being consistently escalated and identified as the number one risk in the centre by the local management team.

The provider had failed to recognise that children and young adults were now being provided with a respite service at the same time in this centre and had not put appropriate safeguarding protocols in place to reflect this risk.

The provider did not plan or manage respite in consideration of the fact that they were accommodating young children and young adults at the same time with a view to considering differing needs at different stage of development.

The provider had not identified the need to urgently review fire safety management within the centre. The brush smoke seals on doors throughout the centre had been painted over which compromised their effectiveness at preventing smoke from spreading throughout the centre which posed a risk to both children and staff.

Systems in place for the management and on-going review of risk in the centre required review. Specific risks identified on the day of inspection had not been recognised by the provider and were not included on the risk register.

The providers own systems for reviewing the quality and safety of care in the centre required review. A provider led audit carried out since the last inspection had failed to recognise any of the risks or issues identified during this inspection.

Judgment: Not compliant

## Quality and safety

The person in charge and staff on duty spoken with on the day of inspection along with documentation reviewed provided assurances that children and young adults received an individualised service and that their health and welfare was promoted during their respite stays. However, as discussed under the capacity and capability section of this report, failure by the provider to ensure premises and facilities that were suitable to the needs of the children and young adults impacted upon the quality of life for some utilising the service.

Staff on duty knew the children and young adults well, were familiar with and knowledgeable regarding their up-to-date assessed health and social care needs. The inspectors reviewed a sample of files and noted that children's and young adults' health, personal and social care needs had been recently assessed using the 'All about me' assessment. Care plans were found to be in place for all identified issues and included clear protocols and guidance on specific healthcare conditions. Children and young adults had access to a range of allied health services including speech and language therapy (SALT), physiotherapy and occupational therapy (OT). The recommendations of allied health professionals were clearly outlined and reflected in support plans.

Children and young adults had access to general practitioner (GP) services while availing of respite services. Staff advised the inspectors that families managed and supported children to attend all medical and healthcare appointments. Children and young adults had an up-to-date hospital passports which included important and useful information specific to each of them in the event that they require hospital admission in an emergency. Children and young adults who required supports with communication had plans in place tailored to their individual communication support needs.

Children and young adults' personal outcomes for the year were documented. There were progress charts maintained showing progress on goals while availing of respite services. There was a daily activity record also maintained showing house based activities as well as trips and outings completed by each child and young adult during their stays.

The provider failed to recognise that there were significant concerns and risks associated with the management of safeguarding within the centre. The fact that the providers policies and procedures didn't account for circumstances where young adults and children were on respite at the same time meant that there was a gap in the protection afforded to all residents.

Further oversight was required to ensure that all restrictive practices in use were managed in line with national policy and regularly reviewed. There was

multidisciplinary input into the decisions taken to use the restrictions, risk assessments had been completed and clear rationales were outlined, however, there were no written protocols outlined for one physical restriction in use. Families were consulted with and had consented to the restrictions in place. Restrictions in use were referred to the restrictive practice committee for review, however, many restrictive practices in use had long past their approval dates and not been recently reviewed. One significant restriction in use had not been reviewed since 2020. This lack of review posed a risk to the child and was not reflected on the risk register. The failure to review directly impacted on the rights of the child to go on respite in the least restrictive environment.

The provider needed to urgently review the effectiveness of the fire safety management system in the centre. The recent upgrades to internal painting had contributed to a number of concerning issues relating to fire management and control.

## Regulation 17: Premises

The provider continued to fail to provide a premises that was suitable to the needs of the children and young adults utilising the service. There was no improvement noted since the last inspection. There was still no outdoor appropriate recreational area with age-appropriate play and recreational facilities. There continued to be a lack of appropriate toys and equipment for children and young adults to play with. The grounds of the centre remained poorly maintained, uninviting and unkept, the footpath to the front of the house was strewn with rusted and broken garden ornaments.

The provider did not plan, design or ensure that the premises were resourced to deliver a meaningful and quality service to the broad age range of children and young adults using the service. There was no clear evidence that the provider had completed a comprehensive review of the service that it was offering in light of continued and repeated non compliance's with the regulations.

The roof of the house was defective and required repair. This had been highlighted as a major issue in March 2023. During recent bad weather, rain water had leaked into the emergency light fittings in one of the living rooms. Staff advised that they called an electrician who made holes in the ceiling in order to divert the rain water from the electrical fittings. The local management team had consistently raised this issue, had logged it on the Flex computerised maintenance system. This issue had not been resolved at the time of inspection.

The walls to the sensory room had still not been painted and defective wall surfaces to the bathroom areas had not yet been resurfaced in line with the providers compliance plan submitted following the previous inspection.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Systems in place for the management and on-going review of risk in the centre required review. Risks identified by the local management team such as the concerns relating to the defective roof had not been addressed in a timely manner by the provider.

Specific risks identified on the day of inspection had not been recognised by the provider and were not included on the risk register. For example,

- The significant risks associated with lack of review of all restrictive practices in the centre was not reflected in the risk register .
- The provider had not identified that there were two young adults over the age of 18 now using the service, therefore, the associated risks and control measures had not been identified.
- The brush smoke seals on doors throughout the centre had been painted over which compromised their effectiveness at preventing smoke from spreading throughout the centre in the event of fire. This risk had not been identified and included in the risk register.

Judgment: Not compliant

### Regulation 28: Fire precautions

The providers fire safety management systems in the centre required urgent review. Staff spoken with were unclear as to the workings of the fire alarm, the layout and location of zones and compartments in the centre. The layout plan of the centre located on the wall beside the fire alarm panel did not outline the location of fire zones or compartments. The brush smoke seals on doors throughout the centre had been painted over which compromised their effectiveness at preventing smoke from spreading throughout the centre in the event of a fire. There were no recent fire drills showing the evacuation of more than three children or young adults, drills did not include scenarios outlining the location of the fire and did not reference horizontal evacuation during drills. The fire training offered was not centre specific.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place. All staff had received training in medicines management. There were no controlled medicines prescribed for children or young adults at the time of inspection. There was a secure store provided for storage of medicines. There were no medicines being stored at the time of inspection as there were no children or young adults availing of the respite service at the time. There were systems in place for logging all medicines when children and young adults arrived to and departed from the respite service. There was a valid prescription on file for all service users. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. The person in charge advised that there had been no recent medicines errors. There were regular monthly audits of medicines management completed, a sample reviewed by the inspectors indicated satisfactory compliance.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge continued to review and update the 'All about me' needs assessment. Support plans were in place for all identified issues including specific health care needs and were found to be individualised and informative.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Further oversight was required to ensure that all restrictive practices in use were managed in line with national policy and regularly reviewed. There was no written protocol outlined for one physical restriction in use. Many restrictive practices in use had long past their approval dates and had not been recently reviewed. One significant restriction in use had not been reviewed since 2020. The lack of review and appropriate approval by the provider directly impacted the rights of this child.

Judgment: Not compliant

### Regulation 8: Protection

The provider had not recognised that two young adults utilising the service were no longer children and that a number of other children were due to reach 18 years in the coming months. The providers policies, procedures and guidance did not take

account of this circumstance, this was a significant gap in the safeguarding measures operated by the provider. There was one staff member who had not completed refresher training in 'Children First'. The procedure for child welfare and protection was dated 2019 and had not been reviewed in line with the providers own time line of three years.

Judgment: Not 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	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for St. Teresa's Services OSV-0004064

Inspection ID: MON-0040918

Date of inspection: 14/09/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The following actions were undertaken following inspection:</p> <ul style="list-style-type: none"> <li>• The staff roster was reviewed and updated so that it now accurately reflect the hours worked by all staff, including night duty shift. Completed on 3/10/2023</li> <li>• A rolling roster system is now in place (completed 3/10/2023) and will be reviewed monthly by the Person in Charge and the Team Leader.</li> <li>• The Person in Charge and their administration hours are now reflected in the rolling roster (action also completed).</li> </ul> <p>These actions will be standardised and applied across all services, through the supervision of Area Services Managers with persons in charge.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Child Protection training &amp; team training needs</p> <ul style="list-style-type: none"> <li>• Actions were taken following inspection to ensure all staff have completed all mandatory training, including Child Protection training. Completed 06/10/2023</li> <li>• Review of training needs has been added to the agenda for monthly staff team meetings, which are chaired by the Person in charge. The person in charge will report on agreed KPIs for team training in monthly reports to the Area Services Manager.</li> </ul> <p>Fire Safety:</p> <p>An external fire safety company have supported with the following actions:</p> <ul style="list-style-type: none"> <li>• Fire panel has been serviced, and training provided to all staff on how to utilise the fire panel</li> <li>• Fire safety training specific to St. Teresa’s has been delivered to the staff team.</li> <li>• A simulated fire drill took place with a maximum number of children in the service (i.e. #6 children) on 13/10/2023.</li> <li>• As a follow up to the Fire panel training, a protocol was developed to ensure all staff know the location of the fire panel and best practice to follow in the event of a fire.</li> </ul>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider acknowledges the findings of this inspection, and in response has undertaken the following actions:</p> <p><b>Escalation Pathways</b></p> <ul style="list-style-type: none"> <li>• The Provider updated the roles and responsibilities of frontline, middle and senior management roles in June 2023, alongside the implementation of defined meeting structures and escalation pathways in line with the organisational risk management policy and procedure.</li> <li>• A formal review of these structures and systems is being undertaken by a Senior Manager, specific to the findings of this inspection. This will be completed on 20th October 2023.</li> <li>• The findings of this review will inform relevant updates to the escalation pathways and processes, and roles and responsibilities where appropriate. This will be completed by 31st October 2023.</li> </ul> <p><b>Compliance Plan implementation and review</b></p> <ul style="list-style-type: none"> <li>• A standardised approach to the monitoring and reporting of compliance plan implementation is currently being devised by members of the Quality and Senior Management Team. This will be completed on 7th November 2023.</li> </ul> <p><b>Comprehensive review of the service</b></p> <ul style="list-style-type: none"> <li>• The person in charge, supported by team leader, will implement a standardised internal audit tool in St Teresas. This will detail the schedule and frequency of audits to be completed on a daily, weekly and monthly basis. The audits will be reviewed by the person in charge and Area Service Manager on a weekly basis.</li> <li>• In addition, this shall be audited by the Area Service Manager monthly. Audit data shall be presented to the Director of Operational Supports &amp; Services at monthly meetings to assure effective auditing and reporting processes over all areas of care and service provision in St Teresas.</li> <li>• The Person in Charge and Area Service Manager will be retrained in auditing processes on 31st October 2023.</li> <li>• The current provider led audit structure processes are currently under independent external review and will be updated and implemented by 8th November 2023.</li> </ul> <p><b>Service Planning</b></p> <ul style="list-style-type: none"> <li>• The Provider has commenced an independent Service Improvement Framework with our primary funder to ensure that there are appropriate and effective processes to facilitate planning at local, management and strategic levels through workstreams e.g. capital planning, models of service, etc. and to seek appropriate resources to facilitate same.</li> <li>• In addition, the Provider is in the advanced stages of an independent review of organisational quality and governance structures, which is concluding presently (October 2023). Proposals for revised structures, based on this this review, are currently under consideration by the Provider for agreement and implementation.</li> <li>• The agreed strategy, structures and systems will also feed into the Service</li> </ul>	

Improvement Framework as per previous point for implementation and evaluation oversight.

#### Auditing

- Provider and local audits are included in the organisational review of governance and quality aforementioned. Training is being provided to a group of managers across frontline, middle management and senior management teams ahead of the roll-out of unannounced audits across services in November and December 2023.
- The findings of audits will be reported through standardised KPI reports to the Senior Management Team and Board (Provider) in monthly meetings.

#### Capital works

- An action plan detailing the outstanding issues detailed under Regulation 17 was devised by the Person in Charge and Area Services Manager.
- This was completed on 06/10/2023 and will continue to be reviewed weekly by the Area Services Manager.
- Any concerns or new issues identified will be escalated to the Provider through the organisational escalation pathway by the Person in charge and Area Services Manager.
- Repair works to the roof are scheduled for commencement on 06/11/2023 and will be completed by the 16/12/2023.

#### Risk

- The risk of young adults attending the respite centre alongside children was assessed and the risk register has been updated to reflect this. These include risks as noted under Regulation 26.
- The Child Safeguarding Statement will be reviewed and updated to reflect this (10/11/2023).
- The person in charge will review the centre risk register on a monthly basis, or more frequently where evidence of increased risk or other changes arises.
- The person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.
- The Area Services Manager will review the risk register on a weekly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate a risk to the Area Services Manager.
- The Area Services Manager shall present the risk register at monthly meetings to the Director of Operational Supports and Services. If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.

#### Fire Safety:

An external fire safety company have supported with the following actions:

- Fire panel has been serviced, and training provided to all staff on how to utilise the fire panel.
- Fire safety training specific to St. Teresa's has been delivered to the staff team.  
Completed 06/10/2023

- While the capacity for this centre is to facilitate up to 6 children, the current respite schedule does not exceed 3 children based on needs and compatibility. For this reason fire drills have been completed with 3 children present. Following inspection, a simulated fire drill took place for the maximum number of children in the service (i.e. #6 children) on 13/10/2023.
- As a follow up to the Fire panel training, a protocol was developed to ensure all staff know the location of the fire panel and best practice to follow in the event of a fire.
- The current fire evacuation procedures are now prominently displayed in the centre. Completed 06/10/2023.
- All brush smoke seals on the doors throughout the service have been replaced. 06/10/2023.

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:  
Service Planning

The Provider has commenced an independent Service Improvement Framework with our primary funder to ensure that there are appropriate and effective processes to facilitate planning at local, management and strategic levels through workstreams e.g. capital planning, models of service, etc. and to seek appropriate resources to facilitate same. Through the capital planning workstream the Provider will set out to establish the organisational practices and structures to facilitate planning of the environment for St. Teresa's (and for all services) to be based on design principles for all persons who attend that centre. The Terms of Reference for the capital planning workstream will be agreed on 24th October 2023, with a target to establish and implement organisational practices and structures based on design principles for those who avail of services by Q4 2024.

Following inspection in the centre the Provider completed a comprehensive review of the centre and developed an action plan to address the issues that were identified in terms of upgrading facilities and amenities. Works identified are as follows:

- New flooring in both sitting rooms, completed 03/10/2023.
- Television cabinets removed from both walls in each sitting room. TV projectors have been ordered and will be installed by 27/10/2023.
- One bathroom fully refurbished, completed 05/10/23.
- The walls in the sensory room painted, completed 16/10/2023.
- Furniture in both sitting rooms replaced, completed 13/10/2023.
- Toys have recently been purchased for the respite centre (13/10/2023); further consultation with the families, children and CDNT teams and staff will take place to ensure adequate and suitable toys are available for the children who attend the service between now and the end of the year.
- Murals on walls and child friendly pictures and posters across the house, to be completed by 30/10/2023.
- Repair works to the roof are scheduled for commencement on 06/11/2023 and will be completed by the 16/12/2023.
- Sensor light to be installed in the back yard, to be completed by 27/10/2023.
- Work has been carried out to improve the grounds of the premises. All rusted items have been removed; leaves and debris have been cleared away.
- A gardener will visit the premises on a monthly basis to ensure the continued upkeep of the grounds.
- A tree surgeon has been contacted and will remove overgrown trees around the

perimeter of the property to ensure safety; to be completed 31/10/2023.

The Provider commits to ensuring a garden with playground/play equipment is in place, with these features suitable to the needs of children and young adults who attend the centre. The following plan applies:

- Resources have been sought from our primary funders and public representatives. If these requests are unsuccessful the Provider will fund this equipment through use of fundraised monies.
- A quote from one provider has been received. Quotes from two additional providers will be sought following consultation with children and young persons, their families, schools and multi-disciplinary therapy professionals will be sought to plan for equipment appropriate and suited to the needs of those who attend St. Teresa's (person in charge, 10/11/2023).
- As part of this consultation, the Physiotherapy Manager has completed a review of the respite environment (20/10/2023) and has made recommendations with regards to age-appropriate equipment for play area
- Relevant managers will meet with the successful contractor on the grounds of St. Teresa's to ensure appropriate placement and location of the playground equipment, appropriate plan and a timeline for completion will be confirmed by 30th November 2023.

Regulation 26: Risk management procedures	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The risk register has been reviewed to identify current risks in the centre. These include maintenance issues and the impact this has on the service, the lack of review of restrictive practices, child protection/safeguarding in relation to children and young adults sharing respite. Completed 06/10/2023.
- The risk in relation to fire safety and the brush smoke seals on doors throughout the centre has been rectified. Completed 06/10/2023.
- The risk identified in this inspection of young adults attending the respite centre alongside children was assessed and logged on the centre risk register immediately following inspection.
- A planned schedule of children and young persons attending respite in this centre has been updated to ensure that young adults avail of respite separate to young children. This has been included in the documented safeguarding measures, completed 06/10/2023.
- The Person in Charge will review the centre risk register on a weekly basis, or more frequently where evidence of increased risk or other changes arises.
- The Area Services Manager will review the risk register on a weekly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate risk to the Area Services Manager.
- The Area Services Manager shall present the risk register at monthly meetings to the Director of Operational Supports and Services. If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.

- The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The fire safety management systems in place has been reviewed.
- Fire safety company has attended the centre and serviced the fire panel and training has been provided to all staff on how to utilise the fire panel.
- Fire safety training specific to St. Teresa's has been delivered to the staff team.

Completed 06/10/2023

- The Fire safety company have demonstrated the process of completing a fire drill and training specific to the designated centre.
- A protocol has been developed to ensure that all staff are aware of the location of the fire panel and procedures in the event of a fire.

Completed 06/10/2023.

- The current fire evacuation procedures are now prominently displayed in the centre.
- A simulated fire drill took place with a maximum number of children in the service (i.e. #6 children) on 13/10/2023.

Completed 06/10/2023.

- In addition, fire drills will include various scenarios such as horizontal evacuations. To be completed 31/10/2023.

Completed 06/10/2023

Regulation 7: Positive behavioural support	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- An environmental review of the designated centre is scheduled to take place to identify any restrictive practices not currently recognised. This is being carried out by the Person in Charge, Team Leader and a member of the Quality Team of the designated centre. To be completed by 16/10/2023.

- Restrictive practices are being reviewed and will be submitted to the Restrictive Practices Group for consideration, including review of protocols and support plans; to be completed by 17/10/2023. The review includes development of protocols. If further restrictive practices are identified through the environmental review, they will be submitted to the Restrictive Practices Group by 23/10/2023.

- The person in charge will complete a centre self-assessment on restrictive practices, utilising the 'HIQA Self-assessment questionnaire, Restrictive practice thematic programme' and report the findings to the Area Services Manager (end of November 2023).

Regulation 8: Protection	Not Compliant
--------------------------	---------------

Outline how you are going to come into compliance with Regulation 8: Protection:

- The child protection/safeguarding risk assessment relating to children and young adults in the centre has been completed and reflected on the risk register. Control measures have been identified and implemented.

- The Child Safeguarding Statement will be reviewed and updated to reflect this (10/11/2023).

- All staff are now up to date with refresher training in 'Children First', and this is reflected on staff training records. Completed 06/10/2023.
- Child Welfare and Protection procedure in this centre has been replaced with the current version dated 24/02/2022. Completed 06/10/2023.
- The Provider will establish a review of children-specific policies and procedures, relative to the Child Safeguarding Statement, in the Provider's Policy Advisory Group (09/11/2023)

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	13/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	13/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the	Not Compliant	Orange	16/12/2023



	number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	16/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/10/2023
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Not Compliant	Orange	10/11/2023
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.	Not Compliant	Orange	31/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that	Not Compliant	Orange	31/10/2023

	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.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	06/10/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/10/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques	Not Compliant	Orange	31/10/2023

	and arrangements for the evacuation of residents.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	13/10/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	23/10/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	06/10/2023