Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Childrens Respite Service
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0007198
Fieldwork ID:	MON-0039675

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:	2

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 26 April 2023	12:00hrs to 19:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents were receiving a person-centred service that met their needs. However, a number of areas requiring improvement were identified on this inspection that related to governance and management oversight and others related to the statement of purpose for the centre, staff training and risk management. In addition, there were some outstanding actions required that were identified in the last inspection of this centre and some areas that required further improvements, for example, general welfare and development and protection against infection. These issues are discussed throughout the report.

The inspector had the opportunity to meet with three residents during the inspection when they arrived to the centre after school. One of the resident's was only attending for the evening in line with the centre's community respite process. Two residents were dropped to the centre by organised transport and one was collected by the centre staff. They were supported to have snacks if they wanted and then relaxed after their arrival. Later on the they went for a drive with staff to a sensory garden.

The centre appeared spacious and tidy. It had sufficient space for privacy and recreation and there were different recreational facilities available for use. For example, games, jigsaws, art supplies, toys, teddies, and sensory objects. Each resident had their own bedroom and en-suite bathroom facility when they attended the respite service.

There were colourful pictures, murals and there were lots of pictures of the residents completing activities displayed on the walls. The person in charge informed the inspector that the centre had recently organised an Easter camp for residents when they were off school and they had completed a book of pictures to keep as memories of the camp.

The property had a side garden with colourful painted tyres for decoration and a large back garden. The back garden contained many recreational items and playground facilities, for example, swings.

In addition to the person in charge, there were two staff on duty on the day of inspection. Staff spoken with demonstrated that they were knowledgeable on the residents' care and support needs. They were observed to engage in a manner that was relaxed, sociable and attentive. The residents appeared very comfortable in the presence of the staff members. One resident was observed to have a jovial interaction with the person in charge over homework.

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 was a risk based inspection carried out following receipt of unsolicited information of concern that was provided to HIQA. The inspection was focused mainly on the regulations that related to the concerns raised and additionally the inspector reviewed the provider's compliance plan from the last inspection. Concerns received related to staffing, training and staff development, and governance and management.

In advance of the inspection the provider had submitted assurances by way of a provider assurance report (PAR) in relation to the concerns raised. The purpose of this inspection was to review the assurances given by the provider and review the systems in place.

The inspector found that from a review of systems, documentation and from speaking with staff members, that the concerns raised could not be substantiated. In addition, the inspector was satisfied that the provider had taken appropriate actions and reviews as a result of the concerns raised.

Overall, the inspector found that residents were receiving appropriate care and support that was focused on their needs. This centre was last inspected in May 2022, where a number of actions were required to ensure the centre was operating in 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). Following the inspection the provider submitted a satisfactory compliance plan. However, the inspector found that, not all actions with agreed time frames from the inspection in May 2022 had been completed. It was also observed and actioned in the May 2022 inspection that, not all agreed actions from the December 2020 HIQA inspection had been completed as agreed.

The inspector also observed that not all actions from the provider's own unannounced six monthly visit in November 2022 were completed by the time of this inspection and there was no evidence provided to the inspector of an action plan in place to address these deficits.

The inspector found that not all records were available for review as they were either archived or with the residents when they were not attending this respite centre. This meant that the inspector could not verify if some of actions from the last inspection were completed or not. For example, the health care plan discussed in the last inspection report was not available for review on this inspection to see if it had been updated.

There was a defined management structure in place which included the person in charge and the operational manager for the organisation who was the person participating in management for the centre.

From discussions with the person in charge and a review of documents, the inspector found that a safeguarding incident had occurred but had not been notified as such to the Chief Inspector of Social Services (The Chief Inspector) as required by the regulations. While the incident was dealt with at the time and the resident involved was safeguarded, it had been dealt with as a complaint and not as a safeguarding concern. The person in charge retrospectively submitted the notification after the inspection as per the inspector's request.

The statement of purpose and function for the centre had not been updated in light of some changes, for example, with regard to the staffing whole time equivalents (WTE). This was updated retrospectively after the inspection.

There were sufficient staff available, with the required skills to meet the assessed needs of residents. Due to the nature of this centre being a respite centre, staffing levels were subject to change based on the residents that were due to attend the centre. However, the system in place for oversight of Schedule 2 information meant that, the person in charge did not have access to staff personnel files in order to fulfil all of their functions under the regulations.

There were formal supervision arrangements in place however, they were not always happening in line with the provider's policy. This had been identified on the provider's own six monthly unannounced visit to the centre in November 2022. The person in charge communicated that, they had the supervision schedule up to date by the day of the inspection, although this could not be verified by the inspector as the files were not available for review at the time. The provider also had plans to increase the frequency of supervision meetings and was reviewing their own policy as a result.

The training oversight document was found to be inaccurate as it contained non-applicable information as it was not updated in light of staff changes. For the most part staff had access to the necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. For example, staff were trained in medication management and administration.

However, staff required training in respiratory hygiene and cough etiquette and transmission based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation, as per public health guidance. In addition, one staff member was due a refresher course in PPE.

Regulation 15: Staffing

A planned and actual roster was in place. A review of the rosters demonstrated that staffing and skill mix were appropriate to the number and assessed needs of the residents. Nursing care was made available as and when required.

There was a high turnover of staffing since the last inspection, however, consistent

relief staff were utilised. At the time of the inspection the provider had a full staffing compliment in place in order to provide continuity of care to residents.

From a review of a sample of staff personnel files, the provider had ensured they contained the necessary information as required to ensure safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part staff had access to appropriate training, including refresher training as part of continuous professional development. For example, staff were trained in medication management and administration. In addition, in order to be signed off as competent to administer medication, staff members required three medication assessments by the provider's medication trainers. The provider had moved to online training during the COVID-19 pandemic as a method to provide the theory aspects of the medication training. The provider had since moved back to face-to-face training since November 2022 as they felt it was a more robust training for staff. Furthermore, the provider recently facilitated the nurses employed in the centre to have a refresher course in percutaneous endoscopic gastrostomy (PEG).

However, all staff required training in respiratory hygiene and cough etiquette and transmission based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation, as per public health guidance. In addition, one staff member was due a refresher course in PPE.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was not assured that governance and management arrangements were always effective in ensuring the service was adequately overseen. For example, while some actions from the last inspection were completed by the time of this inspection, such as the provider had updated their risk management policy, the inspector was not satisfied that the provider always ensured that, required actions were completed and completed within agreed time frames. In addition, audits completed did not always pick up on issues identified by the inspector, for example, it was not identified in any audits that there were still outstanding actions required or that there were additional risks in the centre not risk assessed, such as cooking some food in the utility room on occasion.

Improvements required to comply with this regulation included:

- the systems in place did not allow for the person in charge to fulfill all of their functions under the regulations with regard to overseeing Schedule 2 information for staff members
- to ensure that all actions agreed in action plans are completed and time bound as not all actions were completed from the last inspection. For example, the risk assessment for the utility room as an area to prepare medicines and do laundry had not been conducted as agreed
- not all actions from the last provider's own unannounced visit were completed by the time of this inspection. For example, no restriction reduction plan was developed for restrictive practices used in the centre. Additionally, there was no evidence of an action plan devised from the audit in order to plan and track when actions would be completed.

Some information agreed to be actioned from the last HIQA inspection could not be verified as it was not accessible for review for the inspector on the day of inspection. For example,

- if a fire drill had taken place since the last inspection to include all children with high support needs and minimum staffing levels conducted in the hours of darkness, as the information was archived and could not be found for the inspector
- if risk assessments were completed to assess if children with higher support needs could go out with only one staff support and to ensure control measures in place were proportionate to the risks identified.

In addition the inspector found that the Chief Inspector was not notified of all adverse incidents that occur in the centre and that they were dealt with through the appropriate channels.

The training oversight document was found to be out of date as it did not reflect the new staff members that joined the team over the last few months. It still contained the staff members that had left the service including staff members that had left the service several months prior. Therefore the inspector could not be assured that there was effective oversight of staff training needs.

On the day of inspection the statement of purpose required updating in light of changes, for example, it was not updated in light of changes in staffing and opening arrangements.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents' support needs were now assessed on an

ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. However, while the inspector did identify some improvements since the last HIQA inspection, further improvements were required to general welfare and development, risk management and protection against infection.

Some areas actioned in the last inspection were completed by the time of this inspection, for example, staff now completed a continuity of care phone call with families prior to a respite break, to clarify if there were any changes since the last respite break. In addition, the centre was no longer reusing and storing used single use items used in residents' healthcare procedures.

While improvements were evident from the last inspection with regard to residents with higher support needs participating in more recreational activities out of the centre other than for walks, further improvements were required. For example, further exploration and expansion of opportunities for external activities for residents with higher support needs was required.

There was a risk management policy and associated procedures in place in order to promote health and safety within the centre. However, not all actions from the last inspection could be verified if they were completed and from speaking with the person in charge and a staff member a risk assessment completed in light of the last inspection required further updating to ensure it was robust and control measures proportionate. In addition, the risk assessment for storing and administering medication in the utility room had not been completed as per the provider's compliance plan to HIQA. Furthermore, some risks required to be risk assessed which hadn't been identified by the provider, for example, for staff cooking in the utility room and a risk assessment was still in place that was not applicable for the last year with regard to medication storage.

From a walk-around of the premises the inspector observed that some equipment used to support residents with their healthcare needs were unclean, for example, a medication crushing device. In addition, the inspector observed that not all areas required to be included in the centre's cleaning checklist were included, for example, the sensory room. These issues were also identified on the last inspection of this centre.

Regulation 13: General welfare and development

Through discussions with some staff members and the person in charge, there were improvements in the participation of residents with higher support needs in external activities in the centre since the last HIQA inspection other than just going for walks. For example, they now went on drives and participated in walks, going to parks and playgrounds. However, the centre could do with further exploration of recreational activities in the community that may be of interest to residents with higher support needs as activities they participated in appeared limited to the activities listed above.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were some improvements in the areas identified since the last inspection, for example, there was an updated risk management policy in place from February 2023 to include information required by the regulations, however, further improvements were required. The inspector was informed by the person in charge that risk assessments for residents with higher support needs to travel alone in the car were completed since the last inspection as agreed. However, the risk assessments were not present in the centre for the inspector to verify the information. From speaking with the person in charge and a staff member it was not evident if the task was robustly risk assessed and all proportionate control measures considered.

In addition, a risk assessment for the use of the utility room as an area to prepare medicines and do laundry had not been completed as agreed in the provider's compliance plan. This was in order to ensure that the risk of cross contamination had been mitigated. Additionally, the inspector observed that some food was being cooked in the utility room and risks associated with that task had not been risk assessed. Furthermore, a non-applicable risk assessment was in place that had not been applicable for the last year with regard to medication storage.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While there were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to Covid 19, further improvements were required which were already identified in the last inspection of the centre. For example, to ensure that cleaning of equipment used to support residents was completed as medication crushers and medication cutters were found to be unclean. In addition, a deeper clean of the sensory room was required as some debris was observed as per the last inspection. As previously stated, additional items required to be included in the centre's cleaning checklist, for example, the utility room, sensory room, the extractor fan, vents and kitchen presses.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Childrens Respite Service OSV-0007198

Inspection ID: MON-0039675

Date of inspection: 26/04/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1 staff member will complete refresher training in Donning and Doffing of PPE (by 15th June 2023). All staff will complete Respiratory Hygiene and Cough Etiquette training by 30th June 2023. All staff will complete AMRIC Standard and Transmission Based precautions training by 30/06/23. All staff will complete the AMRIC PPE training by 30/6/23	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A Management Oversight Plan has been implemented (1/6/2023) which will ensure PPIM monitoring of all action plans and timeframes. As part of this plan the PIC will meet with the Compliance Manager on a quarterly basis to review the compliance plan for the centre. The PIC will meet with the PPIM on a monthly basis to monitor and review actions and audits and progress of the completed actions. All outstanding actions from previous inspections and audits will formulate a new	

compliance plan and new timeframes will be agreed with the compliance manager, PIC and PPIM, scheduled for 3/7/2023

Cooking some food no longer takes place in the utility room (30/4/2023).

The risk assessment for the utility room as an area to prepare medicines and do laundry has been completed (15/5/23).

The restrictive reduction plan will be completed for the centre by 30/06/23.

The PIC now has access to schedule 2 information relevant to her role such as individuals job description and role, monthly contracted hours, leave arrangements to include annual and sick leave records and entitlements and all training records in order to ensure oversight (01/06/2023).

A further fire drill was completed on 25/5/23 to include all children with high support needs and minimum staffing levels in the hours of darkness.

A risk assessment was completed on 15/5/2023 to ensure proportionate control measures were in place for children with higher support needs to go out with a single staff and access the community and activities.

A safeguarding report was submitted to HIQA retrospectively on 27/04/2023

The training matrix has been revised and updated and staff no longer working in the centre have been removed. PIC and PPIM have been supplied with a copy of this document (30/4/23).

The Statement of Purpose for the centre was revised and updated to include additional days that the centre was open and to reflect a breakdown of the staffing cohort. This was submitted to HIQA on 3/5/2023.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
An activity planner has been developed by the PIC and will be implemented by 30/6/2023 which will reflect plans for recreational activities that would be of interest to children with higher support needs, outside of walks and visits to the playgrounds.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A risk assessment has been completed (15/5/23) to reflect residents with high support needs going on outings with a single staff and control measures that are proportionate have been included.

A risk assessment has been completed for the utility room where laundry is done and medicines are prepared (15/5/23).

Food is no longer cooked in the utility room and the cooking utensil has been removed (30/4/23).

The non applicable risk assessment has been removed 30/4/23.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The cleaning schedules for the centre have been revised (30/4/23) to include a deep clean of the sensory room on a weekly basis, the cleaning of medication equipment, the utility room, vents, extractor fan, washing machine and kitchen presses.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/06/2023
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/06/2023

	as part of a continuous professional development programme.			
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.	Not Compliant	Orange	03/07/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/05/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/04/2023

	associated infections published by the Authority.			