



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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Respite
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	29 January 2021
Centre ID:	OSV-0003717
Fieldwork ID:	MON-0031790

About the designated centre

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

The designated centre is located in a village in County Louth. It is operated by Rehab Care and provides respite services on a six night a week basis to children (male and female) with a disability between the ages of six to 18 years of age. The centre has capacity to accommodate up to six children at a time in the house. At the time of the inspection, the centre provided respite care to a total of 80 children. The centre is a detached purpose built single story building which consists of a kitchen, dining room, living room, play room, sensory room, a utility room, a number of shared bathrooms, six individual bedrooms, a staff sleep over room and office. There is a large well maintained enclosed garden to the rear of the centre containing suitable play equipment such as swings, trampolines and green house. The centre is staffed by a person in charge and a team of care workers
In the local community there is access to a number of amenities including a playground, leisure facilities and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
--	---

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
Friday 29 January 2021	10:30hrs to 14:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

There was only one resident availing of respite on the day of this inspection and the inspector did not get to meet with them. However, the inspector spoke with a family member of one of the residents so as to get their feedback on the service provided. A sample of written feedback on the service from family members was also reviewed by the inspector.

The family member spoken with reported that they felt the service was excellent. The also said that their relative loved their respite breaks in the house and that they were very happy and content whilst there. With regard to the care and support provided, the family member said it was second to none and that the staff team were brilliant. They also reported that the quality and safety of care was excellent and that they had no complaints whatsoever about any aspect of the service. The family member was also very complimentary about the premises and garden areas reporting there were lots of social activities and play ground equipment for the residents to avail of and that their relative loved the variety activities on offer.

On viewing the premises the inspector saw that it was a large well maintained building, with a number of fully equipped sensory and play rooms/areas. The person in charge reported that the residents loved to spend time in these rooms and engage in relaxation therapies. There was also a large fully equipped playground area to the back of the house, which was fully accessible to all residents, including those with mobility support needs.

Prior to the COVID-19 pandemic, the inspector observed that the residents were supported to avail of social outings of interest and choice. For example, those residents that liked to watch soaps on television were supported to visit the set of some of those TV programmes in both Manchester and Dublin. Some residents were also supported to avail of a short city break to London while on their respite breaks. Other outings of interest were also provided for such as trips to football matches, the zoo, restaurants, hotels, swimming, bowling, trips to petting farms and visits to shopping centres as requested. While most social outings were now restricted due to the current pandemic, residents were still supported to use local amenities such as trips to the beach, walks in the park and go on scenic drives.

Written feedback from family members informed that they were generally satisfied with the service provided, they felt it was safe, they were satisfied with the menu options available and they felt the residents needs were being provided for. Some family members reported in their feedback that the staff team were very friendly, accommodating and helpful and their relatives viewed the house as 'home away from home'.

Capacity and capability

Verbal and written feedback on the service provided from a number of family members informed that residents were happy and content while on their respite breaks in this house. The provider had also ensured that appropriate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by two team leaders and an integrated service manager. The person in charge was a qualified social/health care professional and provided good leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual needs of the residents were being met as required by the Regulations.

They also ensured staff were appropriately qualified, trained, supervised so as they had the required skills and knowledge to provide a responsive service to the residents. The person in charge was also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) and was found responsive to the inspection process.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. A small sample of staff files viewed also informed that they had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children's first, fire safety training, mediation management, person handling, positive behavioural support and infection control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and knowledgeable manner.

The person in charge and integrated service manager ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The annual review for 2020 wasn't due for completion until end of February 2021, however, the inspector viewed the Annual Review for 2019 and the most recent six monthly audit of the service (which was completed December 2020).

These reviews/audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, the most recent audit identified there was a need to review aspects of how team meetings were recorded. This issue was addressed by the time of this inspection. The annual review identified that the person in charge was required to send information to each family member on the complaints process and details on how to make contact with an advocacy representative. Again, this had been completed by the time of this inspection.

Overall, feedback on the service provided from a number of family members was very positive and the provider had ensured that appropriate supports and resources were in place to meet the assessed needs of the residents.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social/health care professional with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents and to provide for the safe delivery of services. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, children's first, fire safety training, mediation management, person handling, positive behavioural support and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by two team leaders and an integrated services manager. The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and

objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents health and social care needs were being supported and provided for while on their respite breaks in the centre and family members reported they were satisfied with the quality and safety of care provided to their relatives. A minor issue was identified with the process of risk management which is discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to learn new skills, frequent their community and engage in social activities of their choosing. Prior to COVID-19, residents were regularly frequenting local amenities such as shops, restaurants, swimming pool and trampoline clubs. Trips to London, Dublin and Manchester were also provided for. Notwithstanding, some social outings and activities were still continuing and residents were being supported to go for walks, drives, trips to the beach and local parks.

Residents were being supported with their health care needs while on their respite breaks however, their families generally provided for their overall healthcare related requirements. However, care plans were in place for those residents that required them and information (to include contact details) on each residents' GP was available in the centre. For those residents on medication, medication care plans were in place and from a sample of files viewed, staff had training in medication management. Where required, residents also had access to a behavioural support specialist.

Systems were in place to safeguard residents and where or if required, safeguarding plans were in place. The person in charge was also aware of their legal remit to respond to and report any safeguarding concern however, there were currently no safeguarding issues in the service. Information on residents rights (in an easy to read format) was available in the centre and information on the complaints process and independent advocacy services had been made available to the residents' family members. Feedback from family representatives informed that they were satisfied with the quality and safety of care provided and, there were no current complaints about the service on file.

There were systems in place to manage and mitigate risk and keep residents safe in the centre and from a small sample of files viewed, each resident had a number of individual risk assessments in place. However, the risk management policy was due for review at the time of this inspection and some of the control measures in place

to manage some individual risks required review and updating.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand washing facilities along with hand sanitising gels available throughout the house. At the time of this inspection, the centre was supporting no more than two residents at any given time and if required, a large en-suite bedroom was available for isolation purposes. Enhanced cleaning schedules were also in place in the centre.

Overall, systems were in place to provide for the health and social care needs of the residents and family members reported they were satisfied with the quality and safety of care provided in the centre. A minor issue was identified with the process of risk management however.

Regulation 26: Risk management procedures

The risk management policy was due for review at the time of this inspection and some of the control measures in place to manage certain risks required review and updating.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to learn skills, frequent their community and engage in social activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their health care needs while on their respite breaks however, their families generally provided for their overall healthcare related needs.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. The person in charge was also aware of their legal remit to respond to and report any safeguarding concern however, there were currently no safeguarding issues in the service.

Judgment: Compliant

Regulation 9: Residents' rights

Residents individual choice was respected while on their short respite breaks in the centre. Information on residents rights (in an easy to read format) was available to each resident in the centre and information on the complaints process and independent advocacy services had been made available to the residents family members.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maria Goretti Respite OSV-0003717

Inspection ID: MON-0031790

Date of inspection: 29/01/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The individual risk assessments will be reviewed and details relating to hazards will be detailed under the hazard section and not in the control section. The control section will contain more specific detail relating to controls.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/03/2021