



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 School and Centre Limited
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	31 August 2021
Centre ID:	OSV-0007778
Fieldwork ID:	MON-0029636

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, nurse 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 and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 - 2015 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
Tuesday 31 August 2021	11:15hrs to 18:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Children availing of this designated centre had been provided with a suitable premises to receive respite in. One family member spoken with talked very positively about the centre.

This designated centre operated as a children's respite centre and had only received its first respite resident in June 2021. At the time of this inspection, the centre was offering services three days a week but was in the process of building up its capacity to offer respite services five days a week in the weeks and months ahead. When the inspector arrived at the centre, the centre was not providing respite on that particular day so no residents were present which limited opportunities for observations and discussions with staff and residents.

The designated centre itself was operated from a large purpose built premises and had a maximum capacity for six residents. The outside area of the premises had a car park and surrounding grass areas including an enclosed garden area to the rear of the premises. It was observed on arrival that some of the grass required cutting although this took place before the close of inspection. The rear garden area had garden furniture, some colourful flowers and a gateway to a pathway that led directly to a nearby park and playground which was located a short distance from the centre.

The outside of the designated centre had plenty of Limerick flags on display which was also the case inside on the centre. On entering the centre through via the main door facilities were available for visitors to sanitise their hands, take their temperature and record their visit. Beyond the front door was a reception area which had a large illuminated fish tank with plenty of live fish present. Various information relating to the running of the centre was also on display in this area such as the designated centre's statement of purpose and a colourful display showing pictures of the staff working in the centre.

While the centre was not providing respite services during this inspection, it was seen that a cleaning staff member was present on the inspector's arrival and it was observed that the premises overall was presented in a very clean manner on the day of inspection. It was also seen that the premises internally was well-maintained and well-furnished. Some walls were noted to be brightly coloured while large windows located throughout the premises allowed for plenty of natural light and contributed to a bright, open and spacious sense within the designated centre.

Appropriate facilities were also available within the premises. For example, kitchen worktops were height adjustable, suitable storage was present for food and drinks, hoists were available throughout to assist in manual handling, there was plenty of bathrooms available and staff rooms were provided for. A den was also available for residents to use which included, amongst others, mats, games, puzzles, a large

television and a games console.

As no residents were availing of respite on the day of inspection, the inspector asked the person in charge to let some residents' family members know that he was present in case they wanted to speak to the inspector. The person in charge did this and one family member visited the centre during the day to speak with the inspector. The family member had their child with them and informed the inspector that they had availed of respite in the centre on two occasions since it commenced operating.

Very positive comments were made by this family member concerning this designated centre and the staff working there. In particular, the family member highlighted how before commencing overnight respite in the centre, they had visited the centre and their child availed of some day respite also to become accustomed to the centre. The inspector was informed how staff had linked in with them during their child's respite stays and how the person in charge had also made contact with them also while information about the service, such as how to complain if required, had been explained to them. The family member reported no concerns about this designated centre and highlighted a need for more similar services.

In summary, no residents were availing of respite in the centre on the day inspection but a family member spoken with talked very positively about the designated centre. The premises provided was seen to be very well maintained, presented and equipped on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that appropriate staffing arrangements and a suitable person in charge had been put in place for the centre. Some improvement was required regarding the maintenance of a directory of residents and to assess the preparedness of the centre for a COVID-19 outbreak.

This designated centre had been initially registered by HIQA to provide a respite service for children in May 2020 after a complete registration application had been submitted and a site visit of the centre had been carried out. However, the centre did not commence operating until June 2021 when the first resident starting availing of overnight respite in the centre. The purpose of the current inspection was to assess the levels of compliance in the centre since it commenced operating.

Prior to the centre receiving its first resident, a new person in charge was appointed to oversee the centre. This person had the necessary skills, experience and

qualifications to perform the role and to meet the requirements of the regulations. The person in charge was responsible for this designated centre only and during this inspection demonstrated a strong knowledge of the operations of the centre and the residents who were using the centre.

The change in person in charge was reflected in the statement of purpose that in place for the designated centre. This is an important governance document which describes the services to be provided within the centre and forms the basis of a condition of registration. The statement of purpose was seen to be on display in the reception area of the centre and contained most of the information required by the regulations but it did not include all of the information as outlined in the designated centre's certificate of registration.

Included within the statement of purpose were details of the staffing arrangements to be provided in order to support residents. Although no residents and front-line staff were present on the day of inspection, staff rosters maintained in the designated centre were reviewed by the inspector. These indicated that appropriate staffing arrangements were being provided to support the residents who availed of this designated centre including the provision of nursing staff. Staff team meetings had taken in place since the centre commenced operations where issues relating to the operations of the centre and residents were covered.

Given the length of time that the centre had been operating for, a provider unannounced visit and annual review of the centre had yet to be carried out. It was found though that, at the time of the inspection, the provider had not carried out an assessment of the preparedness of the designated centres for a COVID-19 outbreak. Given the impacts which COVID-19 could have on the quality and safety of services provided in this centre, it was important that such an assessment be carried out as part of the provider's monitoring systems. Had this been completed, it may have highlighted some others areas in need of improvement that are referenced elsewhere in this inspection report related to infection prevention and control.

It was also seen during this inspection that a directory of residents was not being maintained in the designated centre. This is a requirement of the regulations and the directory must contain specific information relating to residents of this centre. Such information includes biographical information relating to residents, details of residents' next of kin and the dates when residents first came to reside in the centre. While this and the need for an assessment of the preparedness of the designated centres for a COVID-19 outbreak were areas for improvement, overall this inspection found a good level of compliance based on the available evidence.

Regulation 14: Persons in charge

A suitable person in charge was in place who had the necessary skills, qualifications and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents with planned and actual rosters also maintained. Staff files were also being kept and while these contained most of the required information, from the sample reviewed, some were missing evidence of qualifications while one was missing a photo identification.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was not being maintained in the designated centre.

Judgment: Not compliant

Regulation 21: Records

Sufficient records were not in place to demonstrate if recommended diets for some residents were being followed.

Judgment: Substantially compliant

Regulation 23: Governance and management

While a good level of compliance was found during this inspection it was found that the provider's monitoring systems had not ensured that an assessment of the preparedness of the designated centres for a COVID-19 outbreak and a related contingency plan in event that an outbreak did occur were not in place at the time of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently updated and was on display in the centre. While this contained most of the required information, it did not include the centre's conditions of registration as outlined in its certificate of registration.

Judgment: Substantially compliant

Quality and safety

The designated centre had been equipped with appropriate fire safety systems and residents had personal plans in place. Some improvement was required regarding aspects of infection prevention and control.

As required by the regulations all residents who had availed of overnight respite in his centre had a personal plan in place. Such plans are important in order to provide guidance for staff in supporting the needs of residents. The inspector reviewed a sample of these plans and saw that in general they provided a good level of guidance in supporting residents in areas such as their mobility, their health needs and intimate person care. When reviewing the documentation contained within some residents' individual personal plans, the inspector did note some areas for improvement.

For example, an epilepsy care plan for one resident was dated from 2014 while records maintained did not clearly show if recommended diets for some residents was being consistently provided. In addition, given some recorded incidents that had taken place in the centre, sufficient guidance was not available on how to support one resident to engage in positive behaviour. The person in charge informed the inspector that a review with a psychologist had been arranged for this resident in the weeks following this inspection to assist in this area. It was confirmed though that while some staff had undergone relevant training relating to behavioural support other staff had yet to receive this training although they were due to undergo it the month following this inspection.

Risks related to residents' behaviour were reflected in relevant risk assessments that were also contained within residents' individual personal plans. Such assessments outlined the controls measures in place to reduce the potential for such risks to occur and were noted to have been recently reviewed. This was in keeping with the provider's overall risk management policy which outlined a process for the identification, assessment and monitoring of risk along with outlining controls for specific risks as required by the regulations. It was also seen that an overall risk register was in place that detailed risks related to the designated centre generally.

Included within this risk register was the risk related to fire and it was seen during this inspection that there was appropriate fire safety systems in place to reduce the likelihood of a fire occurring. As part of these the designated centre had a fire alarm,

fire extinguisher, a fire blanket, emergency lighting, fire containment measures and multiple evacuation routes provided. Since the centre had begun operating, a number of fire drills have been carried out while all residents had personal emergency evacuation plans (PEEPs) in place outlining the supports they need to be evacuated from the centre if required. Records provided indicated that all staff members had undergone relevant fire safety training and the fire evacuation procedures were on display in various places around the centre.

It was also seen in the centre that hand gels and supplies of personal protective equipment (PPE) were also available. Such measures are important to reduce the potential for viruses, such as COVID-19, to spread. Given the ongoing pandemic other measures in operation in the centre included regular cleaning including deep cleaning of individual bedrooms that were used by residents while they were on respite along with regular monitoring of residents for any potential symptoms of COVID-19. It was noted that since the designated centre commencing operating, there had been no suspected or confirmed case of COVID-19 notified to HIQA. However, it was noted that a complete contingency plan in the event that a COVID-19 outbreak were to happen in the centre was not in place.

In addition, some other areas for improvement were required to ensure that relevant standards in infection prevention and control along with relevant national guidance were being followed. For example, based on records provided and discussions with the person in charge staff members were only checking their temperatures once during their shifts but relevant national guidance in this area indicates that staff temperatures should be checked twice a day. The provider had a system in place for such guidance to be stored digitally so staff could access this but when reviewing this, the inspector noted that some outdated guidance was stored here. In addition, records provided indicated that not all staff had had undergone relevant training in areas such as hand hygiene and PPE.

Regulation 17: Premises

A suitable premises was provided for residents to available which was seen to be clean, well-maintained and well-furnished.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was in place that contained all of the required information such as how to access HIQA inspection reports. The residents guide was on display in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place along with relevant risk assessments and a risk register. Systems were also in operation for any accidents and incidents to be recorded and reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Staff members were checking their temperatures once a day while on shift and not twice a day as outlined in relevant national guidance related to COVID-19. A system was in place for relevant COVID-19 related information to be stored digitally for staff to access but it was noted this contained some outdated guidance. Not all staff had completed relevant training. A complete contingency plan in the event that a COVID-19 outbreak were to happen in the centre was not in place.

Judgment: Not compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place. Relevant training was provided to staff and regular fire drills had taken place. Residents had PEEPs provided for.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their needs and how to support them. It was seen though that an epilepsy plan for one resident was dated from 2014.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Based on recorded incidents, additional guidance was required for staff to guide practice on promoting positive behaviour for one resident. Some staff had yet to undergo relevant training in de-escalation and intervention.

Judgment: Substantially compliant

Regulation 8: Protection

Staff members had undergone relevant training in Children First and no safeguarding concerns were identified on this inspection. Guidance on supporting residents with intimate personal care was provided for.

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 - 2015 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	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0029636

Date of inspection: 31/08/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An audit was carried out on 22/09/2021 and all staff files now contain all of the required documentation as outlined in schedule two. Going forward all staff files for new hires will contain all required documents	
Regulation 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: A directory of residents has now been compiled 8th September 2021 and contains all of the required information as outlined in regulation 19. A plan is in place for maintaining same going forward.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Any child on a modified diet of any description, a detailed food diary will be maintained. This will include modified texture, specific dietary requirements and any other individual requirements. This will be in place by 23rd September 2021	

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 provider's monitoring systems are now in place with an assessment of the preparedness of the designated centres for a COVID-19 outbreak and a related contingency plan in event that an outbreak did occur.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose has been amended on 8th September 2021 and now contains the conditions as outlined in the Certificate of Registration.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Staff members are now checking their temperatures twice while on shift. The temperature log has been updated appropriately to reflect this. • The digital COVID 19 folder has now been updated and a system is in place to ensure that this is maintained going forward. A designated staff member , a staff nurse, has been assigned the role of checking the HSPC website weekly, updating the digital COVID-19 folder and providing updates to staff and management. This will also be a standing agenda item on our staff meeting agenda. • All staff have now completed the required infection prevention and control training on HSE land. • A complete contingency plan in the event of a COVID-19 outbreak is now in place. 	

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: The epilepsy care plan in question has since been amended and signed by his consultant on 1st September 2021 and with an appropriate review date in place. Audit of all other epilepsy care plans was completed on 21st of September and an action plan is in place.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • All staff will have completed CPI training by 21st September 2021. • With reference to the specific child, he was seen by psychology on 15th September and a positive support plan has been devised to guide staff when working with this young person. Ongoing support and review is available as needed. 	

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	24/09/2021
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	24/09/2021
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	24/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	24/09/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	24/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/09/2021
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	Substantially Compliant	Yellow	24/09/2021

	paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	24/09/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	24/09/2021