



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

Issued by the Chief Inspector

Name of designated centre:	Children's Respite Service
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0007198
Fieldwork ID:	MON-0038473

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 support workers 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:	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
Wednesday 4 June 2025	09:25hrs to 17:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspection findings were positive. The children were receiving a service that met their assessed needs by a caring staff team who were knowledgeable in their support requirements. Some improvements were required with regard to assessment of need and personal plan, and governance and management, these matters will be discussed in more detail later in the report.

The inspector had the opportunity to speak with two children, The inspector observed the other two children attending for a respite break, as they had alternative communication methods and they did not share their views with the inspector. They were observed at different times of the inspection and they were observed to be comfortable in the centre and in the presence of staff members.

Of the two children spoken with individually, they both commented they enjoyed being in respite, that the staff were nice and that they felt safe. They both felt they were given choices in what they ate and activities they participated in. All four children went on an external activity on the evening of the inspection. Two of the children chose to go bowling and they joked with each other as to who would win. The plan for the other two children was to go for a walk in the park.

Over the course of this inspection, the inspector observed the three staff members and the person in charge supporting the children in a professional, person-centred and caring manner. They were at all times attentive to the needs of the children and the children were observed to be relaxed and comfortable in the respite centre. For example, staff were observed to greet the children warmly as they arrived back from school. A mixture of high fives or hugs were observed to be exchanged between the staff and the children. Staff were observed to compliment two children's new haircuts since they had seen them last and they complimented another child's clothes.

The provider had arranged for staff to have training in human rights. The staff member spoken with communicated how they had put that training into every day practice. They communicated that prior to joining the organisation, they would have thought that everything had to be done for the children. Following their training they felt that the children should be included in everyday tasks related to them. That staff should ensure it was explained to them on their level and respectful of their capabilities. For example, supporting in making their bed while in respite.

As part of this inspection process children and family views were sought through questionnaires provided by the Office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from five questionnaires was returned by way of the children's parents, who answered the questions on behalf of the children. The sixth questionnaire was completed by one child with support from a parent. One child wrote in the questionnaire "I love respite". Feedback from all six questionnaires was positive and all questions were ticked as either 'yes', 'could be better' or non

applicable with regard to if they were happy with the service and the care and support they received.

Two parents ticked it 'could be better' with regard to 'can you go out for trips, visits and events' and in addition a third parent although they ticked yes for the options on that particular question, commented that they would love more trips. One comment stated that they felt 'trips were limited and that their child was looked after very well by staff and that staff brought their child on walks and trips when they could. However, they commented that 'trips could be limited due to access to wheelchair vehicles'. They went on to say they 'were very grateful to staff and that staff were always so friendly, warm and inviting to their child'. They felt they 'had great piece of mind when their child was in respite knowing that they were safe and well looked after.'

Another parent communicated that 'respite is a very happy place with great facilities'. That 'staff were professional but friendly and that they were always welcomed with a warm greeting'. They felt that the 'communication was good, the care was excellent and that they would have no worries when their child attended respite'.

The inspector also had the opportunity to speak with one parent on the phone and another in person when they dropped their child to the centre for their respite stay. Both parents were very complimentary of the quality of the care and support in this centre. Both stated they would feel comfortable bringing any concerns they may have to the person in charge or staff members.

One parent commented that their child 'loves coming to respite'. They felt their child got to go out on activities, for example parks, cinema and for ice-cream. Ideally they would like their child to attend the respite with other children of similar age, profile, and interest levels in order to build friendships. Otherwise, they had no concerns or issues. They felt that 'the staff were nice', and felt their child was safe when attending respite. Another parent commented that respite was a "live saver", that they would "be lost without it", and that it was "worth it's weight in gold". They communicated that the staff were "amazing" and that they were 'very good' with their child. They said that their 'heart was happy when their child goes to respite as they know their child is well looked after'. They believed that staff wanted to make their child's time in respite enjoyable.

The inspector observed the house to be nicely decorated and it was observed to be clean and tidy. The sitting room had a television for use as well as presses with art supplies, jigsaws, games, and toys readily available for the children to use. There was also a separate sensory room that contained colourful soft padding, a water tube, bean bags, and a projector.

Each child had their own en-suite bedroom while staying on their respite break. Their rooms had adequate storage facilities for any personal belongings they wished to bring with them.

The front garden area was mainly used for parking. There was an accessible large enclosed back garden that contained a large grass area as well as a bucket swing, a

play kitchen, a sandpit and sand table.

At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre. There were no complaints in the centre since the last inspection apart from an informal complaint/suggestion for a bath to be installed in the centre. The person in charge confirmed that this was escalated to senior management. After review the provider decided not to progress with the suggestion and the family were informed.

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 announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in April 2024. The previous inspection was unannounced and found some improvement was required to five regulations. A sample of identified actions were reviewed as part of this inspection and were found to be completed by the time of this inspection. For example, more visual supports were now in place to assist the children to make choices. However, some improvements were required with regard to the governance and management oversight of some areas and this will be discussed further under the specific regulation.

The findings of this inspection indicated that the provider had the capacity to operate the service within substantial 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). The provider was operating the service in a manner which ensured the delivery of care was person-centred.

The inspector reviewed the provider's governance and management arrangements and found that for the most part there were appropriate systems in place in order to ensure the quality and safety of the service. For example, an annual review of the service was completed as required under the regulations.

The inspector found that the provider had taken out insurance that insured the children against risk of injury. In addition, the provider had arranged that all of the policies set out in Schedule 5 of the regulations were available in the centre as required.

The inspector found that there was sufficient staffing arrangements in place to meet the assessed needs of the children. There were also systems in place facilitate staff training and development. For example, staff had access to necessary training

required to effectively do their jobs and support the children.

There were arrangements for admissions and contract for the provision of services. Children were supported in attending the centre for the first time through an individual transition plan. The transition planning also included a compatibility review of children, which helped to promote the children's safety and wellbeing.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations and the related schedules, 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 met the criteria for compliance with this regulation. The person in charge was employed in a full-time capacity managing this centre. They had the necessary experience and qualifications to fulfil the role. For example, they had leadership experience and held the position of the person in charge of this centre since 2022.

The person in charge demonstrated that they were familiar with the children's care and support needs. For example, they discussed with the inspector some of the additional support needs that the children had. For example, with regard to eating, drinking and swallow plans or epilepsy.

One parent communicated to the inspector that the person in charge was "easy going and easy to talk to".

Judgment: Compliant

Regulation 15: Staffing

The information reviewed on this inspection demonstrated to the inspector that there were suitable arrangements in place at the time of this inspection to meet the requirements of this regulation.

The staffing arrangements in the centre were effective in meeting the children's assessed care needs. The staff on duty on the day of the inspection were observed

to be respectful and knowledgeable with regard to the children. Two children and two parents spoken with were complimentary with regard to the staff team.

The centre required one whole time equivalent (WTE) staffing post in order to have a full complement of a staff team. The person in charge was ensuring that core staff or consistent relief staff were filling the positions in order to ensure safe minimum staffing levels. In addition, this would facilitate continuity of care for the children. The person in charge confirmed that the provider was actively recruiting for the position.

There was a planned and actual roster maintained by the centre manager which contained the full names and role titles of staff. A sample of rosters were reviewed over a four month period from March to June 2025. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the children.

In one instance, the inspector found as a result of one night time fire evacuation practice drill, that additional staffing was required in order to safely evacuate all children in a timely manner. Since that time, depending on the needs of the children attending the respite service, an additional night staff was rostered on duty to assure the provider that the children could be safely evacuated. This demonstrated to the inspector that, the person in charge ensured workforce planning took into account the assessed needs of the children.

As previously stated from the questionnaires completed by parents and children, they appeared very happy with the staff in the centre. For example, One parent stated that "the staff are amazing". They said that 'the staff were all aware of their child's daily routines, likes, dislikes and triggers, and support their child in every aspect of this'.

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

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development.

There was an oversight training document in place for training that staff completed or were due to complete. The inspector reviewed that document, along with a sample of the certification for eight training courses for core staff. For two of those courses, the inspector also reviewed the certification for the three staff who worked in the centre on a relief basis. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively.

Staff received training in areas determined by the provider to be mandatory, such as fire safety training, and children first safeguarding. Refresher training was available as required and staff had received training in additional areas specific to the children's assessed needs.

Examples of additional training staff had completed included:

- feeding, eating and drinking (FEDS)
- medication management
- training that included positive behavioural supports
- epilepsy awareness and emergency medication for epilepsy
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

While six staff required training in 'clamping' a wheelchair in a vehicle, this is being actioned under Regulation 23: Governance and management.

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

The inspector also reviewed the supervision files for three staff. It was found that there were formalised supervision arrangements in place which facilitated staff development and they were occurring as per the organisation's supervision guidance.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to the children and evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that for the most part there were sufficient governance and management systems in place at the time of this inspection to ensure that the service provided was safe, consistent and that it was appropriately monitored in order to provide an effective service for the children. For example, there were arrangements for annual reviews of the service and as part of this inspection, the inspector reviewed the 2024 annual service review. However, further oversight of

some areas was required and they will be discussed further in this regulation.

There were six-monthly unannounced provider led visit reports as per the requirements of the regulations, of which the inspector reviewed the last two which took place on November 2024 and May 2025 which included consultation with some families who communicated positive feedback to the auditor. In addition, there were quarterly medication audits completed by a nurse in the centre. The last audit was completed in April 2025 and was reviewed by the inspector and the actions were found to be completed by the time of this inspection. For example, one staff had required medication management refresher training.

An IPC audit was completed in April 2025 by the person participating in management (PPIM) who was a registered nurse. A sample of the actions were reviewed, for example hand sanitiser had been required for the centre and was observed to be available on the day of this inspection. In addition, an annual health and safety audit was completed in January 2025. From a sample of actions identified from that audit were found to be complete. For example, the inspector observed an action was to update each child's personal emergency evacuation plan (PEEP) to include their ambulant status and from a review of four PEEPs they all were observed to contain that information.

However, the inspector noted some improvements were required to ensure there was sufficient effective oversight of all areas with regard to staff training, fire safety and IPC within the centre. As identified in a previous inspection, there was no evidence that alternative evacuation routes were being used during practice fire drills to assure the provider that the children could be evacuated from all areas of the respite centre.

The inspector observed that six of the nine staff team required training to safely clamp wheelchairs in vehicles. This was also identified at a previous inspection of the centre that some staff had required that training. This had the potential to limit the ability for children who required clamping to leave the centre for external activities.

The inspector observed that there was a specific colour coded system in place for the usage of mops and buckets used to clean the centre. However, as per the findings of the inspection from 2024, the inspector observed some mops, used to clean the centre, were being incorrectly stored with buckets that should have been for different coloured mops. In addition, while there was guidance for a colour coded cleaning system in place, the inspector observed that there were no colour coded cloths in use. This was brought to the attention of the person in charge on the day. Those issues had the potential to put the children at risk of contracting a healthcare related illness as the provider's own guidance for minimising cross contamination was not being adhered to.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which consisted of the person in charge and the respite manager, who was the provider's nominated PPIM for the centre. One staff spoken with was clear on the reporting structure if required.

From the two staff spoken with they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

The inspector observed from a review of the records of the minutes team meetings from February to May 2025, that they were occurring monthly. Those minutes demonstrated to the inspector that if incidents were to occur within the centre, that they would be reviewed for shared learning with the staff team. Some of the topics at the meetings included, complaints, health and safety, risk, a discussion on the children, IPC, staffing, and safeguarding.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A sample of two contracts of care were reviewed on this inspection. There was an easy-to read document to explain the charges for the respite stays. They were found to be signed by a parent. One parent confirmed to the inspector that they had received a contract of care that contained the terms and conditions of the respite centre.

Prospective children were provided with an opportunity to visit the premises in advance of their respite stays. The inspector found that in the case of the most recent proposed resident, that they had visited the centre with their parents and that information was being gathered in order to gain a more complete picture of their support requirements.

The inspector observed that in the case of the most recent admission to the centre, that they were supported with their admission through the use of a transition plan to ensure all aspects of the transition were planned and promote a smooth admission for the child. While attending for visits to the centre, staff members were monitoring for compatibility with other children. This would support all children attending the centre to have an enjoyable and safe respite stay if they attended with children they were compatible with. The person in charge confirmed that they try to plan children to attend together that are compatible. This also supports them to ensure safe staffing levels would be in place in order to ensure the children's assessed needs are catered for.

As communicated by the person in charge, a family member and through a review of communicate logs for one child, the inspector observed that the centre staff and families communicated regularly. This facilitated pertinent information being made known in order to effectively support the children while attending the respite centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector found that the provider had prepared in writing, adopted, and implemented all of the policies set out in Schedule 5 of the regulations. In addition, they were all reviewed within the last three years and available in the centre in order to guide staff practice when supporting the children. Staff were observed to sign the policies in order to assure the provider that staff had read and understood the policies.

Examples of the policies in place included:

- incidents where a resident goes missing policy was last reviewed March 2024
- provision for behavioural support policy was last reviewed April 2025
- provision of information to residents policy was last reviewed January 2025
- admissions, including transfers, discharge and the temporary absence of residents policy was last reviewed May 2025
- provision of intimate care policy was last reviewed July 2024.

Judgment: Compliant

Quality and safety

The children attending this service were supported to have a safe and relaxing respite break based on their individual choices. There were systems in place to meet their assessed needs while on their respite stays. However, improvements were required in the area of assessment of need and personal plans.

The children had assessment of need documents completed as required. However, some improvements were required to this regulation, for example, some support plans required further revision to ensure accuracy and thoroughness of the documents. This was necessary in order to fully guide staff on what supports were required in order to provide care in line with the children's assessed needs. This will be discussed further under the specific regulation.

There were suitable arrangements in place to support compliance of a number of regulations. For example:

- the children had adequate positive behaviour supports, for example a behavioural therapist was available if required
- the children were supported with their communication, for instance through the use of visual aids
- general welfare and development was being supported through access to activities of interest
- the person in charge ensured the children were safeguarded in the respite

- centre and in the community
- the person in charge ensured the children were supported with their food and nutrition in line with their needs
- the inspector observed the premises to be clean and tidy.

Additionally, there were suitable fire safety management systems in place. For example, there were fire containment doors in place where required and they were fitted with self-closing devices.

Regulation 10: Communication

Communication was facilitated for the children in accordance with their needs and preferences.

The inspector observed that the children had access to radio, televisions, phones and Internet within the centre.

The inspector reviewed two children's documents related to communication. The inspector found that, communication plans and information on how the children communicate and how to communicate with them were in place for those that may have difficulty understanding or being understood. Information was observed on communication in their intimate care plans and behaviours support plans. This supported the staff to be effective communication partners with the children.

There were visual aids available to support the children to make decisions regarding food and activity choices. For example; the inspector observed a staff member use a picture to communicate with a child to remind them of their toileting needs before going on the evening activity.

From a review of the training oversight document, staff had received additional training in communicating with people who have an intellectual disability.

From speaking with the person in charge and a staff member they demonstrated that they were familiar with how best to communicate with the children. For example, one staff was able to inform the inspector how they understood when one child attending was sad, happy or upset. They explained how the child may present and what their body language may communicate.

Judgment: Compliant

Regulation 13: General welfare and development

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

the community. Two children spoken with communicated that they felt they received choice in activities they participated in while attending on their respite break.

Two staff spoken with said that there were improvements in the choices provided to the children since the last inspection. The inspector reviewed two scrapbooks that had pictures of some activities the children engaged in while attending the centre. For example, there were pictures of them going on boat trips, visiting sensory gardens, attending discos, and going out for hot chocolate to coffee shops.

The children that attended the respite service attended school during the day Monday to Friday. The centre staff regularly facilitated school transport in order to ensure the children's educational needs were being met.

From speaking with the person in charge and from reviewing the activity planners for two children for the month of May 2025, the inspector observed that the children participated in different activities depending on their interests. They ranged from walks, playing with sensory toys, having massages, and going on different social outings.

It had been identified on previous inspections of this centre that there were limitations in what activities were on offer and facilitated on the respite breaks. Feedback from three of the six families on the questionnaires provided by the the Chief Inspector as part of this inspection, communicated that they would like more external social outings for their children.

While continued effort was required to ensure that the provider remained in compliance with this regulation, at the time of this inspection the provider was meeting the requirements. Both the person in charge and the PPIM communicated that work in this area was on-going and their intention was for continued improvement.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was appropriate to meet the assessed needs of the children. The premises was observed to be in a good state of repair and was observed to be clean and tidy. The inspector reviewed the cleaning checklist for April and May 2025 and observed the staff were signing as required for completed required cleaning.

The facilities of Schedule 6 of the regulations were available for children's use. For example, there was access to a kitchen if the children wanted food and there were suitable age appropriate play facilities both internally and in the garden of the premises. As previously stated, there was a sensory room for use and the large back garden had many different areas the children could use to play. For instance, the back garden had a built in trampoline, and a basketball net for the children to play

with.

Each child had their own bedroom while attending the respite centre for a break. The bedrooms all had en-suite bathrooms. The bedrooms all had sufficient storage for the children's personal belongings. A parent confirmed to the inspector that the children were welcome to bring in favourite items to respite.

Judgment: Compliant

Regulation 18: Food and nutrition

There were suitable arrangements in place that ensured the children were provided with adequate nutritious food that was consistent with their dietary requirements and preferences. Two children spoken with said that the food was nice in the respite centre.

There were eating, drinking and swallow plans and special dietary plans in place that were reviewed by appropriate professionals, such as a dietitian as required. This was to ensure staff were appropriately guided in order to assist children who required support in this area. The person in charge and a staff member spoken with were familiar as to recommended support requirements.

The inspector observed that a special type of milk a child required as part of a healthcare diagnosis was available in the centre and labelled with their name.

From a review of the training matrix and from confirmation from the person in charge, staff were found to be trained in how to support people who required assistance in the area of feeding, eating and drinking.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety measures and arrangements in place in order to safeguard residents from the risk of fire.

They included:

- fire detection, emergency lighting and firefighting equipment
- the fire detection and emergency lighting was serviced quarterly and the inspector observed the last four quarters
- the firefighting equipment's last annual service was September 2024
- there were fire containment doors in place were required and they were fitted with intumescent strips, cold smoke seals and self-closing devices

- staff had received training in fire safety.

The inspector reviewed four children's personal emergency evacuation plans (PEEPs) and found that the PEEPs guided staff as to the children's support requirements in the event that an emergency evacuation was to occur.

Practice fire drills were occurring on a scheduled basis and the inspector reviewed the records of the last five drills. There was evidence of a drill being completed with minimum staffing levels present and maximum levels of children attending which took place during hours of darkness conditions. This was in order to assure the provider that staffing levels would be effective for a safe evacuation. As previous stated, the outcome of a previously completed night-time fire drill resulted in an extended evacuation time frame for a child, who required specific manual handling support. As a result, the person in charge ensured that staffing arrangements at night were revised to ensure that there was a waking night staff and a staff sleeping over in order to ensure safe evacuation of the children.

While fire drills did not include using alternative doors for evacuation in order to assure the provider that the children could be safely evacuated from all areas of the centre, this was actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

For the most part, there were appropriate systems in place to meet the requirements of this regulation. However, improvement was required to some personal plans which will be discussed further in this regulation.

Based on a review of two assessments of need and from speaking with the person in charge, it demonstrated that each resident had an assessment of need in place as required. The assessments identified the children's health, social and personal care needs.

The inspector found that assessments in place informed the children's personal support plans, these plans were up to date and for the most part suitably guided the staff team. From two staff spoken with, they demonstrated that they were familiar with the care needs of the children in line with their assessed needs.

Personal plans reviewed included two epilepsy care plans and emergency medication protocol, Percutaneous endoscopic gastrostomy (PEG) plan, a specific care plan in relation to a child's allergies, a specific health related therapy plan, and another specific health related support plan.

The majority of plans provided sufficient detail to guide staff practice in order to effectively support the children in line with their assessed needs. For example, the plan for a child's allergies guided staff as to what possible signs of concern to

monitor for, when to administer the child's epipen (medication to be administered when someone is having an allergic reaction), and possible side effects to monitor for once the epipen was administered.

However, one specific healthcare plan contained some contradictory information to that of the child's recently reviewed medication administration record signed off by their general practitioner (GP). That could lead to staff not being consistent in their support of the child and therefore required review.

One epilepsy care plan did not contain all applicable information to guide staff. For instance, it did not include possible known signs or triggers that may alert staff the child may have a seizure and it did not contain the average length of their seizure or average recovery time. While it was clear that some of that information was known to the person in charge, it was not documented in the plan in order to assure the provider that all staff would be familiar with that information in order to effectively support the child.

The inspector observed that one intimate care plan contained misleading information that had the potential for staff to inconsistently support a child. The plan stated, in the section "area in which care is to be delivered", that the child required support with showering and getting dressed. However, the person in charge confirmed the child dresses independently. This had the potential for the child to be over supported by staff which would impact on their independence and privacy.

In addition, from review of a child's behaviour support plan, the clinical psychologist recommended that a care plan be devised to promote a consistent routine and structure for the child. From speaking with the person in charge and a staff member, although they were very familiar with the information required for the child's routine, they confirmed that the child did not have a documented care plan devised in line with the recommendation of the psychologist. This was required to ensure all staff would be familiar with the necessary information in order to ensure consistency of approach when supporting the child. Furthermore, the behaviour support plan also contained a recommendation for the child to have access to a lava lamp; however, this was found not to be facilitated in the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that there were adequate arrangements in place to meet the requirements of this regulation.

Where required, the children had access to professionals to support them to manage behaviour positively. For example, they had access to a behaviour therapist.

From a review of two children's files, the inspector found that there were behaviour support plans in place as required. This was in order to guide staff as to how best to

support the children which in turn would help minimise the impact a child's behaviour may have on themselves or others. The plans were observed to have been reviewed within the last year by a clinical psychologist or a behaviour therapist.

The person in charge and a staff member were clear on the steps to support a child which aligned with their behaviour support plan or recommendations that were in place.

As previously discussed, while some recommendations described in one plan were observed not to be in place, this was actioned under Regulation 5: Individual assessment and person plan.

There were some restrictive practices in use in the centre for the children's safety, for example a locked chemical press, and a sleep system for a particular child. They were periodically reviewed by the person in charge and the PPIM. For example, the inspector observed that one child's restrictive practices were last reviewed in April 2025 and that the occupational therapist (OT) had reviewed them in March 2025. The OT had recommended the use of the restrictive practice along with an associated enabler management plan for the use of the practice. The inspector observed that the child's parent had consented to the use of the restrictive practice in the respite centre.

Judgment: Compliant

Regulation 8: Protection

The provider had sufficient arrangements in place to support staff to identify, report, respond to and manage any concerns relating to the safety and welfare of the children. All staff had up-to-date training in Children First safeguarding. In addition, core staff had also completed a safeguarding children awareness workshop in May 2025.

From speaking with the person in charge, the three staff on duty and two parents, they had no concerns related to the care and welfare of the children attending this centre. One parent when asked if they had any concerns regarding their child attending the respite centre stated "absolutely none". Two children spoken with said that they felt safe in the centre. They said if they had any concerns that they would tell a staff member.

There were no safeguarding incidents or concerns since the last inspection. The inspector observed there were clear lines of reporting which included a designated liaison person with responsibility for safeguarding in the centre. A staff member spoken with was familiar with the steps to take should a safeguarding concern arise.

From a review of three children's files, they had intimate care plans in place which guided staff as to supports required and this included if they had a preference for

gender so as to support their dignity and choice. While one intimate care plan required some revision to ensure support requirements were accurately recorded, this was actioned under Regulation 5: Individual assessment and person plan.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Children's Respite Service OSV-0007198

Inspection ID: MON-0038473

Date of inspection: 04/06/2025

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: All scheduled fire drills now include the use of varied evacuation routes to ensure staff are familiar with all available exits and can respond effectively in different scenarios. Fire drill debriefings during our monthly team meeting, will now include an assessment of the chosen evacuation route and any challenges encountered. We have sourced specialised wheelchair safety clamp training from an external provider and are currently awaiting confirmation of training dates. All relevant staff will be scheduled to attend once dates are finalised. The PIC will review the training matrix monthly to ensure that training needs are proactively identified and addressed. All mandatory training will be reviewed as part of staff appraisals and supervision. Colour-coded mop buckets are now stored with their corresponding colour-coded mops, ensuring correct use and minimising the risk of cross-contamination between different areas. Colour coded cleaning cloths have been purchased and implemented across all cleaning areas. Staff have been instructed on appropriate use based on area risk.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: An immediate review of the identified healthcare plan was carried out to align it with the most recent Medication Administration Record signed by the GP. The care plan has now been updated to reflect the current prescribed medication regime; the changes have been communicated to all staff. The child's epilepsy care plan has been fully reviewed and updated to include all relevant	

clinical and observational information, including: Known seizure triggers and early warning signs, typical seizure duration and post-seizure recovery time. Guidance for staff on how to respond during and after a seizure. Staff have been reminded of the importance of referring to written care plans rather than relying on verbal knowledge. The child's intimate care plan has been reviewed and updated to reflect their actual level of independence, particularly regarding dressing. The updated plan now clearly distinguishes between the support required for showering and the child's independent ability to dress, in line with their developmental needs and personal preferences. A comprehensive routine and structure care plan, regarding the Behavior Support Plan, has now been developed for the child in line with the clinical psychologist's recommendations. This plan outlines the child's preferred daily structure, transitions, and support strategies to ensure consistency across all staff. The lava lamp has since been sourced and is now available in the child's environment as recommended. Ongoing monitoring is in place to ensure that support recommended by allied health professionals are consistently followed through in practice and documented clearly.

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	30/10/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2025