



# 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:	18 April 2024
Centre ID:	OSV-0007198
Fieldwork ID:	MON-0038475

## 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:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 18 April 2024	10:05hrs to 18:50hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that for the most part good quality care and support was being provided to the residents.

However, the inspector observed that some improvements were required in the areas of positive behaviour supports, communication, general welfare and development, protection against infection, and fire precautions. These areas will be discussed in more detail in following sections of the report.

The inspector had the opportunity to meet six residents that were attending the centre for either an overnight respite stay or for some hours in the evening after school.

Residents with alternative communication methods did not share their views with the inspector and were observed at different times during the course of the inspection in the centre.

Three residents went to a park for a walk, got ice cream and on return to the centre were observed relaxing in the sitting room area. Other residents were observed using the sensory room for a time or watching television.

Over the course of the inspection, the inspector observed staff members use gentle, age appropriate and reassuring communication when speaking with the residents. For example, one staff member was observed to say "good boy" to one of the children when they went to get their coat for going out. The staff used a friendly tone of voice when speaking with the residents and were observed to smile a lot when around them. Residents were observed to appear relaxed and comfortable in the respite centre and in the presence of the staff members.

The provider had arranged for staff to have training in human rights. One staff member spoken with said that, the training focused them to empower the residents. They explained that they should focus at what the residents could do as opposed to what they could not. For example, they said that staff used to put the residents' dishes away when they were finished and now they verbally prompted the residents and reminded them of the task to help teach them skills to do things for themselves.

The inspector observed the house to be comfortable, tidy and nicely decorated. There was a large colourful fish tank on display once you entered the house. There was an abundance of arts and crafts materials, jigsaws, games and toys for the residents to use. The inspector observed that some areas required a more thorough clean and more consideration was required the the storage of some items and cleaning equipment in the centre. This will be discussed further in section two of this report.

Each resident had their own bedroom and en-suite bathroom during their respite

stay. There were adequate storage facilities for their personal belongings. There were pictures of the residents displayed in different areas of the house.

The front of the property had large potted plants and flowers. There were decorative figurines displayed along the front wall which welcomes visitors. There was a large back garden and garden seating was available for use in good weather. The inspector observed different areas and play facilities for residents use. For example, there was a web swing and a large outdoor board game.

The provider had sought family and residents' views on the service provided by way of the six monthly unannounced provider lead visits. They demonstrated that families were satisfied with the care and support provided by the service. Staff were complimented on the good work that they did.

The inspector had the opportunity to speak with family representatives of two different residents that happened to have attended the centre on the day of the inspection. The family representatives communicated that they were happy with the service. One parent communicated that they could not fault the staff and that it was a great service. The other said that the staff were nice and that they had no concerns. Both said that they would be comfortable going to a staff member or the person in charge if they had any concerns.

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 unannounced and undertaken as part of ongoing monitoring of the centre's compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in March 2023. the inspector reviewed a sample of the actions from the previous inspection and found that they had been completed by the time of this inspection.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. For example, the provider had completed unannounced visits to the centre as per the regulations.

The inspector reviewed a sample of rosters. They indicated that there were sufficient staff on duty to meet the needs of the residents.

In relation to the arrangements for training and staff development, there were supervision arrangements in place as per the organisational policy. The inspector observed that staff had access to training and development opportunities in order to carry out their roles effectively. For example, they had training in medicines

management.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

#### Regulation 14: Persons in charge

The person in charge was qualified and had the experience to fulfil the requirements of the role. They were employed in a full-time capacity within this centre.

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

Judgment: Compliant

#### Regulation 15: Staffing

A sample of rosters were reviewed over a three month period. They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents. There was a planned and actual roster maintained by the person in charge and there was a full staffing complement employed in the centre.

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

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff received training in areas determined by the provider to be mandatory, such as child safeguarding, epilepsy and rescue medication, and fire safety.

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

The inspector also reviewed a sample of four staff supervision files. They demonstrated that there were formalised supervision arrangements in place which were in line with the frequency described in the organisational policy.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in the centre which consisted of the person in charge and the operations manager, who was the person participating in management for the centre.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. The person in charge had also completed an annual health and safety audit for the centre in January 2024.

The inspector observed improvements in the oversight of the centre since the last inspection. The operations manager was observed to have provided additional support to the person in charge to ensure all actions from the last inspection were overseen and completed appropriately. Actions from the last inspection and actions from audits completed by the provider were captured in an overarching quality improvement document. They were observed to be completed by the time of this inspection.

There were regular team meetings taking place and incidents and reflection on practice were standing agenda items to ensure shared learning.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated.

There had been one informal complaint in the centre since the last inspection. It had been recorded, reviewed and resolved to the satisfaction of the resident and their family.

The service had also received some compliments. For example, one parent was very impressed with the centre and thought it was lovely.

Judgment: Compliant

### Quality and safety



Overall, the residents were receiving care and support which was in line with their assessed needs. However, as previously stated some improvements were required in relation to positive behaviour supports, communication, general welfare and development, protection against infection, and fire precautions.

The provider had ensured that the health needs of the residents were known and appropriate healthcare was provided for them in line with those assessed needs. For example, residents were supported with modified diets where applicable.

The inspector reviewed restrictive practices and while there were some in place, for example a lap belt for a wheelchair, they were assessed as necessary for the safety of the residents and subject to review. While the provider had access to a behaviour therapist to support residents to manage their behaviour positively, access wasn't always timely and one plan was not reviewed within the last year to ensure the information was still applicable.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse. For example, staff had received training in child safeguarding.

The inspector observed that improvements were required to support the residents to make informed choices and promote their communication skills. The inspector also found that while residents had access to some opportunities for leisure and recreation, some activities appeared more repetitive in nature. Other activities appeared limited in the variety of activities explored.

The inspector observed the premises was tidy, in a good state of repair and for the most part clean. Some improvements were required to the oversight arrangements for infection prevention and control (IPC), the storage of items in the centre and the cleaning of some items and cleaning equipment used in the centre.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place.

There were fire safety management systems in place in the centre, which were kept under ongoing review. For example, each resident had a personal emergency evacuation plan (PEEP) in place. However, one PEEP required review to ensure it fully guided staff as to how to evacuate that resident. Some improvement was required with regard fire drills in order for staff to demonstrate they could safely evacuate residents from different parts of the centre.

## Regulation 10: Communication

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

Staff had received training in communicating with people with an intellectual disability. Additionally, the inspector observed based on a sample of three residents' documentation, there were communication charts in place for each resident. The charts supported staff as to how the residents communicated. One resident was observed to have some clear information with regard to their communication recorded in an assessment completed by the organisation's behaviour therapist.

However, in another case, a resident had some communication recommendations completed by an external behaviour therapist and they were not being followed through on in the centre. It was recommended that laminated picture cards should be used that were of important every day items or tasks. This was recommended to help the resident associate and link what was being communicated to them.

The inspector also observed that while the centre had access to some pictures in order to promote informed choice for activities, they were not frequently used. The inspector did not observe pictures to promote food choices in the centre.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The inspector reviewed some documentary evidence for the last four respite stays for three residents on their daily recreation and activities they participated in. There was an improvement in the variety of activities that one particular resident participated in since the last inspection. Residents often made use of the centre's facilities, for example the sensory room or played in the large back garden with the trampoline and swing. Staff communicated that other in-house activities were offered, for example baking and watching television. The centre facilitated camps based in the centre for the children at different times of the year, for example at Halloween.

While residents were observed to participate in activities, some were often repetitive. The inspector also observed on some days the activities that they participated in were limited in nature. For example, some days the only recorded activity for a resident was listening to music. It was observed that on some other days, an external activity that a resident participated in was a walk in the park or a drive.

There was limited evidence that activities were based on residents' choices. Given the limited nature of some activities that residents engaged in, improvement was required to ensure that residents had opportunities to develop new interests and try new activities.

Judgment: Substantially compliant

## Regulation 17: Premises

The premises was tidy and laid out to meet the assessed needs of the residents. and found for the most part to be clean.

The registered provider ensured that the designated centre had appropriate indoor and outdoor recreational areas provided which had age-appropriate play and recreational facilities. For example, a trampoline that was built into the ground.

Any identified issues with regard to cleaning and the cleaning equipment are being actioned under Regulation 27: Protection against infection.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep the resident safe in the centre. For example, there was a policy on risk management available.

There was a risk register in place with centre specific risks. Residents had a number of individual risk assessments on file so as to support their overall safety and wellbeing were applicable. For example, one resident had a risk assessment for travelling in the vehicle with one staff member.

The operations manager communicated to the inspector that the organisation planned to roll out risk assessment training to all staff within the next month.

On review of other arrangements in place to meet the requirements of this regulation, the inspector saw documentary evidence that equipment used to support residents in the centre was serviced within the last year. For example, the overhead hoists that were available for use in the centre. The boiler for the centre had also received an annual service.

Judgment: Compliant

## Regulation 27: Protection against infection

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. For example, staff had received training in a number of areas related to IPC, such as hand hygiene. In addition, there were a range of cleaning and hygiene checklists in place.

However, the inspector found that some of that the infection control systems were not consistently implemented or monitored. They related to:

- the mops and buckets used to clean the centre were not stored appropriately which could lead to cross contamination and the breeding of bacteria. For example, some had pooled water in them or the incorrect colour mop was being stored with the incorrect bucket
- the centre had not received an IPC audit since 2022 which could result in any emerging IPC risks not be identified and rectified in a timely manner
- some items were inappropriately stored in the centre's main bathroom, for example a car seat, which could lead to cross contamination
- some items in the centre required a more thorough clean, for example the washing machine seals, the tablet crusher and a medicine dispenser cup as some residue was observed on them.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

Regular fire evacuation drills were taking place which had included minimum staffing levels and maximum resident numbers and a drill during the hours of darkness. However, it was not clear if scenarios of the possible source of the fire were used in order to demonstrate if residents could be evacuated from different parts of the centre.

From a review of six residents' documentation, the inspector observed that each resident had an up-to-date PEEP in place which guided staff as to what supports they required in the event of an emergency. However, for one resident that had recently started to attend the respite service, more consideration was required in relation to their PEEP to ensure it fully guided staff as to the steps required to safely evacuate them. Their PEEP did not guide staff how to evacuate them in the event of a power outage and the ceiling hoist they required was not working.

The inspector observed that one fire containment door did not close fully by itself. The provider arranged for it to be fixed on the day of the inspection and evidence shown to the inspector.

Three external emergency lighting were observed not to be working. The person in charge arranged for a competent fire person to call out on the day of the inspection and new bulbs were ordered. The inspector was provided a date in writing for the emergency lighting bulbs to be replaced the week after the inspection.

Judgment: Substantially compliant

## Regulation 6: Health care

The healthcare needs of residents were suitably identified and there were healthcare plans in place which outlined supports provided to residents to experience the best possible health. For example an eating, drinking and swallowing plan and an epilepsy care plan was in place were required.

Allergies residents may have were known and the centre was taking precautions to ensure residents would not come into contact with something they were allergic too. For example, one resident was allergic to nuts and this was identified clearly in their care plan and there was a poster in the kitchen that it was to be a nut free zone.

Some of the residents were on modified diets and staff spoken with were aware of the residents' specific needs in this area. In addition, residents had been reviewed by a speech and language therapist in relation to their diets were required.

As this centre is a respite centre and residents live at home with their families, residents were supported by their families to attend any healthcare appointments and referrals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

While there were some restrictive practices used within the centre, for example a lap belt used when some residents were in their wheelchair, they were assessed as being required for residents' safety and subject to review.

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, staff had received training in the area of positive behaviour supports.

However, the provider's arrangements were not always occurring in a timely manner as one resident was still awaiting an assessment by the behaviour therapist after attending the respite service for approximately one year. Another resident's behaviour support plan had not been reviewed as part of their personal planning process. It was due for review since September 2022.

Judgment: Substantially compliant

## Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in children first. There were no safeguarding concerns since the last inspection in this centre. One staff spoken with was clear on what to do in the event of a concern.

From a sample of four residents' documentation, each had an intimate care plan in plan which guided staff as to what supports each resident required.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Childrens Respite Service OSV-0007198

Inspection ID: MON-0038475

Date of inspection: 18/04/2024

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A full review of one child's communication profile will be completed by the Services Behaviour Therapist (30/06/2024). A full selection of picture cards to be developed to show outings, activities and food choices for the children (30/05/2024). A large activity choice board and a menu choice board to be put within easy reach for the children so that they can communicate their choices through pictures (30/05/2024).	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: A full selection of picture cards to be developed to show outings and activities to include new activities for the children (30/05/2024). A large activity picture board to be hung in a communal space so children can show what activities they would like to do (30/05/2024). A picture book has been set up to show activities that have been experienced and also encourage other children who may like to choose new activities (02/05/2024). A recording sheet to be added to each child's file to record all activities participated in (02/05/2024). Families to be consulted for ideas on new activities through follow-up calls (30/06/2024).	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All mops labelled and stored correctly; New buckets purchased (29/04/2024).  IPC Audit completed in the centre by the Services IPC Link Practitioner (29/04/2024).  An outdoor shed to be purchased to store items correctly and prevent cross contamination (30/06/2024).  The cleaning schedules have been reviewed to include the cleaning of washing machine seals (29/04/2024).  All medicine dispenser cups and tablet crushers have been disposed of and new single use medicine cups have been purchased (19/04/2024).</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Additional details are required on fire drill records – to be discussed at team meeting on 29/05/2024.</p> <p>The bulbs in the 3 outdoor emergency lights were replaced on 19/04/2024 and records updated.</p> <p>One PEEP for a child has been reviewed and an evacuation blanket has been added to this PEEP to guide staff on a safe evacuation for this child in the event of a power outage. In place 29/04/2024.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The provider has arranged for a behaviour assessment with the Services Behaviour Therapist for one child (15/07/2024).  A full review of one child's Behaviour Support Plan to be completed (01/07/2024).</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/05/2024
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/06/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	30/06/2024

	their interests, capacities and developmental needs.			
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 associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	29/04/2024
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	Substantially Compliant	Yellow	29/05/2024

	followed in the case of fire.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	15/07/2024