<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Maria Goretti Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003717</td>
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<td>Centre county:</td>
<td>Louth</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael O'Connor</td>
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<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
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<tr>
<td>Support inspector(s):</td>
<td>Liam Strahan</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

**From:**
- 12 April 2017 13:45
- 13 April 2017 09:05

**To:**
- 12 April 2017 18:30
- 13 April 2017 12:15

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

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<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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</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 inform a decision in relation to the renewal of this centre's registration.

How we gathered our evidence:
As part of this inspection, the inspectors met with two children who were recipients of respite care on the day of this inspection. The inspectors met with a number of staff, including the team leaders (persons involved in the management of the centre) and the service manager (person in charge). The inspectors reviewed a sample of children's files and a range of other documentation such as medicines management records and incident and accident logs. The inspectors read four questionnaires completed by parents and or representatives of the children and two questionnaires completed by children with the support of their parents or representatives. The inspectors also spoke, by telephone, with two parents.
The children with whom the inspectors met with were unable to tell the inspectors of their experience of respite care but they presented as happy and content to be at the centre. Inspectors observed a warm and positive rapport between staff and children. The hallways of the centre had multiple displays of recent photographs of the children on various outings, participating in activities and celebrating seasonal occasions. There was a colourful display of the names of all of the children who celebrated their birthday each month. There was a parent information notice board upon entry that contained useful information for families.

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 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 outdoor garden and play area to the rear and centre of the house. Children had access to local villages as transportation was provided. During this inspection, there were extensive renovations being undertaken in the garden which would result in this space having additional sensory features suitable for the children.

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 in place. Everyone knew who was in charge and the person in charge led the service well. The personal planning that took place at the centre was of a high standard. Staff knew the children very well and documented their experience of respite in photo booklets 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. Children were facilitated to communicate with staff in their preferred form of communication. 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. Children were observed being brought to local facilities during this inspection.

Actions in this report include:
- one notification required submission to HIQA (outcome 9)
- some aspects of medicines management required improvement (outcome 12)
- some minor improvements required in the resident guide and a medicines management procedure (outcome 18).

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 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.

Each child had an assessment of need. This assessment of need was completed by a staff member and the parent or representative. The assessment was the basis upon which the personal plan was created. It asked parents to identify the needs of the children in areas such as their health, their medications, their abilities, their likes and dislikes and their social skills. It was noted to the person in charge by the inspector that the dates on the assessment of need did not always reflect an annual assessment conducted by a relevant healthcare professional (in this case the staff member). The person in charge showed the inspectors a new record that staff had commenced using, that clearly showed how the child’s assessment of need was now recorded more accurately on an annual basis. She committed to reviewing the assessment of need record to ensure that staff were prompted to sign to confirm their involvement in the assessment of need in addition to the parent.

There were appropriate systems in place for personal planning. Each child had an individual support plan which was reviewed annually with the parent and as required by the key-worker. These plans were written from the child’s perspective and included areas such as their individual wishes, choices and preferences. The personal planning also took into account their social, health, and communication needs. There was an
appropriate level of participation by family members in the development of these plans. It was the parents who informed the staff of the involvement of the child with healthcare professionals. This was then evidenced by copies of reports and assessments given by the parent to the centre or the staff members, with consent from parents for staff to contact healthcare professionals directly seeking copies of reports and recommendations.

There was a staff key-worker system in place, and these staff members had responsibilities for the maintenance of the children's files. There was evidence that they considered personal plans a live document and they wrote in their observations of the children and other information thereby ensuring that the document was up-to-date. Individual goals for each child were outlined as actions. Staff told the inspectors that they were aware of the goals of each child as this information was shared at shift-planning meetings. The inspectors found that there was on occasion, some records regarding goal progression and goal achievement that were not as comprehensive as others. The person in charge committed to alerting staff to record progression (including slow progression) or non-achievement, and the reasons for same.

There was a transition process at the centre and children first attended the centre for periods of time and then progressed to an overnight stay. This was confirmed in questionnaires that the parents and representatives submitted to HIQA.

The person in charge was aware of the children who were due to leave the centre each year following the completion of their secondary schooling. There were a number of children due to be formally discharged in 2017. There was evidence that the person in charge made parents aware of the discharge date well in advance of the date and that she provided information to the parents where applicable on adult respite services.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre was suitably designed and located to meet the needs of the children it catered for. This was a purpose-built single storey premises, located on the edge of a
village with access to nearby amenities. The premises was found to be of a good standard.

Inspectors found it to be accessible, spacious and well decorated with bright colours, pictures and meaningful displays relating to the residents who access the premises for respite. The centre was well ventilated, heated and received natural light. There were six bedrooms for residents, two common rooms, a dining room, a sensory room, a kitchen, a laundry and staff facilities. Rooms were spacious, well furnished and decorated. There were suitable toilet, bathing and shower facilities. Ceiling track hoists were available in two rooms and records demonstrated that they was regularly serviced and well maintained.

The person in charge informed inspectors about how residents stayed in the same rooms each time they came in for respite; how rooms were personalised for residents when they were returning, and in some instances how furniture was rearranged to match the individual preferences of children.

There were both indoor and outdoor spaces for recreation. These were seen to be secure and children had access to a variety of items to match their personal interests and sensory needs. There was also a sensory room available for residents. At the time of inspection ground works were ongoing to expand the garden area available to residents, with a particular focus in the plans for additional outdoor sensory facilities.

A system was in place for the safe storage and disposal of waste. Across the premises there was a good standard of hygiene and safe cleaning practices were in place.

**Judgment:**
Compliant

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**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:**
During the previous inspection two actions arose under this outcome. The first action was to put in place adequate controls in relation to the administration of nutrition or fluids through a percutaneous endoscopic gastrostomy (PEG). A PEG is used in people of all ages, including children and babies, who are unable to swallow. The second action was in relation to the holding open of fire doors and the blocking of access to fire extinguishers. Inspectors were satisfied that both actions had been adequately addressed.
Inspectors found that arrangements were in place to ensure that the health and safety of residents, visitors and staff was promoted and balanced with residents’ individual right to choice. Policies and procedures were in place for risk management, emergency planning and health and safety. Suitable arrangements were in place for the prevention and control of infection.

The centre had a risk management policy and policies accounting for each of the risks specified in Regulation 26.

The centre possessed a risk register for the centre and for each of the residents. The risks listed encompassed the wide variety of risks across the centre, including risks associated with the activities and equipment in the centre. Risk registers for individual residents were pertinent to their identified needs and the activities that they undertake, such as the risks associated with swimming and travel. These registers were seen to be kept up to date. Mitigating actions in these registers were seen to inform practice proactively.

Arrangements for investigating and learning from incidents or adverse events involving residents were also in place. For example, on one occasion there had been an incident on the minibus where there was a risk of the driver being struck. The bus had subsequently been fitted with transparent plastic sheeting in a manner that prevented the driver from being struck while also maintaining the driver's ability to hear what was happening behind them.

The policy on the prevention and control of infection met the requirements of regulation and staff were knowledgeable on the procedures to be used on a daily basis and in the event of a specific infection related concern. The centre contained suitable laundry equipment, disposable gloves and other items of personal protective equipment.

The centre had adequate means of escape, to include emergency lighting. Procedures for the safe evacuation from the centre in the event of fire were prominently displayed. Fire exits were seen to be unobstructed. There was an evacuation plan for each resident. While these could benefit from use of a photo they were concise, up-to-date and communicated the specific supports that would be necessary in an emergency evacuation. Fire drills were held at regular intervals and learning outcomes were recorded.

An external fire consultancy company had been engaged for the regular service, inspection and maintenance of the fire alarm, emergency lighting and fire safety equipment. Inspectors noted that the most recent service of alarms and emergency lighting had been undertaken in March 2017, while the fire equipment had received its annual service in June 2016. Internal checks were also routinely undertaken, recorded and up to date.

As part of the inspection process inspectors reviewed training records submitted by the centre. All staff had undertaken fire safety training.

An emergency plan was in place. This detailed the actions to be undertaken in the event
that the centre had to be evacuated. It also included arrangements for alternative accommodation. Emergency phone numbers were accessible to staff.

The centre had access to a number of vehicles. Maintenance, service and national car test (NCT) records indicated that vehicle roadworthiness was kept under review. Records indicated that vehicles were insured.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**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 matters, and this was under review at the time of this inspection. There was also a policy on the safeguarding of vulnerable adults which was significant given that some of the children were now aged 18 years of age and staff were required to follow this guidance. The staff team had completed training in the safeguarding of vulnerable adults in 2017 and they had completed on-line training in child protection in 2017, in addition to training already received in 2015. During interview, staff were aware of the procedures to be followed in the event that they had a child protection or adult 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 child protection concern that had been appropriately forwarded on to the Child and Family agency (Tusla) in the previous 12 months. The person in charge showed evidence to the inspectors of the correspondence received from Tusla regarding this concern and the outcome.

Staff wrote information on how the child experienced respite following each stay and this information was given to the parent upon the discharge of the child. A copy was retained by the provider and a copy forwarded to the Health Service Executive (HSE). Questionnaires were provided for children and their family or representatives to share
feedback with the provider. The inspector reviewed the questionnaires submitted to HIQA by the parents, representatives, and these showed that they felt that their children were safe at the centre.

Children were appropriately supported in their behaviours. There was an organisational policy on positive behaviour and an updated restrictive practices policy. The majority of staff were trained in the management of actual and potential aggression. The person in charge was aware of any physical holds used by staff in the 12 months prior to this inspection and the rationale for same which was for safety reasons.

Children had behavioural support plans where required. Staff could make referrals to behavioural therapist employed by the provider and there was evidence that this post-holder and members of the staff team, wrote collaborative positive behavioural support plans for children, where required.

The organisational policy on restrictive practices had been updated since the previous inspection and this provided guidance to staff on what constituted a restrictive practice. There were a number of new recording systems arising from this policy and this was being completed by the person in charge at the time of the inspection. There were a number of restrictive practices employed at the centre whose use was closely monitored by the team leaders and the person in charge.

Some children used bed-rails. One child used a harness when being transported. A child was prescribed an 'as required' medicine to use in conjunction with their positive behavioural support plan. The front door of the centre was kept locked as there was a busy road located close to the entrance. During the inspection, the children were observed having lots of freedom, walking around the centre and out to the enclosed outdoor play area. The inspectors found that overall the use of restrictive practices was set out appropriately by policy, identified by the person in charge, logged and reviewed.

**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. Inspectors reviewed incident reports and were satisfied that notifications had been submitted to the
The person in charge demonstrated they were aware of their legal responsibilities to notify the chief inspector as and when required. The person in charge's own audit found that this had not been done for one quarterly notification, required by Regulation 31(3).

**Judgment:**
Substantially Compliant

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

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

As this was a respite centre, the primary provider of information about the children and their healthcare was the parents. This was reviewed annually through the personal plan review and on a day-to-day basis as the parents prepared their child for respite and communicated with staff upon the child's arrival and discharge to and from the centre. The person in charge informed the inspectors that in general, the children accessing respite at this centre did not have complex healthcare needs or end-of-life needs. Children had access to healthcare services provided mainly by primary healthcare services and the organisation now employed a behavioural support therapist that staff could refer children to, as required.

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. The inspectors queried with the person in charge the discharge of a child who was reported to have a possible infection at time of discharge and the person in charge clarified the details of this event during the inspection and updated the relevant records to the satisfaction of the inspectors.

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, for example, on positioning. Staff also contacted healthcare professionals for copies of assessments and reports and or received copies of these reports from the parents. There was a concise guide to the child's diagnosis and relevant healthcare information in each of their files. Since the previous inspection, healthcare guidance written by staff
was now signed and dated to ensure that all staff knew the author of the guidance and the date of implementation and review.

The inspector observed that the guidance set out in a child's seizure management plan did not fully reflect the prescribing regime written by the general practitioner. The person in charge told the inspector that she would review this immediately during the inspection and following the inspection she confirmed to HIQA that this had been rectified.

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. This was evidenced in the files of some of the children. A noticeboard was displayed in the dining room containing information for the children on their food choices and planned activities. Staff were knowledgeable about the individual preferences of children and fresh food was purchased weekly according to these preferences. Staff were seen to be conscious of children's dietary requirements, including the monitoring of intake of children with diabetes. There was a variety of food available in the kitchen and this was fresh and nutritious. Children were also facilitated to eat out in accordance with their personal plans.

**Judgment:**
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 children 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. All staff were trained in the safe administration of medicines, and most staff were trained in the safe administration of epilepsy rescue medication. During this inspection, there were no children prescribed medicines that required stricter controls and there were storage facilities available if required. There was a refrigerator available for medicines where required. At the time of this inspection, there were no out of date or medicines due for return to the pharmacy.
Medicines were not stored on-site outside of respite hours as 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 records. Staff performed a count of medicines when they came into the centre and upon their discharge and the medicines were checked against the child's current prescription record.

The inspectors reviewed a sample of prescription records. These contained the relevant information such as the name of the child, their photograph, name of the medicine, the dose and time of administration. 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. The address of the child and information on allergies was not always completed on the prescription charts.

The route of a medicine was not set out sufficiently in a prescription record, although a separate individual medication plan did indicate the route as signed off by the general practitioner (GP). The inspector found one occasion in which a medicine was not administered as prescribed as the medicine had not been received by staff from the parent or representative. The procedure around this required formalising. This has been commented upon further in Outcome 18.

The inspectors 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 to. A medicine was given covertly through food and this was done in conjunction with the parent and checked with the GP to ensure that it was safe and that the chemical nature of the medicine was not changed.

Judgment:
Substantially Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The centre had a statement of purpose incorporating the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013. This included the aims, objectives and ethos of the
centre, as well as the services and facilities to be provided to residents. The provider was aware of the duty to update this annually or sooner if required. Admissions to the centre were seen to be in line with the statement of purpose.

**Judgment:**
Compliant

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### 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

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### Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

**Findings:**

There were adequate systems in place to govern the centre. There was a clear management structure. Parents and representatives knew who was in charge.

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 representing the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided during out of hours.

There were systems in place for the annual review of the centre and six monthly unannounced inspections by a person nominated by the provider took place. The inspectors viewed the annual review of 2016 and a copy of a previous six monthly inspection. The actions arising from the six monthly unannounced inspection were clearly set out and the person in charge had written updates against each action. The annual review of the service showed a high level of compliance across all areas.

The inspectors viewed a sample of parent feedback via 'parent satisfaction surveys' undertaken by the provider in 2016. This feedback was summarised into two categories; positive feedback and room for improvement. The positive feedback showed that the service was valued by the parents and that their child was benefiting from the service. The room for improvement included issues such as a need for additional respite and also practical feedback such as discharge times. The person in charge showed the inspectors how changes were made to the service as a result of parent feedback for example, the discharge time of 11.00am was now changed to midday to accommodate parents better.
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. A regional manager completed a health and safety audit of the centre in 2017. This set out a small number of actions that the person in charge had already attended to. A medicines management audit was conducted in 2017 and also identified a small number of actions arising.

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 was operated in an efficient manner.

**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:**
The provider was aware of their responsibility to notify the chief inspector of the absence of the person in charge where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days of more, whether planned or unplanned. To date there has been no such absence requiring notification. Arrangements were in place to cover such an absence should it arise.

Staff had access to a manager or supervisor during the person in charge’s days off.

**Judgment:**
Compliant
### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
Inspectors observed there were sufficient resources available to meet residents’ assessed needs and to provide the service as outlined in the statement of purpose.

Resources available included a sensory room, outdoor recreation areas, indoor recreational areas, assistive equipment, vehicles and adequate staffing to support residents in accordance with their assessed needs. The centre, being a respite centre, facilitated links with the residents’ usual places of education and had suitable transport resources to do this.

Additional resources available included adequate staff facilities and services to enable staff to be effective in the delivery of the service.

**Judgment:**
Compliant

### 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:**
Rosters and observations allowed inspectors to conclude that there were adequate numbers and skills mix of staff available to meet the assessed needs of residents. Staff were deployed in a manner that met residents’ assessed needs and allowed for supervision of staff.
A selection of staff files were reviewed to assess if staff files contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. There were some gaps in the files reviewed; however, these had been identified prior to the inspection. In some cases there was a note indicating that these were already being followed up independently of the inspection. In relation to gaps in employment histories the person in charge was aware as to why these gaps occurred. Amongst the requirements of schedule 2 are requirements for criminal record checks and reference checks. These were in place in all files reviewed.

Staff were subject to formal supervision on a regular basis. A sample of supervision notes demonstrated that the supervision process held staff accountable for their actions and performance of their duties, as well as for their interactions with residents, colleagues, managers, staff, finances and persons external to the centre while on duty. These supervision meetings were also used to identify appropriate areas for skill development.

There were no volunteers volunteering within the centre at the time of inspection.

The centre had hired a team of suitably qualified care workers and team leaders in order to deliver a service in accordance with the ethos of the centre, as described in the statement of purpose. This staff team had access to a range of training. As part of the inspection process inspectors reviewed training records. All staff had undertaken fire-safety training. All staff had completed training in child protection, and additional safeguarding training was also planned.

15 of 17 staff had undertaken training in management of actual and potential aggression, and a training need had been identified by the person in charge in relation to two staff members. Staff had undertaken training in safe administration of medication and a number of staff were also specifically trained in the administration of epilepsy rescue medication and insulin, in accordance with the needs of residents.

Staff had also undertaken training in the physical movement of people, provision of personal care, epilepsy awareness and food safety. Additionally, seven staff members had undertaken autism related training (including the use of picture exchange communication); seven staff members had undertaken training in positive behavioural support and four staff members had undertaken training in infection prevention and control.

The centre also had an induction programme for all staff.

Staff met by inspection staff were seen to be knowledgeable of residents and interacted with residents in a sensitive manner.

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

Findings:
The centre had appropriate policies to match the requirements of Schedule 5. Arrangements were in place to ensure that appropriate records were kept. The centre was adequately insured.

The policies in place at the centre matched the requirements of the regulations. The procedure for dealing with a situation whereby a parent did not provide to the staff all medicines as prescribed was not sufficiently set out in local or organisational policy.

The systems for record keeping were appropriate. The inspector viewed a suite of records that were used by staff. This included records kept of all matters relevant to the child and also the operation of the centre.

The resident guide contained most of the information required by the regulations. It did not include reference to how children were involved in the running of the centre nor how they could access inspection reports on the centre.

A directory of residence was in place at the centre and contained the relevant information, as required by the regulations.

There were adequate insurance arrangements in place.

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003717</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 and 13 April 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 May 2017</td>
</tr>
</tbody>
</table>

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 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge’s audit found that one quarterly notification from 2016 had not been submitted. This was not subsequently submitted.

1. Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
- Information regarding 3rd quarter of 2016 is being correlated and will be forwarded to HIQA by 30/05/2017.

**Proposed Timescale:** 30/05/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The prescription record did not always contain the address of the child nor information in the section for allergies. The route of a medicine was not sufficiently set out in the prescription record.

**2. 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:**
As the service does not have direct contact with the GP, a letter will be sent to the 80 families by 31/05/2017 asking them to ensure the GP has completed the Kardex fully by including the child’s address, the section on Allergies and if the meds are taken in food that this is clearly noted on Kardex (in addition to Medication plan).

Kardex’s will be tracked and reviewed on admission, it anticipated that all will have been returned by end of July 2017.

**Proposed Timescale:** 30/05/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The resident guide did not include reference to how children were involved in the running of the centre.

**3. Action Required:**
Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in
respect of the designated centre includes arrangements for resident involvement in the running of the centre.

**Please state the actions you have taken or are planning to take:**
The resident guide now includes a reference to how children are involved in the running of the centre by providing information on their rights and responsibilities and choices they are encouraged to make. There is also additional information on how to make a complaint if they are unhappy with the service.

Proposed Timescale:
10/5/17 - Complete

**Proposed Timescale:** 19/05/2017

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resident guide did not include reference on how to access inspection reports on the centre.

4. **Action Required:**
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

**Please state the actions you have taken or are planning to take:**
The residents guide has been updated to state that copies of internal and external inspection reports are available on request from the PIC.

Proposed Timescale:
16/05/2017 - Complete

**Proposed Timescale:** 19/05/2017

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure for dealing with a situation whereby a parent did not provide to the staff all medicines as prescribed was not sufficiently set out in local or organisational policy.

5. **Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.
Please state the actions you have taken or are planning to take:
• A risk assessment will be completed to identify control measures required in the event of a situation whereby a parent does not provide to the staff all medicines as prescribed.
• Local Medication Policy will also be updated

Proposed Timescale: 31/05/2017