<table>
<thead>
<tr>
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<th>Maria Goretti Respite</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003717</td>
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<td>Centre county:</td>
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<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
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</tr>
<tr>
<td>Provider Nominee:</td>
<td>Cyril Gibbons</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
</tr>
<tr>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
The purpose of this inspection was to conduct a monitoring inspection.

How we gathered our evidence:
As part of this inspection, the inspector met with three children who were recipients of respite care on the day of this inspection and a parent. The inspector met with a number of staff, including the two team leaders and the service manager (person in charge). The inspector reviewed a sample of children's files and a range of other documentation such as medicines management and incident and accident logs. The children were unable to tell the inspector of their experience of respite care but they presented as happy and content to be at the centre. The inspector observed a warm and positive rapport between staff, children and visitors to the centre. The hallway had a display of recent photographs of the children on various outings, activities and their celebration of seasonal activities.

Description of the service:
The provider had produced a document called the statement of purpose, as required
by the regulations, which described the service provided. The inspector found that the service matched what was described in that document. There were 80 children in receipt of services at the time of the inspection. The capacity of the centre was six children and at the time of this inspection the centre generally operated four beds six nights a week. During this inspection, there were sufficient staff attending to the needs of the children. The centre was located in a detached purpose-built building on the outskirts of a village. The centre comprised of six children's bedrooms, one staff bedroom/office, a separate office located at the front of the building, a kitchen, a dining area, two play and relaxation areas, a sensory room and a number of shared bathrooms and en-suites. Parking facilities were available to the front of the house to which children did not have access. Children could access an enclosed garden and play area to the rear and side of the house. Staff and children had access to local villages as transportation was provided.

Overall judgment of our findings:
Overall, the centre was in compliance with the regulations. Given the high number of children in receipt of services the centre was run in an organised manner with good systems. Everyone knew who was in charge and the person in charge led the service well. The personal planning that took place at the centre led by key-workers was of a high standard. Staff knew the children very well and spent time putting together memory books with children that contained photographic evidence of the goals that each child was working on and the activities they participated in during their respite stay. The centre was modern, clean, child-friendly and a very pleasant space for children to play and relax in. Children had significant access to a large outdoor play space. Some children used Lamh and others brought with them augmented forms of communication such as picture exchange systems or electronic devises for communication, all of which were facilitated by staff. There was a strong ethos in the centre of bringing children to activities in the community, all of which were documented in writing and through photographs.

Despite these positive practices, the inspector issued an immediate action plan to the person nominated by the provider with regard to the lack of sufficient risk assessments regarding percutaneous endoscopically-guided gastrostomy (PEG) feeding. The provider responded immediately to this finding and gave written assurances to HIQA following the inspection that the appropriate controls were put in place. These findings have been incorporated into this report.

Actions in this report include:
- the appropriate controls were not in place regarding PEG feeding (outcome 7)
- there were some non-compliances identified in medicines management (outcome 12).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The wellbeing and welfare of children was maintained by a high standard of evidence-based care and support.

There was a suite of policies, procedures and processes in place to promote the wellbeing and welfare needs of each child in line with the regulations. At pre-assessment, information was collated through the referral system and informed staff of the child’s diagnosis and involvement with healthcare professionals. There was evidence that staff sought relevant up-to-date reports and assessments from the various healthcare professionals in addition to liaising closely with the parents and representatives.

There were appropriate systems in place for personal planning. Each child had an individual support plan which was reviewed regularly. These were written from the child’s perspective and included their individual wishes, choices and preferences. The personal planning also took into account their social, health, educational and communication needs. There was an appropriate level of participation by family members and external professionals in the development of plans. Personal plans were available in a child-friendly format. Review dates were planned and included the parent and other healthcare professionals attending where required.

There was a key-working system in place and the inspector met with a key-worker who was very well informed of the children he/she key-worked with. He/she showed examples to the inspector of how key-workers regularly reviewed the personal plans of the children. He/she was able to describe clearly the goals of a child and these goals
were age appropriate and included the use of technology which was appropriate. Individual goals for each child were outlined in their memory book. Key-workers were assured that the staff team were aware of the goals for each child as this information was shared at shift-planning meetings.

Records showed that parents were contacted prior to a respite break to ensure staff were aware of any changes in their support to children. The inspector met with a parent who confirmed satisfaction with how her child was admitted to the centre. There was a transition process at the centre and children first attended the centre for periods of time and this then progressed to an over-night stay.

The person in charge was cognisant of the children who were due to leave the centre each year following the completion of their schooling. She had already identified the 12 children who were due to be formally discharged in 2017. She told the inspector that a child's discharge from the service was celebrated by staff as a graduation to adulthood. She gave examples to the inspector of children that she was still in contact with following their graduation and how she invited them to visit the centre at appropriate times and have them involved in seasonal activities.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of children, visitors and staff was promoted by the centre however there were inadequate controls in place regarding PEG feeding.

The centre had a suite of policies and procedures in place regarding the promotion of health and safety of children, visitors and staff. There was a policy on risk management and this contained reference to the specified hazards outlined in the regulations. There were procedures in place to assess, notify and analyse risk in the centre. There was an organisational and local safety statement. There was a local risk register in place and this identified a number of hazards such as the risk of self-harm, lack of awareness of safety, transport and infection control. A list of staff that were designated first aiders was displayed in the hallway for all to see.

There were inadequate controls in place to manage the risks associated with the administration of fluids and food via PEG feeding tubes. The inspector issued an
immediate action plan to the provider in this regard and sought assurances that the relevant controls would be in place to minimise against all risks. The provider responded immediately to HIQA and provided written assurances that the relevant controls would be put in place.

There was a computerised system in place within the organisation for the recording of incidents and accidents. The internal system categorised incidents and accidents under three headings which were safety, medication and behaviour. The person in charge discussed trends and patterns with the inspector for the previous 12 months and put forward the relevant actions and learnings arising from a selection of incidents and accidents. The minutes of staff team meetings showed how there was learning from incidents and accidents.

There were adequate measures in place in relation to infection control. There was a suite of organisational policies on infection control. On a walk around the centre, the inspector found that it was clean. There was an adequate number of bathrooms and washing facilities for the number of children in receipt of services and paper hand towel dispensers in bathrooms were within easy access of all potential residents. Alcohol gel was distributed throughout the centre to facilitate hand hygiene practices and there was signage in relation to hand-washing.

There was an emergency plan for the centre in the event of an evacuation.

There were appropriate systems in place regarding fire safety however the inspector identified two fire safety issues on the morning of the second day of the inspection. The centre had a fire alarm system which was checked quarterly. There was emergency lighting in place. There was fire fighting equipment displayed at the centre that was checked and serviced annually. There was signage in relation to fire procedures that was displayed prominently throughout the centre. There were procedures in place in the event of an evacuation and the assembly point was indicated through signage. Centre records showed that regular fire drills were carried out and the drill records confirmed the names of children who participated in the drill. Records showed that daily checks of fire safety systems were carried out by staff in addition to weekly, monthly, quarterly and annual checks. Personal emergency egress plans were developed for children. Fire safety training took place annually and training was booked in for November 2016.

On the second day of the inspection, the fire door leading to the laundry room was held back by a laundry bin which was not appropriate. Two extinguishers in this same laundry room were partially blocked by laundry despite a sign erected informing staff of the importance of not blocking the extinguishers. There were no children in the centre when this occurred. The person in charge acknowledged that these findings were not in keeping with their fire safety regulations and immediately resolved these issues.

**Judgment:**
Non Compliant - Major

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were systems in place to protect children from harm and abuse.

There was an organisational policy in place to guide staff in child protection. During interview, staff were aware of the procedures to be followed in the event that they had a child protection concern. A designated liaison person was identified by the organisation for decision making on child protection matters and their contact details were displayed in the centre. There had been a number of child protection concerns that had been appropriately forwarded on to Tusla in the previous 12 months. Not every concern had a formal acknowledgment on file from Tusla but the person in charge showed evidence to the inspector of the correspondence received and the outcome of each concern which was appropriate. Staff wrote information on how the child experienced respite following each stay and this information was given to the parent upon their discharge, a copy retained by the provider and a copy forwarded to the Health Service Executive. Questionnaires were provided in the hallway for children and their family or representatives to complete with feedback. There was a visitor book in place. The inspector observed staff caring for children in a positive manner at the pace of the child. The inspector met with a parent who confirmed their satisfaction with the service provided to their child. The inspector viewed a sample of satisfaction questionnaires completed by the parents or representatives of the children. The person in charge demonstrated good oversight of these questionnaires and the feedback received.

Children were appropriately supported in their behaviours. There were organisational policies in place to guide staff in their promotion of positive behaviour. Children had behavioural support plans where required. Staff were trained in the management of actual and potential aggression. The person in charge told the inspector that there had been no use of holds in the previous 12 months and staff were aware of the circumstances in which they could use it. The centre had recently been notified that they were being appointed a set amount of hours from a behavioural therapist and that this meant that staff now had a named therapist they could seek advice from and a clear referral pathway had been developed. The therapist would be invited to staff team meetings and would receive copies of incident reports where required.

There was an organisational policy on restrictive practices and this provided guidance to
staff on what was appropriate and what was not however this policy was dated 2010. Some children used bed-rails, others used harnesses when being transported and the front door of the centre was kept locked as there was a busy road located close to the entrance. The use of restrictive practices was closely monitored by the team leaders and the person in charge. During the inspection, the children were observed having lots of freedom, walking around the centre and out to the enclosed outdoor play area.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A recording system for incidents that occurred in the centre was in place and the person in charge was knowledgeable of the events that required notification to HIQA.

There were systems in place for the identification and recording of incidents, accidents and near misses. The person in charge and a team leader demonstrated appropriate knowledge of their responsibilities in relation to recording and reporting incidents and their subsequent notification, where appropriate to HIQA.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had appropriate systems in place to support children to achieve and enjoy the best possible health.

Children had access to healthcare services provided by both the organisation and the primary healthcare services. As this was a respite centre, the primary provider of information about the children and their healthcare was the parents. The person in charge informed the inspector that in general the children accessing respite at this centre did not have complex healthcare needs or end of life needs.

The health of the children was determined at pre-admission stage through the referral process, it was assessed as part of the personal planning system and then reviewed annually thereafter. In addition, parents were contacted prior to each respite stay and asked for any updates on their child's healthcare. A discharge procedure was in place in the event of a child becoming ill while on respite and this was displayed on the noticeboard for families and staff to see.

Staff liaised closely with the parents and worked with them in developing individualised guidance for staff to follow on some of the healthcare needs of the children. They also contacted healthcare professionals for copies of assessments and reports. There was a concise guide to the child's diagnosis and relevant healthcare information in each of their files. A key-worker showed the inspector how they had worked closely with a parent on developing guidance for staff on the positioning of a child. This guide was based on the plan issued by the relevant healthcare professional. Some healthcare guidance written by staff required signing and dating to ensure that staff knew the author of the guidance and the date of implementation and review.

The inspector observed that one of the children did not have a seizure plan in place however this had already been identified by the person in charge who was liaising with the parent who in turn was liaising with their general practitioner during the inspection. The medicines had been prescribed on the child's medicine prescription record but this did not sufficiently outline the circumstances of when it was to be administered and the actions to be taken if symptoms persist.

Healthy eating was promoted at the centre. Children of a suitable age and ability were encouraged to help with the preparation of their own meals. A noticeboard was displayed in the dining room containing information for the children on their food choices and planned activities. Fresh herbs were available in the kitchen for cooking. Coloured coded chopping boards were used by staff. Some foods in the refrigerator required labelling upon opening.

The inspector observed a child being assisted with their eating and this was done at the pace to suit the child and in conjunction with their feeding plan. The food that was served to children appeared nutritious and appetising.

**Judgment:**
Substantially Compliant
### Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were systems in place to protect child in the management of medicines but some improvements were required.

There were organisational policies in place regarding medicines management. Medicines were safely stored. Medicine errors were recorded appropriately on computerised systems. The person in charge showed the inspector how she could determine patterns and trends using the recording systems. All staff were trained in the safe administration of medicines, including the administration of buccal midazolam. During this inspection, there were no children prescribed controlled drugs however there were storage facilities available if required.

Medicines were not stored on-site outside of respite hours and they only arrived into the centre upon the child's admission and left the centre upon the child's discharge. The parents provided the medicines to staff which were prescribed on medicine prescription sheets. Staff performed a count of medicines when they came into the centre and the medicines were checked against the child's current prescription record. Medicines counts were completed nightly by staff.

The inspector reviewed a sample of prescription records. These contained the relevant information, such as the name of the child, their photograph, address, name of the medicine, route and maximum dosage. The centre kept copies of the prescription record and prior to the arrival of the child for respite, they checked in with the parents about the need for an updated prescription record if necessary. Not all prescribed medicines had the maximum dosage recorded.

The inspector viewed a sample of administration records to compare administration versus prescription. Staff entered the data appropriately in accordance with the prescribing regime. There was a space to enter comments. There was a signature sheet available to compare signatures and initials.

There was insufficient assessment of residents prior to staff administering medicines covertly. There was evidence that the decision to give a medicine covertly through food was done in conjunction with the parent but the decision was not in all cases checked with the general practitioner to ensure that it was safe and that the chemical nature of the medicine was not changed. The team leader and person in charge showed the inspector how they had already identified this issue prior to this inspection and there was evidence of them contacting the parents to seek written confirmation from the
general practitioner regarding these arrangements.

**Judgment:**
Substantially Compliant

### Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were adequate systems in place to manage the centre.

The management system at the centre was clear. Care workers reported to team leaders who in turn reported to the person in charge. The person in charge reported to an area manager who in turn reported to the person nominated by the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided.

There were systems in place for the annual review of the centre and the six monthly unannounced inspections. The inspector viewed the annual review of 2015 and a copy of a previous six monthly inspection conducted by a person nominated by the provider. The person in charge was knowledgeable about the actions arising from these inspections and discussed with the inspector the findings from these inspections and their status. The inspector viewed a sample of feedback from parents from the previous year and these were positive and showed that the service was valued. The person in charge showed the inspector how changes were made to the service as a result of parent feedback.

There were systems in place for auditing of practice at the centre in addition to the six monthly inspections. The person in charge returned quantitative data on key performance indicators to their manager each month on data such as bed nights, staffing levels, frequency of supervision sessions and aspects of health and safety. The team leaders and the person in charge completed regular checks on the personal files of children. The results of which were located at the front of the file for the key-worker to view and action.
The centre was managed by a service manager (person in charge). She had the relevant qualifications and was experienced in managing staff. She had an appropriate knowledge of the standards and regulations. This was a busy centre with 80 children in receipt of services. She had put in place robust systems to ensure that the centre ran efficiently.

**Judgment:**
Compliant

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**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Arrangements were in place in the event of the absence of the person in charge for more than 28 days.

The person in charge was aware of the requirement to notify HIQA in the event of the absence of the person in charge for 28 days or more. The regional manager would assume this position. The team leaders would assume the role in the event of shorter absences.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a sufficient number of staff in the centre to deliver a safe and effective service.

The staff team consisted of care workers, two team leaders and the person in charge. A regular group of internal relief staff were used to supplement the roster. The number of staff on the day of the inspection was sufficient and staff were observed caring for the children in a caring and considerate manner. There was a staff roster in place and the person in charge showed the inspector how she organised the staff roster to meet the needs of the children. She discussed the use of relief staff with the inspector and confirmed that there was a core team of staff in place and that relief staff were used accordingly.

Regular staff team meetings were held. These meetings covered a wide range of issues such as policies, safeguarding issues and satisfaction surveys.

There were appropriate systems in place for training and development. The person in charge had access to all of the training records of staff and was supported by the organisation's human resource office in this regard. The staffing records clearly showed names of staff members and the dates of courses completed, along with the refresher dates. The person in charge had sought on-going training for staff on non-mandatory areas such as training in asthma, report writing and visual schedule training.

Formal supervision was provided to staff every six weeks by the management team who had all attended training in supervision skills. The inspector reviewed a sample of supervision records and these showed that a wide range of issues were discussed including the staff member's practice with children.

Recruitment procedures were in place and were dealt with centrally by the human resource office within the organisation. Personnel files were kept off-site. The person in charge was cognisant of the requirements of the regulations and confirmed her involvement in recruitment processes.

There were no volunteers who came to the centre.

**Judgment:**
Compliant

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of
Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Not all components of this outcome were reviewed.

Some policies required updating. The policy on restrictive practices was dated 2010. The policy on PEG feeding required updating.

**Judgment:**
Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Carol Maricle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0003717</td>
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<tr>
<td>Date of Inspection:</td>
<td>10 and 11 November 2016</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate controls in place to mitigate the risks associated with administration of feeds/fluids with PEG.

1. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
- The organisation's PEG Feeding policy is being reviewed and will be by the recent HIQA notification.
- A local policy has been developed and outlines that staff are not nurse trained but have been specifically trained in Peg Feeding. It outlines who these staff are and the risk associated.
- Refresher Training in Peg Feeding will be organised for all staff.
- The Peg Feeding Plan will be signed by a dietician.
- Risk Management documents will be updated and the recording chart will include a section for staff to sign that the child was observed throughout feed and the form will also require staff to record the rate of flow.

**Proposed Timescale:** 02/02/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire door leading to the laundry room was observed to have been held back. Two extinguishers in a laundry room were partially blocked by laundry.

2. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
- Staff team were advised during and immediately after the inspection that fire doors must never be held open and extinguishers must be fully visible at all times.
- This issue was addressed again at a subsequent team meeting.
- Daily and weekly fire safety checks are carried out within the service these will monitor compliance with this requirement.

**Proposed Timescale:** 10/11/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A child did not have the required seizure management plan. Some guidance written by
staff on healthcare matters required confirmation of authorship, date of implementation and date of review.

3. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
- Staff team have been advised that all service user related documentation must to be signed by author and dated.
- The child’s family has been requested to return Seizure Management Plan signed off by the child’s medical consultant.

**Proposed Timescale:** 31/12/2016

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
</tr>
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<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all prescribed medicines had the maximum dosage recorded. There was insufficient assessment of residents completed prior to staff administering medicines covertly.

4. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
Families will be informed that the PRN Kardex must state the maximum dose of the PRN medication that can be given in any 24hour period. The GP/pharmacist must confirm that there is no adverse effect to medication when it is mixed with food during administration, this applies to 4 children supported by the service.

**Proposed Timescale:** 31/01/2017

<table>
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<tr>
<th>Outcome 18: Records and documentation</th>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on restrictive practices required updating. The policy on PEG feeding required updating.
5. **Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The organisation’s policy on restrictive practices has been reviewed and is due to be circulated to services for implementation by 20/01/2017.

Peg Feeding Policy is the part of the organisation’s Personal & Intimate Care Policy is being reviewed and is due to be circulated to services for implementation by 20/01/2017.

**Proposed Timescale:** 20/01/2017