



Office of the Chief Inspector

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

Name of designated centre:	Maria Goretti Respite
Name of provider:	RehabCare
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 December 2018
Centre ID:	OSV-0003717
Fieldwork ID:	MON-0022071

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 Rehab Care and provides respite services on a six night a week basis to children 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 house. At the time of the inspection, the centre provided respite care to a total of 80 children. 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, care workers and staff nurse.

The following information outlines some additional data on this centre.

Current registration end date:	08/09/2020
Number of residents on the date of inspection:	5

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 - 2015 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
11 December 2018	10:00hrs to 17:00hrs	Conan O'Hara	Lead
11 December 2018	10:00hrs to 17:00hrs	Marie Byrne	Support

Views of people who use the service

On the day of inspection the inspectors met with three of the children who were present in the respite service. In addition, inspectors met with three family members during the inspection process.

Overall, the children appeared content and relaxed in the respite service. The children the inspectors met with either chose not to engage with inspectors or were unable to tell the inspectors of their experience of respite care. However, children were observed to be very comfortable with the care and support they were offered from staff. Staff members were observed by the inspectors to be warm, caring, kind and respectful in all interactions with children. The family members spoken with reported that they were happy with the service received and were complementary of the staff.

Capacity and capability

Overall, inspectors found that there were effective governance and management systems which ensured that a good quality and safe service was provided. However, improvements were required in relation to the centres' annual review, staff training and notification of incidents.

There was a clearly defined management structure with clear lines of accountability. The centre was managed by a qualified and experienced person in charge. The person in charge demonstrated good knowledge of the children and their needs. The centre had a number of audits in place which effectively monitored the quality of care and support of the service and identified areas for improvement. The audits included care plan audits, medication management audits, six monthly unannounced provider visits and an annual review of the quality of care and support of the service. However, it was not evident that the annual review provided for consultation with the children and their representatives. This had been identified by the provider and plans were being developed to address this in the upcoming annual review.

The centre's statement of purpose contained all the information required by Schedule 1 of the regulations and had been reviewed in line with the time-frame identified in the regulations. The services being delivered to children was observed to be in keeping with the statement of purpose.

The centre maintained planned and actual rosters. From a review of rosters, inspectors found that there were sufficient staffing numbers to meet childrens'

assessed needs. Continuity of care was maintained through the use of regular relief staff to cover a limited number of shifts. The inspectors found that the children were supported by a skilled and competent workforce. The inspectors spoke with three staff members during the inspection and found that they were all knowledgeable in relation to childrens' specific care and support needs.

In relation to staff training and development, the provider completed a training needs analysis regularly and training was provided as necessary. Inspectors reviewed staff training records and found that all staff had up-to-date mandatory training. Staff also completed additional area specific training to support the needs of the children including diabetes, epilepsy and autism. This meant that the staff team were appropriately trained to respond to the identified needs of the children during respite stays. However, a small number of staff new to the organisation required positive behaviour support training in line with childrens' assessed needs. Staff were in receipt of regular formal supervision which was completed by the person in charge.

The inspectors reviewed a sample of incidents and found that not all incidents were reported to the Office of the Chief Inspector as required by the regulations.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to support children with their care and support needs. There were planned and actual rosters in place and staffing numbers were changed in line with childrens' needs. Children were observed to receive assistance in a caring, respectful and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had the required competencies to manage and deliver person-centred, effective and safe care and support for children in the centre. They had access to training and refreshers in line with childrens' needs and were in receipt of regular formal supervision. However, a small number of staff required positive behaviour support training in line with childrens' needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of accountability. The centre had a number of audits in place which effectively monitored the quality of care and support of the service. However, it was not evident that the annual report provided for consultation with the children and their representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by Schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all incidents were reported to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the quality and safety of the services was good. However, improvements were required in the management of concerns, PRN (as required) medication guidance, the risk management policy and the oversight of restrictive practices.

There was a child protection policy in place dated March 2018 and all staff had completed training in Children First. The inspectors found that respite users were safeguarded from abuse through local response to incidents which included team reviews of incidents and reviewing respite bookings considering the preferences and safety of children. Staff spoken with were clear in what constituted abuse and what to do in the event of an allegation or concern. However, the inspectors found that some incidents of concern were not appropriately escalated and reviewed in line with national guidance and the centres' policy on child protection. There was evidence that incidents were followed up on locally in the centre.

Childrens' personal plans were found to be person-centred. Each child had an assessment of needs and care plans developed in line with their assessed needs. The

personal plans and assessment arrangements in place were ensuring childrens' specific needs were reviewed regularly and that they were clearly guiding staff in relation to the supports they required. There was evidence of regular review of personal plans to ensure they were effective. Children had goals in place in line with their likes, dislikes and preferences.

The inspectors found that the children were given appropriate support to enjoy best possible health. Their healthcare needs were appropriately assessed and care plans were in place to guide staff in supporting the child with their health care needs. While, this was a respite centre and the primary provider of information about each child's healthcare needs was the parent or representative, each child had access to appropriate allied health professionals in line with their assessed needs.

The inspectors found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. There were support plans in place for the provision of positive behaviour support where required and there was access to the support of a behaviour therapist. The positive behaviour support guidelines were up-to-date and clearly guided staff practice in supporting the children to manage their behaviour. The staff who spoke with the inspectors were knowledgeable in relation to the required behaviour support needs.

Restrictive practices were logged and regularly reviewed by the staff team and behaviour specialist. However, there was a restrictive practice in place in the centre which was not recognised as such and required review to ensure it was not negatively impacting children.

The centre is a detached purpose built building which consisted of a kitchen, dining room, living room, play room, sensory room, a utility room, six individual bedrooms, a staff sleep over room and office. There were suitable toilet, bathing and shower facilities. Ceiling track hoists were available in two rooms. The centre was appropriately decorated with murals and the hallways of the centre displayed recent photographs of outings, activities or events. Inspectors observed rooms being personalised for residents for their stay and furniture being rearranged to match the preferences of the children. There was a large well maintained enclosed garden to the rear of the centre containing suitable play equipment such as swings, trampolines and a green house.

There was a policy in place on risk management dated February 2017. However, the risk policy did not outline the arrangements in place for the management of specific risks as outlined in Regulation 26. The centre had local policies in place for the management of these risks. The centre maintained a risk register which consisted of environmental and individual risk assessments. The inspectors reviewed the risk assessments and found that risks were appropriately managed and reviewed in the centre.

Children were protected by policies, procedures and practices in relation to medicines management. Children had a detailed individual medication management plan in place. Recent medication audits had identified areas for improvement and plans were in place to complete the required actions. However, protocols for PRN

(as required) medicines contained conflicting information from childrens' prescriptions. Therefore, protocols in place were not sufficiently guiding staff practice to support children.

Regulation 17: Premises

The centre was a detached purpose built building which was decorated in a homely way and maintained to a high standard.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy in place on risk management dated February 2017 however it did not outline the arrangements in place for the management of specific risks as outlined in Regulation 26. The inspectors reviewed the risk assessments and found that risks were appropriately managed and reviewed in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Audits were completed regularly in the centre. PRN (as required) medicines contained protocols in place were not sufficiently guiding staff practice to support children.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Childrens' personal plans were found to be person-centred and each child had access to support to develop their goals. They had an assessment of need and care plans in place in line with their identified needs. There was evidence that these were reviewed as necessary in line with childrens' changing needs and to ensure they were effective.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that the health and wellbeing of children was promoted and supported through appropriate assessments, care plans, diet, nutrition, and access to the support of relevant allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Positive behavior support guidelines were detailed and guiding staff practice to support children. Staff were found to have up-to-date knowledge and skills to support children's to manage their behaviour.

There was a restrictive practice in place in the centre which was not recognised as such and required review to ensure it was not negatively impacting children.

Judgment: Substantially compliant

Regulation 8: Protection

Children were safeguarded from abuse through local response to incidents which included team reviews of incidents and reviewing respite bookings considering the preferences and safety of children. However, incidents of concern were not appropriately escalated and reviewed in line with national guidance and the centres' policy on child protection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Maria Goretti Respite OSV-0003717

Inspection ID: MON-0022071

Date of inspection: 11/12/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The three new staff members have been scheduled to complete Positive Behaviour Support Training before 28/02/2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review of the service will be completed on the 6/02/2019 and will now include evidence of consultation with children and their representatives.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Going forward the Chief Inspector will be informed of all reportable incidents to ensure compliance with the regulations. To be implemented as required from 3/01/2019.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

<p>management procedures: The organisation's Risk Management Policy was reviewed in 2018 to outline arrangements in place for the management of specific risks as outlined in Regulation 26. A copy of this version of the policy is now available in the service. This was completed on 10/01/2019.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PRN protocol documentation will be reviewed for all children to ensure there is no conflicting information in them. This will be completed by 31/01/2019.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All children and their representatives will be made aware of the use of buzzers on bedroom doors which alerts staff that the resident has come out of bedroom at night time. If child or their representative feels this is an infringement of their rights the use of this system will be discontinued. To be completed by 28/02/2019.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In addition to safeguarding children from abuse through local procedures such as team review of incidents, reviewing respite bookings and compatibility of same, the PIC will escalate these incidents for review to Tusla, DLP and HIQA if required. To be implemented as required from 3/01/2019.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	06/02/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the	Substantially Compliant	Yellow	10/01/2019

	measures and actions in place to control the following specified risks: the unexpected absence of any resident.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	10/01/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	10/01/2019
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and	Substantially Compliant	Yellow	10/01/2019

	actions in place to control the following specified risks: self-harm.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/01/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	03/01/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental	Substantially Compliant	Yellow	28/02/2019

	restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	03/01/2019
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Not Compliant	Orange	03/01/2019