



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

Issued by the Chief Inspector

Name of designated centre:	Northfields Respite Centre
Name of provider:	RK Respite Services Ltd
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	25 October 2023
Centre ID:	OSV-0001863
Fieldwork ID:	MON-0032689

About the designated centre

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

Northfields Respite Centre is a designated centre operated by RK Respite Services Ltd. It is a children's respite service which is intended to meet the needs of up to six male and female respite-users, who are under the age of 18 years and who have an intellectual disability. At the time of the inspection, 42 children availed of the respite service. The centre consists of one large bungalow, located on the outskirts of a town in Co. Tipperary and is close to local amenities. The designated centre comprises of five respite-user bedrooms (one of which provides an option to share with a sibling or friend for the duration of their stay), a staff bedroom, kitchen, dining room, sitting room, play room, utility room, a shared bathroom, laundry and storage room. A large garden areas to the rear of the centre provides respite users with large play and seating areas. Staff are on duty both day and night to support the respite-users who avail of this service. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 25 October 2023	11:00hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

On arrival to the designated centre, the four children attending the respite service were in school. In the morning, the inspector reviewed documentation, spoke with management and carried out a walk-through of the designated centre accompanied by the person in charge. As noted, the premises was a large detached bungalow and consisted of five individual respite-user bedrooms, a staff bedroom, shared bathrooms, kitchen, dining room, sitting room, playroom, a utility room, laundry and storage room. The playroom contained a pool table, air hockey, TV, DVD, gaming consoles, books and table top games. To the rear of the premises there was a large secure garden which contained age appropriate play and recreational facilities including goals, sandbox, jungle gym, sunken trampoline and running track. Overall, the premises was observed to be decorated in an age-appropriate manner and well maintained.

In the afternoon, the inspector had the opportunity to meet with four children. The inspector observed the four children as they returned from school and they appeared happy and comfortable to be coming to the service. The inspector played cards with one respite user who noted that they liked spending time in the respite service. Another child showed the inspector around the premises and talked with the inspector about the choice of activities in the service including video games, table-top games and the play equipment in the garden. The inspector observed all children engaged in activities including playing video games, playing cards, spending on the swings and making jigsaws. There were positive and friendly interactions between the children and the staff team. The children had planned to go swimming and get a takeaway in the afternoon. The inspector observed the children leaving the centre to go swimming as they spoke about what they were going to have to eat afterwards. Overall, the inspector found that the respite service provided a safe, quality and person-centred service to the children.

The inspector also reviewed three questionnaires completed by the respite users representatives describing their views of the care and support provided to the respite users in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the respite users. In addition, the inspector reviewed a sample of feedback forms completed by the respite users' representatives noting that their loved ones enjoyed attending the service.

In summary, the respite users appeared content and comfortable in the respite service and the staff team were observed supporting the respite users in an appropriate and caring manner. However, some improvement was required in the

governance and management of the service.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to respite users' needs. On the day of the inspection, the provider had ensured that there was appropriate staffing levels in place to meet the needs of the respite users. However, some improvement was required in governance and management.

The centre was managed by a full-time and suitably experienced person in charge. There was evidence of quality assurance audits taking place which included the annual review for 2022 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response. However, the six-monthly audits were not completed in a timely manner as the last two six-monthly audits were completed in August 2023 and November 2022, respectively. In addition, some improvement was required in the annual review 2022.

There was appropriate staffing arrangements in the centre to meet the assessed needs of the respite users. The inspector reviewed a sample of the staff roster and found that there was sufficient staff in place to meet the assessed needs of the respite users. In addition, there was evidence that staffing levels changed in order to meet the needs of the particular group availing of respite.

From a review of training records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date skills and knowledge to support the respite users with their identified support needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was responsible for this centre only and was regularly present throughout the week to meet with the staff team and respite users.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the respite users. The registered provider also ensured that there were appropriate staffing levels to meet the assessed needs of the respite users. From a review of staffing rosters, it was evident that the staffing levels changed depending of the needs of respite group.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication, fire safety, safeguarding and de-escalation and intervention techniques.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included all of the information as required by regulation 19.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance was reviewed and found to be in place as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The centre was managed by a full-time, suitably experienced person in charge. This centre was the provider's only designated centre and was managed by a person in charge and the service supervisor.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the respite users' needs. The quality assurance audits included the annual review for 2022 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response

However, the six-monthly audits were not completed in a timely manner as the last two six-monthly audits were completed in August 2023 and November 2022, respectively. The provider had previously strengthened the governance and management arrangements by engaging with an external agency to conduct quality assurance audits including the six-monthly audits. The provider informed the inspector of challenges in securing an external organisation to complete the six monthly audit. This had since been addressed. In addition, some improvement was required in the annual review 2022 as consultation with respite users and their representatives was not evident in the annual review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider prepared and maintained policies and procedures as set out by Schedule 5 of the regulations. The policies and procedures were found to be up-to-date and had been reviewed within the last three years in line with Regulation 4.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was providing a quality, safe and person centred respite service.

The inspector reviewed a sample of personal plans and found that they were up to date and provided clear and comprehensive guidance to staff team in supporting the respite users with their personal, social and health needs. The staff team maintained regular communication with the respite users' families, which ensured that the personal plans included any changes to the respite users' care needs that occurred in between their respite stays.

There were systems in place to ensure respite users were safe. For example, the planning of respite bookings considered the preferences, compatibility and safety of respite users. Respite user meetings were held at the beginning of every respite stay. This was a forum for respite users and staff to plan and decide activities and meal options.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. A large garden to the rear of the premises provided respite-users with appropriate outdoor recreation areas with age-appropriate play and recreational equipment.

Judgment: Compliant

Regulation 20: Information for residents

An information guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and up to date.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each respite user had a personal evacuation plan in place. The inspector reviewed a sample of personal evacuation plans and found that they appropriately guided the staff team in supporting the respite users to evacuate. There was evidence of regular fire evacuation drills taking place in the centre with respite users and simulated night-time drills completed with the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of respite users personal files which contained an up to date comprehensive assessment of the respites users' health, social and personal needs. The assessment informed the personal plans which guided the staff team in supporting the respite users with identified needs and supports while they attended the service.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the respite users. There was evidence that incidents were appropriately reviewed, managed and responded to. The respite users were observed to appear happy and comfortable in the service. The planning of respite bookings considered the preferences, compatibility and safety of respite users. All staff had up-to-date safeguarding training. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring respite users were kept safe at all times.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Northfields Respite Centre OSV-0001863

Inspection ID: MON-0032689

Date of inspection: 25/10/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The timing of the Six Monthly provider visit audits will be realigned to a six month cycle with the next one to be scheduled for February 2024, following on from the one conducted in August 2023. This will be done in consultation with the external independent agency conducting the review/audit.</p> <p>The Annual Review for 2023 will include consultation with respite users and their representatives through the inclusion of analysis of Evaluation Forms returned for the year.</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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	28/02/2024

	concerns regarding the standard of care and support.			
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