



# 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:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV-0003717
Fieldwork ID:	MON-0048500

## 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 The Rehab Group 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 centre. The centre has the capacity to care for up to 85 children depending on the care needs of the children attending. 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:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 11 November 2025	10:45hrs to 18:45hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspector found a warm and positive atmosphere where children were receiving a good standard of person-centred care on their respite breaks. The children appeared relaxed and comfortable in the company of a staff team who were patient, gentle, and understood their individual needs.

While the service was performing well in many areas, the inspection did identify some areas for improvement to ensure the safety and care in the centre would be consistently met. One regulation concerning children's rights was found to be not compliant due to an issue that could affect their privacy. In addition, some minor improvements were needed in relation to one fire containment door, to the children's assessment of need documents and one care plan, and the contracts of care provided to families. These points are discussed in detail later in this report.

The inspector had the opportunity to meet all four children that were attending the centre for a respite break. The children had attended school that day and were collected from school by the centre staff.

All four children had alternative communication methods and did not share their views with the inspector. They appeared relaxed in the centre and in the presence of their support staff. The children were observed in the centre at different times once they arrived back from school.

On the day of the inspection, it was the first night of each child's respite break. Upon their arrival to the centre, the children were supported by assigned staff members. They engaged in different activities with three children being offered and declined to participate in activities outside of the centre. One child was observed to use their communication device to communicate that they would like to go for a drive. Their support staff facilitated this and they also went out for dinner. Upon return the staff member said that the child appeared to have enjoyed their time out. The other three children relaxed in different areas of the house at different times or listened to music.

Children attending this respite centre were found to participate in activities depending on their interests. For example, playgrounds, bowling, and soft play centres.

The person in charge was on annual leave at the time of this inspection. There were two team leaders on duty and they facilitated the inspection. In addition, there were four staff members on duty during the day of the inspection to support the children as well as a staff nurse who was responsible for pre-admission calls to families. The inspector had the opportunity to speak with each staff member. The team leaders and staff members spoken with demonstrated that they were familiar with the children's support needs and preferences. They were observed to interact with the

children in a patient and gentle manner.

The inspector observed staff to speak in a gentle and soft manner with the children. One staff was observed to hold a child's hands, spoke in soothing tones, and smiled at them while they rocked. The child appeared very content during this interaction.

The provider had arranged for staff to have training in human rights. One staff member explained how completing the training had changed their practice. They said that previously they might have done too much for the children when supporting them with tasks. Since completing the training they realised that they should be promoting the children's independence more especially the teenagers. For example, encouraging and supporting the teenagers to make their own beds for their respite breaks. They had observed that children they previously used to make toast for were now able to complete most of the steps themselves.

The inspector had the opportunity to speak with two family representatives on the phone. Both confirmed that they had no concerns and confirmed that if they had any concerns they would be comfortable raising them. One family representative stated that there was one occasion whereby they had 'happened to have passed the respite centre with their child when going somewhere and that their child cried as they wanted to go to the centre'. The other family representative stated that they felt their family members 'were safe particularly because of the staffing ratios'.

The inspector conducted a walk around of the centre. The centre appeared tidy and clean. This facilitated in the arrangements for good infection prevention and control (IPC).

Each child had their own bedroom with en-suite bathroom facilities for their respite stay. There was sufficient storage facilities in each room for the children to bring in their personal belongings while on their respite break. There was a playroom as well as a separate sensory room in the centre. The playroom contained different play areas, for example it had a climbing wall, and a play tent. The sensory room had soft flooring with different areas for play, for example a sensory pod, and a ball pit. In the hall one wall had different sensory boards were mounted that had different textures for touching and were different colours. Some bedrooms as well as the playroom, and sitting room had televisions for use. The sitting room also had two sensory benches that had soft padding and sensory equipment attached. There was a mobile sensory trolley available that could be moved to different areas as required that the children could use.

The front of the centre was used for parking. The back garden had a large playground with lots of different spaces with play or sensory equipment. For example, there were lots of swings, a slide, a roundabout, a seesaw, a crawling tube, and football goals. There was stationary van that was converted into a sensory room, and there was different sensory equipment that would make different sounds available for the children to play with.

At the time of this inspection there were no visiting restrictions in place. There were no complaints raised in the centre in 2024 or 2025 to date.

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

This inspection was unannounced and was undertaken as part of an ongoing monitoring with compliance with 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).

For the most part, there were suitable arrangements in place for admissions and contracts of care. For example, the inspector found that a pre-admission call was made to families prior to the children attending for their respite break in order to ensure the most up-to-date information was known. However, improvements were required in the contracts of care, as they did not fully detail all services and facilities available to children and their families.

The centre demonstrated good capacity and capability in its governance and staffing structures. The inspector found that management oversight systems, including regular audits, such as on restrictive practices, were effective in monitoring the service.

A review of rosters across three months confirmed that staffing levels were sufficient to meet the children's assessed needs, and this was supported by an appropriate training and staff development programme. For example, formal staff supervision was occurring as per the frequency decided by the provider.

## Regulation 15: Staffing

The inspector found that staffing levels were consistently maintained to meet the assessed needs of the children, and this regulation was compliant.

A review of rosters from September to November 2025 showed that staffing levels were planned and maintained to meet the children's needs. The planned and actual rosters included the full names and job titles of staff. The number of staff on duty was dependent on the number of children in and based on their assessed required staffing ratios. Staff on duty ranged for four to six support staff during the day. There were two staff covering each night.

As previously mentioned, the inspector had the opportunity to speak with two family representatives on the phone. One representative stated that "staff are family to us" and that "staff are fantastic". The other representative stated "great staff" and that

staff were 'respectful to their family members including their money and planning their day as per their family members' interests'.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

There were appropriate arrangements in place to support training and staff development. The inspector reviewed the training oversight document for training completed. Additionally, a sample of the certification for seven training courses completed by staff. This review confirmed that staff received a variety of training courses to support them carry out their roles safely and effectively.

Staff training completed included:

- children first safeguarding, as well as safeguarding of vulnerable adults
- medication management, and competency review
- Autism awareness
- fire safety
- training related to positive behaviour support that included de-escalation techniques
- training related to IPC, such as hand hygiene, and standard and transmission based precautions.

Staff had received additional training to support children. For example, staff had received training in human rights. Further details on this have been included in 'what children told us and what inspectors observed' section of the report.

The inspector also reviewed the supervision files for three staff members. From that review, it was found that there were formalised supervision arrangements in place. Supervision was found to be an opportunity for staff to raise any concerns they may have.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by the person in

charge and they were supported by four team leaders as well as the regional manager who was the person participating in management (PPIM) for the centre. A staff member spoken with was familiar with the reporting structure for the centre.

The provider had carried out unannounced six-monthly provider-led visits in November 2024 and May 2025 as required by the regulations. Five actions arose from the last review and they were found to have been completed by the time of this inspection. In addition, the provider had ensured that an annual review of the services was completed for the period June 2024 to June 2025. The review included consultation with families with 47 surveys received. Feedback received was positive, for example one family representative said that the family member "loves when going", another said "communication is great" "staff are so helpful and welcoming". Two families stated that they would love more respite.

There were weekly and monthly audits completed by the person in charge or team leaders. Areas included in the audits were medication management, incidents, finances, and IPC.

Team meetings were occurring monthly and the inspector reviewed aspects of the meeting minutes for June to October 2025. Topics included an update on the children, staffing, health and safety, and medication. The inspector observed that any incidents occurring within the centre were reviewed for shared learning with the staff team including clinical input received were applicable for incidents. For example, one incident in the October meeting was discussed and the learning shared was that one child was engaging in reaction seeking behaviour and that staff to ensure that they minimise their reactions when engaging with that child during those behaviours.

Three staff members told the inspector that they would feel comfortable approaching the person in charge or team leaders with any concerns.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

While admission processes were found to be well-managed, improvements were required in the children's contracts of care to ensure they fully outlined all services provided for their respite breaks, leading to a judgement of substantially compliant.

A review of two contracts of care showed they were missing some key information, such as what specialist support children could access. For instance, the children had access to a staff nurse, and an assistant behaviour analyst if required yet this was not mentioned in the contract. The children had access to televisions, Internet, a phone, and transport to and from school as well as activities; however, that information was not discussed in the contract. The team leader stated that families were aware of these provisions and that there was no associated costs for the service. They confirmed that the issues identified were related only to the

documentation of the information. However, if not addressed the missing information could lead to confusion as to what services and facilities were provided for as part of the terms and conditions of the children's respite breaks.

Families received a phone call in advance of their child's respite break to check for any changes since their last stay that the centre should be made aware of. The inspector reviewed a sample of three of those re-assessment documents. This review confirmed that up-to-date information was reviewed in relation to the children and their assessed needs prior to each respite break. This ensured that staff were able to provide care in line with their assessed needs. A family representative confirmed to the inspector that they receive a phone call in advance of a respite break to check for changes since the child's last respite break.

The centre management had a compatibility document to support them in knowing what children required special consideration and who might they be compatible with for their respite stays. This supported a smoother and more enjoyable respite break by ensuring children were placed with peers they were compatible with. In addition, it would facilitate a safeguarding culture as children with particular presentations who may cause distress to certain individuals were not scheduled on respite breaks together.

The children and their families were given the opportunity to visit the centre prior to their first admission. This would support the children to become familiar with the centre and it would help reduce any anxiety they may have.

When speaking with the inspector, one family representative stated that staff were very trustworthy and that the centre was a safe place. They said that their family members were 'top priority' while there. The representative explained that 'the management try to find children who were similar personality wise so as not to trigger each other', and that they appreciated the effort to ensure "compatibility".

They confirmed that they and their family members were offered the chance to visit the centre prior to admission. They also confirmed that they had received a contract of care and had signed it.

Judgment: Substantially compliant

#### Regulation 30: Volunteers

There was a student working in the centre as a volunteer at the time of this inspection. They had a written agreement in place outlining their role and responsibilities. The agreement in place also explained who their supervisor would be and explained their supervision arrangements. From speaking with the student, they also confirmed the details described in the agreement were accurate. They confirmed who their supervisor was and that they were in receipt of formal supervision. They were aware of what their roles and responsibilities were. For example, they explained that they supported in supervising the children and

facilitating them to engage in activities. They confirmed that they were not to engage in supporting the children with intimate care.

Judgment: Compliant

## Quality and safety

This inspection found that the children attending this service were supported in line with their assessed needs and appeared content while on their respite break. A significant improvement was required to one aspect to how the children were being supported with their privacy. Some minor improvements were required in relation to the information gathered in children's assessment of need documents, and to one diabetic care plan to ensure they adequately guided staff.

There were systems in place to meet children's assessed needs with regard to positive behaviour support, communication, and general welfare and development.

For example, there was clear documented information on communication in place to promote effective communication. The children had access to opportunities for recreation in line with their preferences. When required they had a positive behaviour support plan in place to guide staff as to how best to support them should they be experiencing periods of distress.

There were suitable arrangements in place to ensure the children were safeguarded in the centre and in the community. For example, staff were trained in children first safeguarding training.

For the most part, there were suitable fire safety management systems in the centre. For example, there were detection and alert systems in place. However, one fire containment door required a replacement part in order to ensure it fully closed by itself in the event of a fire.

There were adequate arrangements in place for medicines management. For instance, medication received into the centre was checked by staff to ensure it was the correct medication for the child and that the medication had a pharmacy label attached.

## Regulation 10: Communication

Communication was facilitated for the children in accordance with their needs and preferences. The staff on duty confirmed that developing and promoting communication within the centre had been a big focus in 2025.

Two staff members spoken with were familiar with how the children communicated and how best to communicate with them. The inspector observed some of the children attending the respite centre were supported to use communication devices.

A review of seven children's files related to communication showed that communication was discussed in many different support plans in place for them, such as in their behaviour support plans. There were communication profiles in place to guide staff on how best to communicate with the children and how to support the children to communicate.

Topics on this profile included:

- how I like to communicate
- how I like you to communicate with me
- communication expressions personal to me
- things that interfere with my communication
- how I communicate what I am feeling.

Information contained provided clear information for staff to follow. For instance, one child's profile guided staff that they communicate with high pitched vocal sounds when in pain. It explained that the child would use objects of reference to communicate their needs and that busy environments could interfere with their communication.

The centre used easy-to-read documents with pictures to help children understand topics like what to expect on their first respite stay or what restrictive practices were used in the centre.

There were pictures of what staff were on duty for the day displayed on the hall notice board. This would help prepare children as to who would be supporting them and who they should expect to see in the centre.

The majority of staff completed training on communication strategies that included some simplified manual sign language, choice boards, augmentative and alternative communication. In addition, four staff members had completed a specific course on simplified manual sign language.

Displayed in the hall was 'sign of the month' which was a sign as part of simplified manual sign language that was being focused on and practiced in the centre on that month. There was a book for 2025 that contained the previous signs used and had December's sign prepared in advance of that month. October's sign of the month was 'Halloween'. November's was 'coat'.

There were other supports available in the centre to facilitate communication, such as a sign to help a child understand if something can't happen and what alternative was being offered. It had a section for using Velcro to stick what alternative was being offered.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that children had access to the Internet,

televisions, and a phone while on their respite break.

Judgment: Compliant

### Regulation 13: General welfare and development

The person in charge and the staff team had ensured that children had access to opportunities for leisure and recreation. Children engaged in activities in the respite centre and the community.

Children were supported to achieve some personal goals related to building their independence skills while on their respite breaks. This was in order to enhance their quality of life and help prepare them for adult life. For example, one child was supported to be responsible for their money when items or activities required payment they were being encouraged to pay themselves at the till.

A review of two children's files showed that during their last two respite stays, they participated in activities ranging from sensory play, attending sensory gardens, playgrounds, playing softball, going out for meals, and going for drives.

A family representative stated that their family members 'get to go places they would never get to go to at home'. They gave examples of places, such as the 'swimming pool, cinema, play centre, and going out for buns. They said that 'they are not just left looking at the centre even though it is a great facility'.

Judgment: Compliant

### Regulation 17: Premises

At the time of the inspection, the premises was suitable in terms of layout and design for the assessed needs of the children.

Each child had their own room for their respite break with adequate storage for any belongings they may want to bring with them.

The premises was found to be clean and for the most part in a good state of repair. The inspector observed that one desk in a bedroom for a child as well as a bedside locker in another room required repair or replacement. The team leader arranged for them to be removed, and the desk was replaced. They communicated that a new locker would be purchased. In the meantime, the children availing of respite had sufficient storage facilities for any belonging they may bring on their respite breaks.

While an issue was identified with one en-suite door being held open and would impact on a child's privacy if they were to use that bathroom, this is being actioned

under Regulation 9: Rights.

The facilities of Schedule 6 of the regulations were available for children's use. For example, there was access to cooking and laundry facilities. As previously described, there were a number of appropriate child friendly play facilities indoor and outdoor of the centre available for use.

There were colour coded equipment used for cleaning the centre and preparing food. There were appropriate facilities in place to facilitate good hand hygiene, for example the inspector observed that hand wash and disposable hand towels were available. This helped to prevent children from contracting healthcare-related illnesses.

Judgment: Compliant

## Regulation 28: Fire precautions

Although the centre had robust fire safety systems, a finding of substantially compliant was made due to one fire containment door was not fully self-closing as required.

Two fire containment doors, that were fitted with self-closing devices, were found to not fully close themselves, one of which had already been self-identified by the management. While the team leader on duty arranged for one door to be fixed on the day of inspection, the other door required a new handle and could not be fixed on the day. This meant that in the event of a fire, that fire and smoke could spread more easily between areas putting the children and staff more at risk. The necessary part required ordering and it was not known when the door would be fixed.

Fire safety systems included detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. For example, fire extinguishers were last serviced August 2025.

The inspector reviewed four children's personal emergency evacuation plans (PEEPs). This review confirmed that for the most part the plans provided clear guidance to staff on how to support the children in an emergency evacuation. Some information provided had the potential to be misinterpreted. The team leader amended the PEEP and assured the inspector that all PEEPs would be reviewed to ensure no information contained could be misleading.

Staff were found to have received training in fire safety and regular fire drills were completed in order to assure the provider that the children could be safely evacuated from the building at all times. From a review of five fire drill records, the inspector found that alternative doors were being used for evacuation as part of the practice drills. This was in order to assure the provider that the children could be evacuated from all areas of the building if required. In addition, a drill was

completed with minimum staffing levels and maximum capacity of children including a child with higher support needs.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place with regard to the receipt and storage of medicines.

Medications were ordered by the children's families and sent into the centre when the child was attending for a respite break. A medications stock check was completed upon receipt of medication into the centre and when it was being returned out. There were arrangements in place for medication that was spoiled or expired to be labelled and stored separately prior to returning the medication to families.

There were arrangements in place for the storage and stock check of controlled medicines. They were stored in a locked press within a locked press. A log was maintained of controlled medication for the duration of the child's stay. While not all staff were adhering to the provider's policy on ensuring two staff signed for the controlled medicines, this had been self-identified by centre management. This issue was discussed at the October staff meeting and the inspector found that no further issues had occurred since that meeting.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector found that while the children were receiving care in line with their assessed needs, some improvements were required with regard to their assessment of need documents, and in the case of one child's support plan. Therefore, this regulation was found to be substantially compliant.

The inspector reviewed five children's assessment of need documents and found that while a lot of clear information was provided in the majority of areas, the assessment of need review document did not capture certain areas. For example, it was not evident if mental health, and safety in the community including road safety were covered as part of this review. Without this information, important aspects of a child's well-being and safety risked being overlooked during care planning.

One child's diabetes care plan did not contain information to guide staff as to the signs and symptoms to monitor for when the child was experiencing high or low blood sugars. This was in order to ensure any staff member even those less familiar

with the child could recognise when the child was experiencing ill health and respond in a timely manner with the correct supports.

Overall, while staff were familiar with the children's needs, the written assessments and plans required some minor improvement to ensure they were a reliable guide for everyone. This would help provide safe and consistent care.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where the children required behavioural support with regard to behaviour that may cause themselves or others distress, suitable arrangements were in place to provide them with this. For instance, when required they had access to the support of a behaviour therapist, and there was an on-site assistant behaviour analyst.

From a review of four children's plans, the inspector observed that had they had behaviour support plans in place as required. The plans outlined potential triggers of behaviours, behaviours likely to be displayed, as well as both proactive and reactive strategies that staff needed to follow to support the children in times of distress. A staff member spoken with was familiar with the support requirements for one child discussed. While that child's plan required further elaboration on some information and required an update in one area, the assistant behaviour analyst amended the plan during the inspection to reflect all required information.

Restrictive practices were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 8: Protection

There were suitable arrangements in place to protect the children from the risk of abuse.

Examples of some of the suitable arrangements in place included:

- there was a child safeguarding policy in place to guide staff to recognise and escalate any safeguarding concerns
- the centre had a child safeguarding statement displayed in the hall last reviewed October 2025
- staff were suitably trained to recognise and escalate any safeguarding concerns
- there was a reporting system in place with a designated liaison person (DLP)

- who was the nominated safeguarding officer for the organisation
- the identity of the DLP was displayed in the centre.

It was found that concerns or allegations of potential abuse were reported to relevant agencies, and reviewed to determine if any learning arose from the incident that could be adopted by staff. Following a safeguarding incident in 2025, management took action to prevent the children involved from attending respite at the same time. From speaking with a team leader they were familiar with this learning outcome.

A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure.

There were measures in place to safeguard any finances held in the centre. For example, staff members completed daily finances checks.

From a review of three children's files, the inspector observed that there were intimate care plans in place that clearly guided staff as to the supports the children required. For instance, one plan explained that the child preferred showers. It advised staff to encourage the child with prompts to carry out personal care tasks independently as the child was working on promoting their independence skills.

Judgment: Compliant

### Regulation 9: Residents' rights

An issue that compromised children's privacy and dignity led to a finding of non-compliance with this regulation. The inspector observed that an en-suite bathroom door could not be fully closed, which created a direct line of sight from the communal sensory room.

The en-suite was originally designed for both rooms and on previous inspections the door leading to the sensory room was kept locked in order to not be accessible for the children using the sensory room. This inspection found that there was a block of wood fitted to the door frame that was preventing the door from closing fully. This meant that anyone in the sensory room could see into the en-suite bathroom, therefore impacting on the child's privacy and dignity when using the bathroom. From speaking with a staff member and a team leader it was not known why the door had that block of wood or how long it had been there. The team leader confirmed to the inspector that the bedroom and en-suite would not be used by a child until the matter was rectified.

No other aspect of this regulation was reviewed on this inspection.

Judgment: Not compliant

## **Appendix 1 - Full list of regulations considered under each dimension**

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Maria Goretti Respite OSV-0003717

Inspection ID: MON-0048500

Date of inspection: 11/11/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contract of Care has been updated to reflect the following:	
<ul style="list-style-type: none"><li>• A pre-admission call occurs before each respite visit</li><li>• Details the support provided by the Nurse and Assistant Behaviour Therapist</li><li>• References that WIFI, phone, electricity, Netflix &amp; Disney are free for children while in the service</li><li>• Where a Child is sick staff will follow policy they will be discharged to home</li></ul>	
This was completed 15/11/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The door handle has been repaired on a temporary basis and will be fixed permanently by fire a consultancy company, this will be completed by 12/12/2025.	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	
<ul style="list-style-type: none"> <li>• Annual needs assessment template has been updated to record any change to child's needs in respect of family relationships, mental health and safety in the community. This was completed on 15/11/2025.</li> <li>• Diabetes and asthma plans have been updated to include details of signs and symptoms. This was completed on 15/11/2025.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
<ul style="list-style-type: none"> <li>• Gap in door identified on the day of inspection has been repaired and the door can be fully close. This was completed on 02/12/2025.</li> </ul>	

## 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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	15/11/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/12/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each	Substantially Compliant	Yellow	15/11/2025

	resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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	15/11/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	02/12/2025