Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cara Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	22 May 2025
Centre ID:	OSV-0005743
Fieldwork ID:	MON-0047070

About the designated centre

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

Cara Respite Service is a centre run by Western Care Association. The centre comprises of a five bedded two-storey house which is located close to a town in Co. Mayo. The service provides respite care to children, both male and female, who have varying levels of support needs ranging from intensive support to those who have moderate support needs. The designated centre provides a service to children under 18 years. Where a child becomes 18, the service will only continue up to the 31st of August following their completion of school. The service is flexible with the opening times and evening respite can be provided rather than overnights, if required. The service operates a social model of service provision, and is staffed with social care workers and healthcare assistants, under the management of a person in charge. The service has a vehicle for access to community activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 May 2025	10:00hrs to 16:40hrs	Angela McCormack	Lead
Thursday 22 May 2025	10:00hrs to 16:40hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This inspection was unannounced and was conducted due to the Chief Inspector of Social Services receiving information of concern relating to the provider's governance and oversight of designated centres. The inspection was completed by two inspectors.

Inspectors found that the service provided was good overall. However, inspectors observed a restrictive practice in place on the centre's bus affecting all children, with no clear reason for this. It was found that this restriction may have been put in place as a result of an incident or event from a number of years ago, and then left in place with no subsequent review. This will be elaborated on under Regulation 7: Positive Behaviour Support later in the report.

On arrival to the designated centre, inspectors were met with by the person in charge. Inspectors were told that there was one child availing of respite the day of inspection and that they were at school. Two staff members came on duty in the afternoon. Inspectors got a chance to speak with them before they left to collect the child from school for their respite break. The child was not met with, as inspectors were advised that they had a routine of activities that they did each evening after school, and it was felt that they may not want to meet inspectors. Therefore, inspectors relied on communication with the person in charge, staff members and families, and through a review of documentation, to establish the experiences of the children receiving care in the centre.

The person in charge commenced their role in November 2024. They were based at the centre and worked full-time. It was clear to inspectors that they knew the service and the children well. They demonstrated a good understanding of the children's needs, and described the various interventions that they required including positive behaviour support. They were satisfied that the interventions were effective.

The person in charge described the centre as being like a 'home away from home' and said that the children and their families were happy with the care and support provided. They said that children received individualised care and could make choices about how they spent their time there. For example, they enjoyed playing with toys and in the centre's playground, and going out for meals, and going for walks.

Inspectors asked that the children's family representatives be informed that inspectors were visiting and welcoming them to speak with inspectors. Inspectors spoke with three families whose children were receiving respite care the week of inspection. All families spoken with were satisfied with the care and support that their children received. They were happy with the communication from management and were aware of their right to make a complaint to the service if needed. One family said that they were grateful to get the respite breaks after waiting four to five

years for this to occur. Another family said that they would welcome more respite provision.

Inspectors reviewed the complaints book held in the centre and saw that one complaint had been raised by a family member in the past about the service cutting short the time of their child's break. Documentation reviewed showed that this was resolved to the satisfaction of the complainant. In addition, feedback recently received from a family, when their views were sought, expressed dissatisfaction about the length of the respite breaks and about how transport could be improved. The person in charge agreed that they would follow up on the points raised with the family at an upcoming meeting.

The centre could accommodate a maximum of three children; however the person in charge told inspectors that there was usually one child in the centre per night. At the time of the inspection, the centre catered for a total of 11 children, but there were plans to increase the number to 13. Most children used the centre once per month, but could request longer stays of two to three nights. This was reported by the person in charge to be due to the needs of the children, compatibility risks, the current premises, and staffing. There were plans for the centre to relocate to a purpose built premises in the future, and when this happened, the person in charge felt that the centre would be able to increase its occupancy.

Inspectors walked around the centre with the person in charge. The centre comprised a large two-storey building in a peaceful country-side setting that was close to a large town. The house comprised individual bedrooms, bathrooms, living rooms, a kitchen and open plan dining space, a sun room, spacious gardens, and a large playground with play equipment. The centre was clean, bright, and comfortably furnished. In addition to the outdoor play facilities, there were a variety of toys, games, and arts and crafts for children to play with. There was also a large television and Internet for children to connect their devices to. The inspectors also observed that equipment used by residents, such as hoists, were up to date with their servicing requirements. In the hallway, notice boards displayed information on the child safeguarding statement, advocacy, complaints, the residents' guide, and the statement of purpose. The information was prepared in an easy-to-read format using pictures to make it easier to understand.

From discussions with staff and a review of documentation, inspectors found that the service provided was person-centred and child friendly, and was provided by a dedicated and motivated staff team. Staff members reported that they loved working in the centre and spoke fondly about the children. They described about how they strive to ensure that the respite breaks were enjoyable for the children. Staff members also spoke about how the children communicated their views and made choices in their lives. One staff member explained how the children might communicate that they were unhappy; for example, the children used different communication means such as words, gestures, and body language.

Care plans reviewed were found to be person-centred and subject to ongoing review in consultation with the children's family and multidisciplinary team (MDT). The children's families were the primary care givers, and managed the children's

healthcare needs. There appeared to be good communication between the management team, staff and the families, which helped to ensure that care provided was consistent and met the children's individual needs.

The centre promoted a child-friendly service where the children's protection was prioritised through ongoing MDT reviews. For example; there was a system in place to screen all minor injuries observed to establish if the cause was accidental or a protection concern. This involved ongoing reviews by the management team and child designated safeguarding officer.

Restrictions were subject to ongoing monitoring also. However, not all restrictive practices were identified or assessed as to if they were required and what was the risk. This related to the use of a Perspex screen on the bus separating the front and back area. On discussion with staff members, and a review of documents, it was unclear what the rationale was for this and there were differing possible reasons given. This restriction impinged on the children's dignity and experiences when travelling on the bus, and inspectors found that this had not been subject to any review since its implementation, which was reported to be possibly since the COVID-19 pandemic.

Overall, inspectors found that Cara services provided person-centred support to children receiving respite. However, improvements were required in identifying and assessing restrictive practices so that the children's lived experiences in the centre would be enhanced.

The next two sections outline the capacity and capability of the provider, and describes about how this impacts on the quality and safety of care provided.

Capacity and capability

This inspection found that improvements were required in the identification and assessment of restrictive practices in the centre. Furthermore, audits required improvements to effectively identify areas of non-compliance, and the implementation of an agreed 'on-call system' required completion.

The management structure included a full-time person in charge and area services manager. There were arrangements for them to meet and communicate information, including informal meetings and formal meetings such as supervision meetings. The person in charge commenced their role in November 2024. They had responsibility for Cara services only and were based full-time at the centre.

The person in charge had implemented good systems overall to ensure that personalised care and support were provided to the children and that families were communicated with regularly. In addition, staff members were supported through training and individual and team meetings.

Audits were in place by both the provider and local management team. However, none of the audits by the provider or local management team identified the restrictive practice observed on the bus. This required improvements to ensure that all restrictive practices were fully reviewed as to their impact on residents and if they were required.

Regulation 15: Staffing

Inspectors reviewed the current planned and actual roster in place. The person in charge reported that there were challenges in recent months in covering some shifts due to various leave by some staff members, but this had now been resolved. This was evident on the roster reviewed for the week of inspection and following week. Inspectors found that the service responded to the needs of the individual children. For example, a waking night staff was put in place for a child who required this when on their respite breaks

The staff team comprised social care workers and social care assistants. The person in charge ensured that staff received training and ongoing support to enable them to carry out their duties effectively. Staff members spoken with said that they felt supported and that they enjoyed their work.

The person in charge said that they had no concerns about the centre, but said that they could easily raise concerns with the provider. They were satisfied with the support and supervision they received from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors reviewed the last two provider audit reports, incident records for 2025, management audits for 2025, staff training records and a sample of care plans. Inspectors found that improvements were required in the oversight and monitoring of the centre as the following was found:

- A provider report from December 2024, recorded inaccurate information about the reporting of protection concerns to the Chief Inspector. This was addressed on the day of inspection, but required ongoing monitoring by all who signed the reports to ensure that accurate information was recorded.
- There was an on-call system for staff to contact during outside of normal working hours. The person in charge and area service manager shared working the on-call system. This arrangement was not sustainable, and the provider had failed to fulfil the commitment they made to the Chief Inspector in August 2024 through a provider improvement plan, to improve this arrangement by 31 January 2025.

- The provider had drafted a 2024 annual review. The review had consulted with children's families. However, while the annual review noted that the children were consulted with during their respite stays, they had not been consulted with for the purpose of informing the annual review. This required improvement to ensure that children had the opportunity to provide feedback on the quality and safety of care and support they received in the centre.
- It was not clear that staff members received training on how to recognise behaviour by residents that may indicate a complaint that the resident cannot communicate through other means, as required in the provider's complaints policy.
- The provider and management team failed to identify restrictive practices affecting children while travelling on the centre's bus. This is covered under Regulation 7: Positive Behaviour support. In addition, the audits in place failed to identify this.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed the incident records for 2025. This review demonstrated that the person in charge had submitted all the notifications to the Chief Inspector as required in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed the provider's written complaints policy that was available in the centre. The policy included information on advocacy, the stages of managing a complaint, and staff responsibilities. The procedure had also been prepared in an easy-to-read format using pictures to make it easier to understand.

There was one recent complaint and it had been managed to the complainant's satisfaction. Family members that the inspectors spoke with were aware of the provider's complaints process and about how they could make a complaint.

Judgment: Compliant

Quality and safety

Overall inspectors found that improvements were needed in ensuring that all restrictive practices were appropriately identified and assessed as to the impact on the children. As mentioned previously, this related to the centre's bus and the use of a Perspex screen dividing the front and back areas. Improvements in the assessment of risks was also required.

Notwithstanding that, the care and support provided to the children were found to be person-centred, with collaboration with families and the MDT evident. This meant that there was consistency of care provided and the children's changing needs were quickly identified.

The service promoted a zero tolerance approach to abuse. It was clear that the management team strived to ensure the protection of the children receiving respite care. The local management team worked together with other agencies, as relevant, to ensure all the children were safe and protected.

Regulation 26: Risk management procedures

Inspectors reviewed the risk assessments pertaining to the centre, and found that some minor improvements were needed to ensure that all risks had been assessed with clear control measures to reduce the risks. The following was found:

- Some risks in the centre such as a specific infection prevention and control risk had not been risk assessed.
- In relation to existing risk control measures, the staff training arrangements required improvement to demonstrate these associated control measures were fully in place. Some staff required training or refresher training in areas including fire safety, first aid, communication, infection prevention and control, and neurodiversity. The person in charge had scheduled some of the training; however, the deficits in the training compromised some of the control measures to mitigate risks and hazards in the centre.
- A minor improvement was needed to the incident review records to clearly outline if any further actions were needed or not.

Inspectors found that the person in charge had implemented good systems for the recording and review of incidents in the centre. The person in charge had already identified that the risk register required enhancement, and had requested a meeting with the provider's quality and safety department to support them with this.

There was a risk and incident management policy in place that outlined the procedures for identifying, assessing, managing and communicating risks and incidents. The provider had plans to replace their existing risk management system; however, there was no confirmed date for this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that children's health, personal and social care needs had been assessed and used to inform care plans.

Inspectors reviewed two children's assessments of need and care plans. The assessments reflected input from relevant parties as appropriate including the children's parents and MDT services. The plans viewed by inspectors included positive behaviour support plans, communication, health, risk, and intimate care support plans. The plans were found to be up to date with regular reviews completed, and were readily available to guide staff practice. The plans were written using person-centred language, and described the children's individual personalities, communication means, family and important people in their lives, interests and preferences (such as their favourite activities and foods). This helped to ensure that the children enjoyed their respite stays and were supported by staff who knew their preferences. The children were also supported to choose goals to learn independence skills while in the centre. Some of the care plans had been prepared using photos to make them more accessible to the children; for example, plans on fire safety and evacuation.The person in charge had recently trialled a new care plan system to further enhance the current arrangements.

Staff spoken with were familiar with the children's care plans, and said that the associated interventions were effective. Inspectors also read the two residents March to May 2025 daily notes and found that the children had been supported to engage in activities that were in line with their individual interests, such as playing in the playground, walking in nearby woods, eating out, watching videos, and going to tractor shows.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that the identification, assessment and review of practices that may impact on the children's rights and experiences in the centre, required significant improvements. The following was found:

- Inspectors observed a Perspex division in the centre's vehicle that had not been assessed as to what the risk was to warrant this, and about how this impacts on the children's experiences. Inspectors sat on the bus and also found that the windows were difficult to open, thereby further impacting on the children's experience when travelling on the bus. This restriction had not been recognised by the provider as a restriction through their reviews. For example, the provider's rights review committee had visited the centre in October 2023, but had not noted the Perspex. This demonstrated that the

provider did not have sufficient oversight of restrictions used in the centre, and this posed a risk to the quality and safety of the service provided to the children. In addition, a cupboard in the dining room that was locked had not been recognised as a restriction.
- Governance arrangements required improvements to ensure that restrictive practices are implemented in line with the national policy on restraint and evidence-based practice and that they take into consideration how the restrictive practices impact on the residents' wellbeing.
- Additionally, while the provider had prepared a written restrictive practice policy, inspectors found that it was not fully implemented. For example, the policy outlined that certain medicines were not classed as restrictive practices; however, inspectors found that within the centre, those medicines were being recorded as chemical restraint.

Despite these issue regarding the use of restrictive practices, inspectors reviewed two children's positive behaviour support plans and found that they had been prepared by a behaviour specialist and were up to date. The person in charge and staff members told inspectors that the plans were effective, and that the behaviour specialist was readily available if additional support was required.

Judgment: Not compliant

Regulation 8: Protection

Overall, inspectors found that the person in charge and provider had implemented effective arrangements to safeguard children from abuse.

The provider had prepared a written child safeguarding policy and statement that underpinned its arrangements. The person in charge ensured that all safeguarding concerns were recorded, reported and reviewed. The person in charge and social work department met monthly to review all of the concerns and ensure that necessary actions were taken. There were no current concerns, and the last safeguarding concern had occurred in June 2024. In addition, the person in charge was aware of the procedures for implementing a 'Trust in Care' investigation, and said that there was a duty social worker on call during office hours, should support be required.

Staff were required to complete relevant safeguarding training to inform their practices and to ensure that they were able to recognise, respond to and report any safeguarding concerns. Staff spoken with said that they had completed Children First training and knew the procedures for reporting any concerns. There was also information and guidance, such as on the indicators of abuse, in the centre for them to refer to.

Inspectors reviewed two intimate care plans and found that these support plans were up to date, detailed and had been prepared to guide staff in supporting the children in a manner that respected their dignity and bodily integrity.
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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cara Service OSV-0005743

Inspection ID: MON-0047070

Date of inspection: 22/05/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A review of the provider unannounced visits from the first six months audits will be undertaken on 1st July 2025 with all auditors where feedback from this inspection regarding the review of reports prior to signing off will be shared with the audit team.

Also a guidance note on the review of transport for restrictions in Designated centres as part of each provider unannounced visit will be updated on the current document for undertaking visits.

The feedback on reviewing vehicles attached to services will also be shared with the Rights Review Committee at the next meeting on 3rd September to ensure members who visit as part of a rights review are observing transport for any potential restrictions.

The Board of Directors have approved the proposed on call system. This proposal is currently being reviewed by the Unions and once this process is complete the on call system will be implemented by the end of September 2025.

The Person in Charge will ensure that feedback from children is sought in an easy to read and child friendly way in addition to family feedback before all future annual reviews.

The Person in Charge has enrolled all staff on Learn upon for the training on neurodiversity to enable staff to better identify complaints from residents through observation of behaviour.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The updated risk assessment on infection prevention control has been amended and will be reviewed specifically to ensure control measures are in place for this service. This will be uploaded to the online risk register as part of the risk managnement training for this service on 10th July 2025.

The Training needs analysis has been updated and all staff to be nominated and enrolled on Learn upon for any outstanding training including neurodiversity. The control measures on the risk assessments will be reviewed as part of the risk managnement trianing for this service.

The monthly review meetings with the designated officer minutes have been amended to include actions required and will continue to add actions going forward.

Risk Management training is scheduled for this service on 10/07/25 on the new risk management framework.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person in charge will review all Rights checklists for the service and update them with all restrictions including locked cupboards in the dining room and a review of the chemical restraint protocols and prescribing and send to the Rights Review committee for review in line with policy and regulation.

The Perspex division in the service vehicle was reviewed and risk assessed with the staff team and Positive Behaviour Support Specialist on 18/06/25 and following this review the vehicle has been scheduled into the garage for the removal of the Perspex by 31/07/25. This will facilitate the windows on the bus to be more accessible and easier to open.

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 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	30/09/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	10/07/2025

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/07/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/07/2025