



# 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:	Announced
Date of inspection:	11 April 2023
Centre ID:	OSV-0003717
Fieldwork ID:	MON-0030433

## 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 currently provides respite care to a total of 70 children but has the capacity to care for up to 85 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:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 11 April 2023	10:00hrs to 18:45hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, residents were receiving a person-centred service that met their needs. Some minor improvements were required in relation to fire precautions. This will be discussed further in the quality and safety section of the report.

The inspector had the opportunity to meet with all three residents attending the centre on their respite break. The day of the inspection was the start of the residents' respite break. Two residents attended school that day and were collected from school by centre staff. The third resident was dropped to the centre by their parent. Upon arrival that resident had a snack and was observed choosing to go to a trampoline park as their chosen activity by selecting that picture. The other two residents went out for dinner on their way home from school. One of them then chose to relax in the centre for the evening while the other two residents chose to go to the shop and get chocolate.

They were observed at different times by the inspector to comfortably use their environment and communicate their needs to staff. One resident briefly communicated with the inspector and conveyed through gestures that they liked the respite centre and the staff. The other two residents did not wish to share their views with the inspector and were observed at different times once they arrived to the centre. The inspector observed staff use sign language and verbal language to communicate with the residents as appropriate. All staff were either trained in sign language already or were scheduled for training in order to better communicate with residents.

The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences.

From a walkabout of the premises, the house appeared tidy and clean. There was lots of space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, for example, televisions, art supplies, toys and musical instruments. Resident pictures were displayed in different areas of the centre.

Each resident had their own bedroom for their stay and there was sufficient storage facilities for their personal belongings. The majority of the bedrooms had an en-suite bathroom facility and two bedrooms shared an accessible bathroom. The centre had a large extremely well equipped playground out the back of the property and a green house.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of family representatives. All six questionnaires demonstrated that they were extremely happy with all aspects the care and supports provided in the centre. One family

commented that, they found the staff to be helpful, caring and that their relative was well cared for and respected by staff. Another family stated that, the staff were consistent, knew their relative so well and that management communication was great. They said that, their relative's preferences with regard to a favourite bedroom for their stay was always accommodated. Another family stated that, they could not speak highly enough of the centre, that it was exceptional and brilliantly managed.

In addition, the inspector had the opportunity to speak to one family member in person when they dropped off their relative to the centre. They communicated that, the centre was very good and that their relative was very happy to come on respite breaks each time. They stated that they always felt welcome when they came to the centre.

The provider had sought resident views when attending the centre to complete the annual review, however, the resident present on the respite break did not want to share their views. The provider had also sought family views on the service provided to them by way of annual questionnaires. Feedback received indicated that families were satisfied with the service provided. One family stated that it was hard to improve on perfection.

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 undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in June 2022 as an infection prevention and control (IPC) only inspection and before that in January 2021 where it was observed that some minor improvements were required to ensure the centre was operating in full compliance with 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). Actions from the previous inspections had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

There was a defined management structure in place. The person in charge provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. In addition, there

were other local audits and reviews conducted in areas, such as vehicle checks, medication management, and health and safety.

A planned and actual roster was in place. A review of the rosters demonstrated that the skill-mix of staff was appropriate to meet the assessed needs of the residents.

There were established supervision arrangements in place for staff and the person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in epilepsy and children first. Some staff members were due refresher training and there were scheduled dates in order to ensure staff would receive those training courses.

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded and resolved.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They demonstrated a good understanding of their regulatory responsibilities along with a good knowledge of the residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements, such as workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. There were arrangements for residents to initially attend the associated day respite next door prior to commencing overnight respite breaks. The person in charge managed both the day respite and this centre. Staff members worked across both in order for residents to become familiar with them and ease the transition to the overnight respite breaks.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were established supervision arrangements in place for staff as per the

organisation's policy. The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had training in medication administration and training in IPC, such as personal protective equipment (PPE).

While there was some outstanding training some staff members were due to complete, the person in charge had confirmed scheduled dates for staff to attend those trainings. In addition, some staff were trained in human rights and the person in charge said that the plan was for all staff to complete the training in the coming months.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre was adequately insured against risks to residents and property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place. The person in charge worked Monday to Friday and in addition, there was a team leader on duty daily in order to provide oversight for the centre. The person in charge provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as team leaders completing weekly environmental checks, paperwork reviews and monthly medication management reviews.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available as per the regulations and it contained the majority of the prescribed information required. Any omitted information was amended and evidence shown to the inspector.



Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, for example, there was a nominated complaints officer and a complaints policy in place. There had been no complaints in 2022 and two complaints to date in 2023. Any complaints made had been suitably recorded and resolved.

Judgment: Compliant

### Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated minor improvements were required with some of the centre's fire precautions.

The person in charge had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under periodic review. Care and support was provided in line with their care needs and any emerging needs.

The person in charge was promoting a restraint-free environment where possible and any restrictions in use were deemed necessary for residents' safety. As required, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. The centre had employed a full-time behaviour analyst as part of the staff team.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding children. In addition, there were clear lines of reporting for any potential safeguarding risks and a staff member spoken with was familiar with what to do in the event of a safeguarding concern.

The centre was being operated in a manner that promoted and respected the rights of residents. For example, residents were being offered the opportunity to engage in activities of their choice while on their respite break.

There was a residents' guide in place and a copy was available to each resident which contained the required information as set out in the regulations.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had

a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspector reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPs) in place which outlined how to support residents to safely evacuate in the event of a fire. However, some minor improvements were required to ensure fire drills were completed with minimum staffing levels to ensure staff could safely evacuate residents in the case of an emergency. In addition, more consideration and approval for a potentially necessary transport hold was required to one resident's PEEP to guide staff appropriately in the case of a fire if they were asleep. This was due to them being an extremely heavy sleeper.

### Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The premises was found to be in a state of good repair, tidy with lots of recreational items and areas for residents' use.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident that contained the majority of the required information as set out in the regulations. Any omitted information was amended and evidence shown to the inspector.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks which in addition would help keep residents and staff members safe. Incidents were discussed as part of team meetings and learning from the incidents was prioritised.

There was a risk register in place that captured environmental and social risks. The

review of residents' information also demonstrated that individual risk assessments had been developed from the sample of residents' information reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there were risk assessments and control measures in place with regard to IPC within the centre. In addition, there were colour coded systems in place for cleaning to minimise cross contamination. Actions from the last IPC inspection were completed by the time of this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management, for example, the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date PEEPs in place which outlined how to support residents to safely evacuate in the event of a fire.

However, no drill had taken place with maximum resident numbers and minimum staffing levels or with minimum staffing levels with residents that had higher evacuation support needs. In addition, one resident's PEEP required further review to ensure evacuation supports were recorded accurately in order to guide staff. In addition, that if a particular transfer hold referred to in the document was to be used for the person if required, that it was reviewed and approved by an appropriate person. This was discussed on the day of the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on a periodic basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. In addition, residents were supported to work on building independence skills while in respite.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were assessed and staff members were familiar with residents assessed needs and trained as appropriate, for example, in catheterisation. Due to the nature of the centre being a respite centre, families were the primary facilitators for ensuring their relative had appropriate access to healthcare services. There were arrangements in place for residents to return home to their families if they became unwell.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge was promoting a restraint-free environment where possible. Any restrictions in use were deemed necessary for residents' safety and were kept under review. For example, some restrictive practices included seat belt safety devices and some window restrictors.

Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. For example, some residents had positive behaviour support plans in place to help guide staff on how best to support them.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained in child safeguarding. There was a low incidence of occurrence of peer to peer negative interactions. Three occurred in 2022 and there were none in 2023 up to and including the day of the inspection. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise.

In addition, there were systems in place to safeguard residents' finances in the centre, for example, staff completed daily checks of residents' spending money.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated to exercise choice and control across a range of daily activities. One method by which the centre was demonstrating this was by the technology devices in the dining room, whereby residents could select what activities and food they would like for their stay. Staff were observed communicating with residents in a relaxed manner and through their preferred communication methods. For example, using sign language to communicate with some residents. In addition, staff completed a social story in advance of a medical procedure for a resident in order to help prepare them for it.

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
<b>Capacity and capability</b>	
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maria Goretti Respite OSV-0003717

Inspection ID: MON-0030433

Date of inspection: 11/04/2023

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"><li>• Going forward the service provider will ensure that periodic fire drills take place with maximum resident numbers and minimum staffing levels and with minimum staffing levels with residents that had higher evacuation support needs. The first of these drills will be completed by 25/05/2023.</li><li>• One resident's PEEP will be reviewed to ensure evacuation supports are recorded accurately in order to guide staff. In addition, that if a particular transfer was to be used for the person, that it is reviewed and approved by an appropriate person.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/05/2023