



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

Issued by the Chief Inspector

Name of designated centre:	St. Gabriel's Children's Respite House
Name of provider:	St Gabriel's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0007778
Fieldwork ID:	MON-0045954

About the designated centre

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

St. Gabriel's Children's Respite House consists of a large purpose built single storey building located on the outskirts of a city. The centre provides a respite service for up to six residents of both genders between the ages of 4 and 18. The centre specifically supports children with significant physical disabilities, associated complex medical needs and those with life limiting conditions. Support to residents is provided by the person in charge, nursing staff and health care assistants while cleaning and administration support is also provided. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a kitchen-dining room, a living room, a den, a play room and staff rooms.

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
Thursday 6 February 2025	10:00hrs to 17:40hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in St. Gabriel's Children's Respite House. This designated centre was registered to provide respite services to children between four to 18 years of age.

On arrival to the designated centre, the children attending the centre had left for school. One child had also been discharged early from their respite stay due to medical reasons. Staff spoken with advised the inspector that they had contacted the child's representatives at this time to advise them of the child's presentation and they were happy with the decision to support the child to receive medical support.

Five children attended the respite service on the evening of the inspection and the inspector had an opportunity to meet with them on their return from school. The children were unable to verbally express their views on what it was like to attend St. Gabriel's Children's Respite House. The inspector spent some time observing the children and their interactions with their environment, staff members and each other. On return from school, three children were supported to get out of their wheelchairs and engage in play and relaxation on mats and beanbags located on the floor of the centre's living area. Staff members supported the children by offering preferred toys that they could play with and a movie was also being played on the television at this time. At the end of the inspection, the inspector observed that one child had fallen asleep and staff members supported them to have a rest at this time.

One child used physical gestures to communicate their choices to staff members. Staff members were observed offering the choice between two preferred snacks as they asked the resident what activity they would like to participate in that evening. This child chose to go for a drive on the bus and this request was supported by staff members. Three of the children were supported to go for a drive, with staff members telling the inspector that they planned to go for walk while out with the children.

One child was observed resting in an adjacent sitting room. Staff members told the inspector that this child liked to relax for some time on their return from school. The inspector said hello to this child and this child acknowledged the inspector's presence and the presence of staff members by vocalising. Toys were readily accessible in a cupboard in the sitting room and this child was observed picking out and playing with toys of their choosing. As they waited to go out on the designated centre's bus, this child was observed vocalising. Staff supporting the resident were observed to provide reassurance that they would soon be going out on the bus for a drive. These vocalisations did not appear to impact on any of the other children in the centre.

At all times the supports provided by staff members were kind and caring in nature. Staff members were observed joking with one child about the lights and horn on

their wheelchair. At this time this child appeared to be enjoying this interaction as they were observed laughing and smiling as they interacted with the staff members.

The inspector had the opportunity to meet with one child's parent as they dropped off items belonging to their child at the designated centre. They told the inspector that they were very happy with the supports provided to their child in St. Gabriel's Children's Respite House. They spoke about the family forum that had recently been established by the registered provider and how they intended to engage in this forum in the future. They also spoke about a fundraising initiative that their family had participated in which had raised funds for the multi-sensory room in the centre.

Overall, it was evident that a calm and relaxed environment was provided to children in the designated centre. At all times, interactions between staff members and the children attending the respite centre were respectful in nature and there was evidence that staff members offered the children choices about the activities they participated in and what they would like to eat.

The next two sections of the report present the findings of this inspection about 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.

Capacity and capability

This inspection was carried out to ensure the ongoing regulatory compliance of the designated centre. This centre was previously inspected in January 2023 and although that inspection demonstrated a good level of compliance overall, the registered provider had identified a number of actions to address regulatory actions identified in their compliance plan response. This included the recruitment of staff nurses, completing an inventory of residents' personal possessions to state that residents' items had been returned and a review of residents' intimate care plans. On the current inspection, It was evidenced that these areas had been addressed, however there was one outstanding action relating to fire evacuations drills. Overall, it was evident that there remained an overall good level of compliance since the January 2023 inspection.

At the time of the current inspection 44 children attended St. Gabriel's Children's Respite House. One child was due to attend the respite service for their first overnight visit the week after the inspection had taken place. A local guidance protocol for the admission of children to respite had been put in place in the designated centre. This document outlined that each child attended the centre for three visits prior to the child being admitted to the centre for an overnight stay. This set clear expectations for each visit and the actions to be completed. For example, it was noted that the first visit was used to complete an assessment of the child's health, personal and social care needs and to show the child and their representatives the designated centre. On the third visit, the child spent a number of hours in the centre with staff members to support them to become familiar with

their new environment and staff members. It was also noted by staff members that if a child needed more than three visits before they were ready to attend the centre overnight this was facilitated. These visits were referred to as 'day respite' and this was outlined in the designated centre's statement of purpose.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

Children attending St. Gabriel's Children's Respite House were supported by a staff team of nurses and health care assistants. In addition, two clinical nurse managers and the person in charge ensured effective oversight and management of the designated centre. The designated centre's statement of purpose set out the whole-time equivalent of staffing required to provide supports to the children attending the respite centre. It was evidenced that these staffing requirements were in place at the time of the inspection. It was also noted that there were plans to further enhance the staffing numbers in the centre by recruiting an additional staff nurse and health care assistant.

The staffing levels on duty on each day could vary based on the assessed needs of the children attending the centre for respite each day. For the most part, four staff members were rostered on duty each day, with three staff on duty in the centre each night. The inspector reviewed the roster in place from the 29 December 2024 until the 01 February 2025 and found that this clearly showed the staff on duty and their hours of work. It was also noted that there was clear guidance whereby staffing arrangements could be increased if one of 10 children with high support requirements was attending the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A total of 48 children were documented on the designated centre's directory of residents. Four of these children had been discharged from the designated centre. The inspector reviewed the information documented in the directory of residents for 18 of the children who currently attended St. Gabriel's Children's Respite House. It was noted that this included all of the information required under Schedule 3 of the regulations. This included details of the child's next of kin, the date on which they began attending the centre for respite and the authority or organisation who arranged their admission to the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

A number of systems were in place to ensure effective oversight of the centre and to ensure a continuous cycle of quality improvement. These included;

- A clear governance structure had been put in place. All staff reported directly to the person in charge who reported directly to the organisation's Chief Executive Officer.
- An on-call management system was in place to ensure staff members could access support in the event of an emergency outside of normal working hours.
- Quarterly quality meetings were held where issues or concerns could be escalated to the board of management.
- A family forum had been established to provide an opportunity for residents' representatives to provide feedback and seek clarity from management in the designated centre.
- There was evidence of audit and review including six-monthly unannounced visits to the centre. These were most recently completed in February and August 2024.

An annual review of the service provided in St. Gabriel's Respite House had been completed by the registered provider in November 2024. This review was comprehensive and included an action plan to make improvements in service provision. However, it was noted that the annual review did not include details of consultation with residents and their representatives as outlined in the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

An admission and discharge policy had been developed by the registered provider. This policy had been reviewed in June 2024 and it clearly stated the eligibility criteria for admission to the designated centre. It was noted that this corresponded with the admission criteria outlined in the designated centre's statement of purpose.

The inspector reviewed the contracts in place which set out the terms for which three children attended the centre for respite. It was evident that these agreements included the terms for which the children attended the centre. It was noted that the children did not pay a fee to attend the centre.

Judgment: Compliant

Quality and safety

This inspection found that children attending St. Gabriel's Respite house were provided with a safe level of service in line with their assessed needs. In line with the designated centre's statement of purpose, this designated centre supported children with a high level of medical needs. A number of children required support in relation to feeding, eating and drinking, with some children using enteral feeding devices. Adaptive equipment was also required to ensure the safety of a number of children including sleep-systems, specialist bedding and showering equipment. It was evident that these items were readily available in the centre to support the assessed needs of these children.

Before each visit to the designated centre, a pre-respite form was completed with the child's representatives. This document included any updates on general information relating to the child, such as recent illnesses and medicines changes. These were documented in the residents' personal files and ensured that staff members had up-to-date information on each child's assessed needs and the supports they required before they attended the centre. The person in charge noted that it could be difficult to ensure residents' support plans are updated regularly. There were plans in place to review all residents' support plans at a meeting with each residents' representatives.

Regulation 12: Personal possessions

Each child's personal possessions were signed in on a register of belongings on their admission to the centre. On discharge, this document was also completed to ensure all items were returned to them following the completion of their respite stay. Laundry facilities were also provided in the centre.

A policy had been developed relating to residents' finances. This policy dated July 2024 outlined the procedure for staff in the management of residents' finances. This policy stated that a log of all expenditures is maintained and that this was to be documented on the resident's money log form. It was acknowledged by management in the centre that residents' financial expenditure was not documented on their form in line with the registered provider's policy. This required review.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of the designated centre was a large, purpose-built building. The centre comprised of six bedrooms with many of these bedrooms being fitted with ceiling hoists to meet the needs of the children attending the centre. Specialist beds and furniture were provided to the children in line with their assessed needs following multi-disciplinary input. When such items were not in use, these were stored in a separate area within the centre.

There was evidence of bathrooms, showers and toileting facilities to support children to meet their personal hygiene needs. Specialist showering equipment including shower chairs and beds were also provided. This ensure that the facilities provided could support the assessed needs of the children attending the centre for respite.

There were a number of communal areas where children could relax and play in the centre. A multi-sensory room was provided which included a soft play area, lights and sensory equipment to promote play in a safe environment. In addition to a number of indoor living areas, an outdoor playground was also provided. This playground provided a wheelchair accessible swing to ensure it was accessible to residents. Staff spoken with were looking forward to supporting residents to use this area as the weather improved.

During the initial walk around in the centre, the inspector observed items including paperwork, artwork and a table stored in a bathroom. This was highlighted to staff on duty and the items were removed before the end of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk matrix had been developed by the person in charge. There was no evidence of any high level risks and the person in charge noted that they had no current risks that they had escalated to senior management. It was noted that the profile of children attending the centre for respite were those with a high level of medical support needs. In line with these support needs a risk assessment outlined that staff members had access to emergency medical equipment including oxygen and suctioning equipment if required in a medical emergency. This equipment was observed to be available in a number of locations in the designated centre in the event it was needed.

Individual risk assessments had been developed to ensure the safety of the children attending the centre for respite. The inspector reviewed a sample of risk assessments in line with the support needs of the children including the risk of injury, choking and epilepsy. There was evidence of effective controls in place to ensure the management of these risks. It was noted that the likelihood of two risk assessments did not accurately reflect the level of risk in the centre. When this was highlighted to the person in charge these risk assessments were reviewed and updated to reflect the likelihood of these incidents occurring.

Judgment: Compliant

Regulation 28: Fire precautions

A number of fire safety management systems had been put in place to prevent the spread of fire or smoke in the event of an emergency in the designated centre. A fire alarm panel and alarm system had been put in place. In addition, emergency lighting and fire-resistant doors were present throughout the centre as was observed by the inspector.

The inspector reviewed the records of fire evacuation drills completed in the designated centre since the inspection completed in January 2023. It was noted that a fire drill had not taken place to reflect minimal staffing levels in line with night-time staffing arrangements when the centre was at a capacity of more than four children. This required review to ensure that all children attending the respite service could be safely evacuated in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

During this inspection the inspector reviewed four children's personal plans. These plans included guidance for staff members to support children with their health and social care needs including mobility, sleep and bed-time routines and communication. Three of these plans evidenced regular review. The personal plans for one child who had been admitted to the designated centre in July 2024 were not dated, therefore it was not evidenced if they had been developed within 28 days of admission to the designated centre.

Judgment: Substantially compliant

Regulation 8: Protection

All staff working in the centre were supported to receive Children First training. In addition, safeguarding policies and guidance on the protection of children was available to staff in the designated centre. The registered provider had developed a child protection and welfare policy. This policy was reviewed in July 2023 and included information on mandated persons, the signs of abuse and neglect and the role of the designated liaison person.

There were no active or open safeguarding concerns in the centre. It was also observed where a child required constant supervision in line with their support needs that this level of supervision was provided.

Judgment: Compliant

Regulation 9: Residents' rights

Children attending St. Gabriel's Children's Respite House were observed to be treated with respect and kindness by staff working in the designated centre. This ensured that each child's dignity was upheld. It was also evident that staff members offered choice to the children with respect to their daily support and the activities they would like to participate in, in line with the assessed needs of each child.

Restrictive practice approval reports were provided for children who required the use of a restrictive practice. These plans were developed with multi-disciplinary support. In addition, a restrictive practices log documented the use of these restrictive practices for each child. In line with the assessed needs of each child, many of these restrictive practices were put in place to ensure each child's safety due to their medical diagnosis. It was identified that a number of children required the use of a visual and/or audio monitoring at night and it was documented when these were used. Some of these children also had visual checks at night. Although there was clear evidence as to why this level of supervision was required for one child, there was no specific guidance on the use of this restrictive practice. For example, it was not evident if the use of audio monitoring was required, or if the hourly visual checks were required in addition to the visual and audio monitoring of the child. It was not documented if this child was aware or had been informed that they were monitored in this way at night.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Gabriel's Children's Respite House OSV-0007778

Inspection ID: MON-0045954

Date of inspection: 06/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The next Annual Review will represent information and feedback gleaned from families throughout the year from: direct family contact, service evaluations, communications during social events and consultation with the residents and their representatives during the Annual Review process as outlined in the regulations.</p> <p>The next Annual Review is due before 20th November 2025.</p> <p>In the interim, the Provider has had evidenced consultation with residents and their representatives through the 6 month audit completed 11th March 2025.</p> <p>This information has been incorporated into the Annual Review template for all future Annual reviews.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Respite documentation has been adjusted to incorporate a log of Resident's monies to include amounts on admission, details of expenditure, amount on discharge.</p> <p>This log will be maintained for every child attending respite going forwards.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: 14th March 2025 – a fire drill was completed reflecting full capacity and minimum staffing: 6 children and 3 staff as per nighttime arrangements.</p> <p>All children and staff were evacuated safely in a timely manner.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal Plans will be completed and signed by staff within 28 days of admission. All plans currently in place are signed and dated.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Where children require visual and / or audio monitoring at night, this requirement will be documented in their care plan with clear rationale to account for the level of supervision required and details included to specify the reason for which audio and/or visual monitoring is required.</p> <p>The child's awareness of the visual / audio monitoring and a record of their being informed will be included in the care planning process, documented and incorporated into day to day good communication practice.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	14/03/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(3)(d)	The registered provider shall make adequate	Substantially Compliant	Yellow	14/03/2025

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	14/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/04/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal	Substantially Compliant	Yellow	30/04/2025

	communications, relationships, intimate and personal care, professional consultations and personal information.			
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