



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

Issued by the Chief Inspector

Name of designated centre:	Childrens Respite Service
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	10 May 2022
Centre ID:	OSV-0007198
Fieldwork ID:	MON-0028169

About the designated centre

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

St Hilda's Childrens' respite service provides overnight respite breaks up to four children and young people, age 5-18yrs, both male and female, with physical and intellectual disability. The service is open on defined days each month and also provides an evening community respite for children and young people. Care is provided by care assistants and nursing staff. The children continue to attend school or training as defined by their needs and ages.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 10 May 2022	09:25hrs to 17:45hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care which was meeting their needs. However, there were significant improvements required in relation to protection against infection. Some improvements were also required in relation to the statement of purpose, individualised assessment and personal plan, general welfare and development, training and staff development, information for residents, governance and management, risk management procedures, fire precautions, medicines and pharmaceutical services, and notification of incidents. These areas are discussed further in the next two sections of the report.

The inspector had the opportunity to meet with all three of the residents that were attending the respite service. Residents with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection.

Two residents spoke to the inspector and said that the respite house was nice and that the staff were lovely. They said they picked what they wanted to do for their respite break.

All residents relaxed after coming in from school and later went for a drive with staff. Discussions took place between the residents and staff in relation to some of the residents baking when they returned from their drive.

There was evidence of holiday camps taking place in the centre. From family feedback and photographs in the centre, the camps appeared to be extremely popular.

The house appeared clean and tidy. It had sufficient space for privacy and recreation for residents to use. There were suitable recreational equipment available for use, such as, jigsaws, games, DVDs, art supplies, toys, teddies, and sensory objects. Each resident had their own bedroom and each room had an en-suite. There were adequate storage facilities for their personal belongings and residents were welcome to bring in their own belongings to make their room feel more homely.

There were child friendly pictures and murals on the walls. There were numerous pictures of residents completing activities and art work completed by the residents displayed on the walls.

The property had a side garden with a picnic bench and a large back garden. The back garden contained wind chimes, a large board game for outdoor use, water and sand pits, seating, and a table. There was also a playground area with a safety surface that contained a spider web swing and a large trampoline.

In addition to the person in charge, there were two staff on duty on the day of inspection. Staff spoken with demonstrated that they were knowledgeable on the residents' care and support needs required. They were observed to engage with residents in a manner that was friendly and attentive. Resident and staff interactions appeared to be relaxed.

The inspector had the opportunity to speak with one family representative as they arrived to the centre to drop off their family member. The inspector used this opportunity to gather their views on the quality and safety of care their family member was receiving. They communicated that they were very happy with the service. They expressed that their family was getting the best care and as a parent they didn't have to worry.

Also as part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaire returned was provided by way of a family representative and communicated that the resident loved going to respite and was happy to have a break.

The provider had also sent an annual questionnaire to families in 2021 and this had given residents and their representatives the opportunity to give feedback on the service provided to them. Feedback received indicated that people were satisfied with the service and that the staff were excellent, very friendly and helpful.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found there were management systems in place to ensure safe quality care was being delivered to the residents. The centre was adequately resourced to meet the assessed needs of residents. There were some improvements required in relation to the statement of purpose, training and staff development, governance and management, and notification of incidents.

There was a statement of purpose available as per the 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 it contained the majority of the prescribed information. However, it did not contain an accurate description of all rooms with regard to their primary function and it did not include separate facilities for day care.

There was a defined management structure in place which included a newly appointed person in charge. The organisation's operations manager was the direct line manager to the person in charge and was acting as the person participating in

management for the centre. The person in charge was employed in a full-time capacity and had the experience and qualifications to fulfil the role.

The provider had carried out an annual review of the quality and safety of the service provided and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. The inspector found that, the annual review had not included consultation with residents and family representatives. The last six-monthly visit in November had included such consultation and in addition, family satisfaction surveys had been issued by the person in charge in September 2021. From a review of the annual review and the six-monthly visits, the inspector found that the majority of actions identified had been followed up on, the exception being specific training for staff in the clamping of wheelchair. There were other local audits conducted such as infection prevention and control audits, fire safety checks, medication audits, and health and safety audits.

However, the inspector found that the internal review and auditing process had not reviewed or identified many of the areas requiring action, therefore, oversight practices were not effective in ensuring a good quality of service was being delivery.

Not all actions from the compliance plan submitted by the provider following the last Health Information and Quality Authority (HIQA) inspection (December 2020) had been completed at the time of this inspection. For example, not all staff had been trained in the use of clamps for wheelchairs in the vehicle. The statement of purpose had not been updated to indicate the specific care and support needs to be accommodated in the centre. The statement of purpose was rectified on the day of the inspection to include the care and support needs. In addition, it was not made evident to the inspector if there was, a formal on-call arrangement for the centre should the need arise.

From a review of the rosters, the inspector saw that they were an accurate reflection of the staffing arrangements in the centre and the roster was maintained by the person in charge. The inspector reviewed a sample of staff files and found that the provider had ensured that information required under Schedule 2 of the regulations was present for employees in order to ensure recruitment procedures were safe.

Staff had access to the majority of necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. Staff training included, fire safety training, safeguarding of vulnerable adults, children first training, medication management, and infection prevention and control (IPC) trainings. However, staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques. Staff did not have training in feeding, eating, drinking and swallowing training that was required to support some residents that attended the service. Of the two staff members spoken with, they were knowledgeable in relation to residents' eating, drinking and swallowing supports required. Three staff required clamping of wheelchair training. The person in charge confirmed that it was planned for later in the year but there was no clear arranged date.

There were formalised supervision arrangements in place as per the organisation's policy and there were monthly staff meetings occurring in the centre. Staff spoken with said they felt supported and would be comfortable bringing matters of concern to the person in charge if required.

The inspector found that the person in charge had not notified the Chief Inspector of Social Services (The Chief Inspector) at the end of each quarter all of the restrictive practices within the centre as required by the regulations. In addition, the last two quarterly notification reports were not submitted within the prescribed timeline.

From a review of the compliments and complaints log for the centre, the inspector found that the centre had received no complaints in 2021, up to and including the date of this inspection. The centre had received 6 compliments from 2021-2022. For example, one family member said they had "100% confidence in the respite service", that the centre was run extremely well with credit due to the staff.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity within the centre. They had the experience and qualifications to fulfil the role. They were found to be responsive to the inspection process and aware of their legal remit to the regulations. For example, they were aware that they had to notify the Chief Inspector of Social Services (the Chief Inspector) with regard to any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose required an annual review.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rota, the inspector saw it was an accurate reflection of the staffing arrangements in the centre and the rota was maintained by the person in

charge. The inspector reviewed a sample of staff files and found that in order to ensure recruitment procedures were safe, the provider had ensured that information required under Schedule 2 of the regulations was present for employees .

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to the majority of appropriate training and development opportunities in order to carry out their roles effectively. However, staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques. This training was planned for the last quarter of in the year. Staff did not have training in feeding, eating, drinking and swallowing training that was required to support some residents that attended the service. Three staff required clamping of wheelchair training. The person in charge assured that the clamping was planned for later in the year but there was no set date arranged.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that there was an appropriate contract of insurance against injury to residents and insurance against other risks in the centre including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis and a number of local audits being completed in the centre.

However, not all actions from the last HIQA inspection had been completed by the time of this inspection. For example, the statement of purpose had not been updated since to indicate the specific care and support needs to be accommodated in the centre and not all staff had been trained in the use of clamps for wheelchairs in the vehicle.

Furthermore, it was not made evident to the inspector if there was a formal on-call arrangement for the centre as discussed in the last HIQA inspection report.

A review of the providers audits was required to ensure a more in-depth review of the centre, as the majority of the issues identified on this inspection had not been identified by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available as per the regulations and it contained the majority of the prescribed information. Some information was amended prior to the end of the inspection to include some of missing information. However, it did not contain an accurate description of all rooms with regard to their primary function and it did not include separate facilities for day care.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of Social Services (The Chief Inspector) at the end of each quarter, all of the restrictive practices within the centre in line with the regulations, with regard to a locked chemical press. In addition, they were late submitting the last two quarterly notification reports.

Judgment: Not compliant

Regulation 34: Complaints procedure

From a review of the compliments and complaints log for the centre, the inspector found that the centre had received no complaints in 2021 up to and including the date of this inspection. The centre had received 6 compliments from 2021-2022. For example, one family member said that staff were excellent at their jobs and it was an amazing service.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were in receipt of good quality care and supports that were individualised and focused on their needs. However, significant improvement was required with regard to protection against infection. In addition, further improvements were required in relation to individualised assessment and personal plan, general welfare and development, risk management procedures, fire precautions, and medicines and pharmaceutical services.

There was an assessment of need undertaken pre-admission for residents which was reviewed annually. The arrangement was, for updated information to be provided by the primary carers for all subsequent admissions. This information was required to ensure that, any changes to the residents' needs were known to the centre and could be supported. The inspector was assured that the current relevant information was known, and that care was being delivered in accordance with these assessments. However, the inspector was not assured that this informal arrangement would always ensure that, the most up-to-date, pertinent information would be communicated to the staff to ensure they could deliver the appropriate care.

One care plan required review, this was to ensure all relevant steps required to be performed when supporting a resident with a specific health care task, were described in one place. In addition, some guidance to support the resident had changed however, the updated plan had not changed to fully reflect those changes.

There were healthcare plans in place for residents as required to support them such as, epilepsy care plans and speech and language dietary plans. The residents' healthcare needs were known by staff and residents were supported by their families to attend any healthcare appointments or referral. The person in charge said the centre would arrange for residents to return home if unwell. If required, the centre would facilitate allied healthcare professional assessments at the centre while residents were on a respite break.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Behaviours that challenge were minimal in this centre however, staff had not received training in the management of behaviour that is challenging including, de-escalation and intervention techniques. This is being dealt with under Regulation 16: training and staff development.

Residents had access to external behavioural support specialists, facilitated by their families, in order to support them to manage behaviour positively if required. There were positive behaviour support plans in place as appropriate to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and they were subject to a review every quarter. Restrictions in

place included lapbelts, for use when residents were in their wheelchairs to prevent them falling and bedrails at night. However, the chemical press in the centre was locked at all times when not in use and it was not identified as a restrictive procedure. This is being dealt with under Regulation 31 notification of incidents.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances whereby staff counted and signed off on the finances upon arrival, departure and daily while the resident stayed in respite. Residents had intimate care plans to guide staff on how best to support them and inform staff of their preferences. There had been no safeguarding incidents to date in the centre.

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. Residents spoken with said they felt they had choice of what they ate and what activities they were involved with while in respite.

While children in this centre did attend activities in and out of the centre, it was not evident that children with high support needs attended any activities out of the centre other than for walks. From communication with staff members and the person in charge this appeared to be mainly due to a lack of wheelchair accessible transport in order to facilitate more than one wheelchair at a time.

There was a residents' guide prepared and a copy available to each resident that contained the majority of the required information as set out in the regulations. However, it did not include the terms and conditions relating to residency.

From a walkabout of the centre the inspector found the house to be spacious, tastefully decorated and adequate to meet the needs of the residents.

Risk management arrangements ensured that for the most part risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a risk register in place. The inspector observed that the centre's vehicle had been serviced, was insured and had an up-to-date national car test (NCT). Equipment provided by the centre used to support residents were all serviced within the last year. However, no risk assessment had taken place for a lone staff to accompany one resident with a particular medical condition in a vehicle, in order to facilitate activities with the resident. This resulted in the resident not going out alone with staff. The arrangements in place had not ensured that risk control measures were proportional to the identified risk, and that any adverse impact such measures may have on the resident's quality of life were considered. In addition, the use of the utility room as an area to prepare medicines and do laundry had not been risk assessed to ensure that the risk of cross contamination had been mitigated.

While the risk management policy had very good descriptions of how risks in specific areas were managed, it was not evident what the procedure was for escalating risk other than for a 'significant' risk such as, fire risks. The policy required further review to explain the arrangements in place to ensure that risk control measures were proportional to identified risks. In addition, while the policy mentioned

accidental injury to residents in a title of a section, it required further elaboration to include the measures and actions in place to control risks of accidental injury to residents.

The inspector reviewed arrangements in relation to infection control management in the centre. While there were some good practices such as appropriate staff training, a contingency plan in place which included a staffing contingency, and isolation plans for residents if required. Overall, there were inadequate measures and oversight of infection, prevention and control (IPC) in place to control the risk of infection in the centre. These included, some single use items used in supporting residents with specific medical conditions, were being reused, and were being stored in a dirty container. Some items for dispensing medication were found to be dirty and were being stored in a dirty drawer. Some items were required to be added to the centre's cleaning schedule for regular or periodic cleaning, these included the centre's toys and extractor fan. In addition, the utility room and sensory room were not included on the cleaning schedule and the sensory room was found to require cleaning.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were fire evacuation plans in place for residents that were recently reviewed. Fire evacuation drills had been conducted using different scenarios. A staff member and two residents spoken with, were familiar with the procedure to be taken in the event of a fire. However, there was no evidence to demonstrate if a fire drill had taken place with children who had higher support needs, at times with minimum staffing levels or a drill conducted to simulate night time evacuation with those children.

For the most part, there were suitable arrangements in place to ensure that medication was administered as prescribed. However, from review of the medication administration record, the inspector found a medication error had occurred with regard to one resident. It was not evident if this error was only documentary in nature or not. In addition, upon review of a medication incident, it was not demonstrated if appropriate action was taken with regard to a resident not receiving their medication. It appeared from incident documentation, that their doctor was not consulted and their next of kin was not informed of the incident.

Regulation 13: General welfare and development

While the centre did support the majority of residents with external community based activities, it was not evident that children with high support needs attended any activities out of the centre other than for walks. From communication with staff members and the person in charge this appeared to be mainly due to a lack of wheelchair accessible transport in order to facilitate more than one wheelchair at a time.

Judgment: Substantially compliant

Regulation 17: Premises

From a walkabout of the centre the inspector found the house to be clean and spacious. It was tastefully decorated and adequate to meet the needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained the majority of the required information as set out in the regulations. However, it did not include the terms and conditions relating to residency.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were risk management arrangements in place that ensured that for the most part risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a risk register in place. However, no risk assessment had taken place for a lone staff to accompany one resident with a particular medical condition in a vehicle. This in turn, affected the resident's opportunities to go out with staff. The arrangements in place had not ensured that risk control measures were proportional to the identified risk, and that any adverse impact such measures may have on the resident's quality of life were considered. The use of the utility room as an area to prepare medicines and do laundry had not been risk assessed to ensure that the risk of cross contamination had been mitigated.

In addition, while the risk management policy had very good descriptions of how risks in specific areas were managed, it was not evident what the procedure was for escalating risk other than for a 'significant' risk such as, fire risks. The policy required further review to explain the arrangements in place to ensure that risk control measures were proportional to identified risks. In addition, while the policy mentioned accidental injury to residents in a title of a section, it required further elaboration to include the measures and actions in place to control risks of accidental injury to residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While there were some good IPC practices in the centre, significant improvements were required. For example, some single use items used in supporting residents with specific medical conditions, were being retained, and were being stored in a dirty container. Some items for dispensing medication were found to be dirty and were being stored in a dirty drawer. Some areas required addition to the centre's cleaning schedule for regular or periodic cleaning for example, toys, the extractor fan, kitchen presses and vents. The utility room and sensory room were not included on the cleaning schedule and the sensory room was found to require cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. There were fire evacuation plans in place for residents and fire evacuation drills had been conducted using different scenarios. A staff member and two residents spoken were familiar with the procedure to be taken in the event of a fire. However, from speaking with the person in charge and from a review of the fire drill logs, there was no evidence to demonstrate if a fire drill had taken place with children requiring higher support, at times with minimum staffing levels. In addition, there was no evidence to suggest that a drill was conducted to simulate night time evacuation with those children requiring higher support needs.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

For the most part, there were suitable arrangements in place to ensure that medication was administered as prescribed. However, from review of the medication administration record, the inspector found a medication error had occurred with regard to one resident. It was not evident if this error was only documentary in nature or not. In addition, upon review of a medication incident report, it was not demonstrated if appropriate action was taken with regard to a resident not receiving their medication. From a review of this incident documentation, It appeared that the

resident's doctor was not consulted and their next of kin was not informed of the incident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of need were undertaken pre-admission for residents and annually reviewed. Thereafter the arrangement was for updated information to be provided by the primary carers for all subsequent admissions. The inspector was satisfied that the current relevant information was known, and that care was being delivered appropriately. However, the inspector was not satisfied that this informal arrangement of the onus solely being on the primary carer to communicate information to the centre, would always ensure the most up-to-date pertinent information would be communicated. This information was required by the centre to ensure that any changes to the residents' needs were known to the centre and could be supported.

One resident's care plan required review, to ensure all relevant steps required to be preformed when supporting a resident with a specific health care task, were accurate and described in one place.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were known by staff, and residents were supported by their families to attend any healthcare appointments and referrals. Were required there were healthcare plans in place for residents in order for staff to support them. The person in charge said the centre would arrange for residents to return home if unwell. If required, the centre would facilitate allied healthcare professional assessments at the centre while residents were on a respite break.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to external behavioural support specialists, facilitated by their families, in order to support them to manage behaviour positively if required. Were required, there were positive behaviour support plans in place to guide staff as to

how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and were subject to regular review. Restrictions in place included bedrails at night and lapbelts for use when residents were in their wheelchairs to prevent them falling.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. These included, an organisational policy, there was an identified designated officer, and staff were appropriately trained. There were systems in place to safeguard residents' finances whereby staff counted and signed off on the finances upon arrival, departure and daily while the resident stayed in respite. There were intimate care plans in place for residents to guide staff on how best to support them and inform staff of their preferences. There had been no safeguarding incidents to date in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. Residents spoken with said they felt they had choice of what they ate and what activities they were involved with while in respite.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Childrens Respite Service OSV-0007198

Inspection ID: MON-0028169

Date of inspection: 10/05/2022

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 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> <ol style="list-style-type: none"> 1. PETMA training – 2 staff due for training 29th & 30th June 2022. 1 staff to complete practical for certification on 30th June. 2 staff due for training 12th & 13th October. 1 staff already trained – refresher was 8th May 2022. 2. Clamping – Training date set for 14th July – all staff from this centre booked on the training. 3. Feeding and Swallowing training – all staff from this centre have completed this training on HSEland 01/06/22. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The statement of Purpose was updated on the day, amended and submitted to registration on 02/06/2022. • Formal procedure of on call arrangements have been displayed in the centre 20/05/22. • The 6 monthly audits now reflect IPC measures and includes more detail on consultation with families. An external auditor has been booked to complete the second 6 monthly audit in the centre due in November 2022. • All staff scheduled for clamping training 14th July 2022. 	

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>The Statement of Purpose has been reviewed and the following sections have been updated:</p> <ul style="list-style-type: none"> Terms and conditions of registration. Childrens Camps have been included. Services offered within the facility Clear guidance on evening respite services. Access and attendance to religious services. Clarity on the purpose of each room. <p>Submitted to registration on 02/06/2022</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Locking of the chemical press has been added to the list of restrictive practices within the centre, 12/05/2022. A restrictive intervention assessment and restrictive intervention plan have been completed by the PIC 12/05/22. This will also be included on all further quarterly notification returns by PIC.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Formal arrangements are in place for a wheelchair accessible vehicle to be available at the centre when high support children are on a respite break to facilitate additional outings and access to the community. Completed 11/05/2022. All staff will be trained in clamping on 14th July 2022.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The family guide for the centre has been reviewed and updated to give more detail and clarity on the following: The centres terms and conditions of the centre. Eligibility to attend respite. Detail on the different types of respite offered to include the provision of childrens camps during school holidays.</p> <p>This family guide was submitted to registration on 02/06/2022.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessment has been completed for taking service user in a vehicle with lone staff. 14/05/2022. Control measures in place to support service user to go out and access the community.</p> <p>Risk assessment completed for medication preparation in the utility room ensures no cross contamination. 14/05/22.</p> <p>The risk management policy will be reviewed to ensure more detail is included around accidental injury to a service user and to have clarity around escalation of risks within the centre to include proportional control measures. 30/08/2022</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> <p>A formal procedure for the washing and disposing of equipment for the administration of medication has been developed and is displayed within the centre. All medication cups and syringes in the centre have been disposed of and new medication cups have been purchased as well as single use syringes. 14/05/2022. The cleaning of the medication press has been added to the cleaning schedule. 23/05/2022</p>	

Cleaning schedules have been updated to include (23/05/2022):

Utility room

Sensory room

Medication press

Kitchen presses

Vents & extractor fan

Washing machine & dishwasher to include regular maintenance washes.

Oven

Descaling of the kettle

Equipment in rooms.

In addition to this, a comprehensive toy cleaning schedule has been developed and is evident in the centre.

A thorough deep clean of the toys and sensory room was completed on 11/05/2022.

Regulation 28: Fire precautions

Substantially Compliant

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

A night time fire drill was completed on 28/05/22 with high support children using minimal staff in order to ensure compliance. This is recorded on a fire drill record.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All staff have read the service medication policy and been given instruction on completing the Health and Safety form on the Xyea system in order to ensure correct follow up and more details are recorded when recording a medication error. All staff are familiar with the procedure to contact family members and GP or MIDOC (out of office doctor) in the event of a medication error as per service policy. 14/05/2022

The medication stock recording sheet has been reviewed to ensure more room is on the sheet for clearer recording of information. 01/06/2022

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:</p> <p>A formal phone call arrangement system has been set up (01/06/2022) to ensure that families receive a call the weekend before their child attends respite in order to get any updates in the child's care needs, changes to medication or any information from recent medical appointments. This information will be logged in the continuity of care document in each child's file. Care plans and risk assessments will be updated each time where a change in care need has occurred.</p> <p>A log of calls will be kept in the communication book for PIC oversight and reviewed at monthly team meetings.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	11/05/2022
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	14/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/10/2022

	as part of a continuous professional development programme.			
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	02/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that 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.	Substantially Compliant	Yellow	14/07/2022
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	30/08/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Orange	30/05/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/05/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/06/2022

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	02/06/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/06/2022
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	30/05/2022