

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003375
Centre county:	Co. Dublin
Email address:	paudie.galvin@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Paudie Galvin
Lead inspector:	Helen Donovan
Support inspector(s):	Paul Tierney
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	5

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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 March 2014 09:00 To: 06 March 2014 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection, inspectors met with children, the acting Clinical Nurse Manager 3 who was the person in charge, one Clinical Nurse Manager 2 and members of staff. The inspector also conducted a telephone interview with the Director of Nursing who was the service provider. Inspectors observed practices and reviewed documentation such as care plans, policies and procedures, medication records, risk assessments, audits and staff files.

Both units provided a respite service for children with autism. At the time of inspection, one child was admitted to unit one and others were expected, while there were three children admitted for respite care in the second unit. Unit one was a five single bedroom house and the maximum number of children accommodated there was five children. The second unit had four single bedrooms and could accommodate four children at a time. The statement of purpose was available in a format that was accessible to children and their parents.

Inspectors found that both services were safe and provided a child-centred service to children with autism. There was a committed and experienced acting Clinical Nurse Manager 3 who was the person in charge, two experienced Clinical Nurse Managers and a team of staff in both units. The health needs of the children were regularly reviewed and met. There was regular contact with children’s families and parents were actively encouraged to be involved in planning for their child’s care.

There was a culture of quality and safety which was supported by a number of effective systems including effective monitoring and oversight by senior managers who knew the children well and who planned service delivery to meet the individual and collective needs of the children. There was effective implementation of policies and procedures to support safe care, monitoring and management of risk and audit and review and learning from adverse incidents and near misses.

Although, there was evidence of good practice across all outcomes, some areas of non compliances with the Regulations and the National Standards were identified. These included:

- Although there was a focus on managing risk, some risks in the centre had not been assessed.
- The designated liaison person as described in Children First: National Guidance for the Protection and Welfare of Children, Children First (2011) required to be identified in policy
- The provider nominee (Director of Nursing) did not have An Garda Síochána vetting
- The statement of purpose and function did not meet some of the requirements of the regulations
- There was no annual review of the safety and quality of care as required by the regulations.
- Staff supervision and professional development arrangements were not sufficient.
- This inspection found that there were gaps in recruitment procedures to check and record all required information.

These non compliances are outlined in detail within the body of this report and 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 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 inspection found that the care and support provided to children reflected the assessed needs of the children. However it was difficult to identify the most relevant information for this purpose contained on files because of the volume of different types of information in the file. Some files would benefit from reorganisation to allow key information to be accessed more easily. The director of nursing stated that comprehensive assessments of the children were undertaken by service teams prior to their admission to the respite service.

Inspectors reviewed a sample of personal plans contained in children's files and found that they contained information relevant to delivering effective and focused respite care for the children who attended. The personal plans reflected the children's needs and outlined the supports required to meet those needs. The plans were found to be child-centred and they demonstrated involvement by the child and parents in the development of the plans. Children's files included information on their daily activities, "things you should know about me", likes and dislikes, risk assessments, key worker details and care plan evaluation sheets.

The atmosphere in both units was warm and caring and the children presented as calm and relaxed. Inspectors reviewed the findings of a feedback survey undertaken with parents by staff at both units and found that the majority of parents believed that the respite care provided met both their needs and the needs of the children.

Inspectors found that both units had different facilities which enabled them to meet the needs of younger and older children. For example there was a large garden in one of the units that contained swings and a trampoline for younger children. There was also evidence that the staffing roster was altered on occasions to meet the needs of children with complex medical needs.

Children were supported in transition between services and that both units had a policy on admissions and discharges. There was a clear process for the service team and the respite coordinating team to be able to engage with parents to plan the most appropriate respite care plan and placement. This was confirmed in interviews with the director of nursing and the acting clinical nurse manager.

There was clear communication and provision of information to parents and children prior to admission. Communication with parents was evident in the daily diary and the communication book. Inspectors reviewed plain language and child friendly information booklets about the centre and what they could expect when accessing the service. One parent told inspectors that she was happy with the care provided to her child in respite and with the levels of information shared by staff at the centre.

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):

No actions were required from the previous inspection.

Findings:

This inspection found that the health and safety of children, visitors and staff was promoted and protected through a focus on managing risk. However, some risks in the centre had not been assessed.

Inspectors found that local risks to the service such as those related to the use of latex gloves and the use of the minibus were identified and managed. However, some risks such as fire safety and risks associated with service change were not identified as specific risks. However, this had been flagged by the Health Service Executive (HSE) risk manager to the acting clinical nurse manager (CNM3) prior to the inspection and work was underway to address this issue. The risk assessment documentation across both units was generally good. However, some documentation reviewed by inspectors did not clearly state the development and review dates and the same method of risk analysis was not consistently applied across all risk assessment sheets in both units.

Both units had comprehensive policies relating to risk management including the assessment and management of risk, incident and near miss reporting, health and safety and fire safety. There were individual risk registers in both units that demonstrated a proactive approach to the management of risk to promote the independence and inclusion of children with disabilities. These contained details of

individual children's risk assessments and those of some risks related to the service. There were detailed risk assessment forms that addressed issues that were of concern for children with autism spectrum disorder including the risk of harm from everyday activities, the risk of children going missing from the centre and the risks posed to self and others from the impact of challenging behaviour.

The key risk identified for unit one was the risk of children going absent and the key risk in unit two was the management of challenging behaviour. The plan to respond to challenging behaviour was documented appropriately in the relevant risk assessment. For example, the risk assessment on the use of the minibus highlighted all of the risks but the staff had put in place controls linked to policy and practice which were monitored and implemented to address these risks. There was also evidence of review and the implementation of additional controls for specific risk. For example, there was ongoing review and additional controls put in place to ensure the use of latex gloves did not pose any risk to children. Although the majority of risk assessments were related to risks to children, there was improvement required to address to systems level risks such as the predicted changes in the style of service delivery for disability and staffing levels and recruitment. The director of nursing identified these as key risks at interview; however inspectors found that these risks were not addressed through the risk registers.

The acting CNM3 and the clinical nurse manager (CNM2) both described a clear process in place in the two units to document, monitor and review incidents and near misses. Inspectors reviewed copies of incident and near misses forms for the past twelve months and found that they were documented and monitored in line with policy. The acting CNM3 and CNM2 stated that there was a clear policy of escalation to the director of nursing as required. This was confirmed by the director of nursing and evident in a sample of adverse incidents reviewed by inspectors. Both units compiled quarterly reports of incidents and near misses and these were reviewed at the monthly management meeting. The quarterly reports provided a breakdown of the type of incident, the response and confirmed that parents were notified about the incident. There was evidence of learning from both adverse incidents and near misses as referred to in the section on medication management.

Both units had safety statements which were completed in accordance with HSE policy. These were signed and dated as required, the safety statement for one unit was up to date and the safety statement for the second unit had just expired at the time of inspection. The acting CNM3 told inspectors that she/he was awaiting a copy of the new national safety statement template which would become available in the coming weeks. The acting clinician CNM3 had been requested by management to develop an updated safety statement using the new template and it was anticipated that this would be completed in the coming weeks.

Both units had a detailed policy on safe evacuation in the event of an emergency. Inspectors reviewed the evacuation plan book on the day of inspection and found that all checks in line with policy had been undertaken and the evacuation tool kit had been prepared appropriately, including the medication required for the children resident on that day.

Inspectors also found that the vehicle used for transport was insured, serviced

appropriately and all staff drivers had up to date driving licences.

This inspection found that the key components of standard precautions for infection prevention and control were implemented in both units. The director of nursing confirmed that there had been no outbreaks in either centre over the past twelve months. There was an up to date policy on infection control. Inspectors observed that there was a universal emphasis on hand hygiene, dispensers were located at strategic points and there were child appropriate signs over the sinks in bathrooms to encourage children to wash their hands appropriately. The acting CNM3 and the CNM2 told inspectors that children were supported and encouraged to attend to their personal hygiene including appropriate hand washing, and this was also reflected in the children's care plans. Inspectors reviewed a sample of risk assessments, accidents and near misses and found that there were risk assessments for the use of latex gloves, the safe use and disposal of sharps and the management of sharps injuries including bites.

Both units were clean and well presented and one unit had scored 91 percent in a recent hygiene audit. Inspectors reviewed a quality improvement plan which was developed following that audit to address the opportunities identified for improvement and found that all relevant actions had been assigned to a responsible person and completed within a short timeframe.

Inspectors found that there were adequate precautions in place at both units against the risk of fire. Both units had a detailed fire safety folder that contained all relevant information. Inspectors observed that fire instructions were prominently displayed throughout the centre and there were child friendly information sheets about fire safety. At unit one inspectors found that there was a fire dashboard and numerous fire extinguishers and glass break boxes with keys inside at strategic points in the centre. Inspectors found that all extinguishers were up to date. The oxygen cylinders were stored safely in locked cupboards in both units. Inspectors reviewed fire safety training records for staff in both units and found that all staff had received up to date fire training.

Judgment:

Non Compliant - Moderate

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:

This inspection found that there were measures in place to safeguard children who availed of respite care at the centre and to protect them from abuse.

The centre had numerous policies to safeguard and protect children including the management of child protection concerns, staff responsibility for the safety and welfare of children, appropriate relationships, the provision of intimate care, the protected disclosure of information in the workplace, the management of challenging behaviour and the management of personal finance. The service had recently sought updated An Garda Síochána vetting for all employees. However, at the time of the inspection, there was no record of An Garda Síochána vetting of the director of nursing (Provider Nominee) available.

The director of nursing, acting CNM3 and clinical nurse manager told inspectors that the primary goal of care at both units was to ensure the children placed in respite care were safe and happy. The three managers emphasised that both management and staff were mindful that the primary concern of parents who placed their children in respite care was the safety and protection of the child. The acting CNM3 stated that staff employed an open approach to child protection and that it was standard practice to provide information about the child protection policy to parents at the initial interview prior to the child being placed in respite care.

The director of nursing stated that safeguarding and child protection measures were supported through the implementation and monitoring of robust policies and procedures and staff observation, care and support for the child and his/her parents. Inspectors found that policies and procedures to safeguard and protect children were implemented. There was a requirement for staff to notify management of any change in a child's demeanour, behaviour or physical appearance which was then assessed by the appropriate team and any required intervention was undertaken to protect the child. Inspectors found through interviews with staff, review of documentation such as the child's care plans, risk assessments and observation of practice that the requirements of these policies were reflected in day to day practice. All staff interviewed described the importance of knowing and understanding the individual child as a protective measure so that any changes were noted and investigated appropriately to safeguard the child. Inspectors reviewed the adverse incidents records and found that this occurred in practice and was managed in accordance with policy. Inspectors found that staff were not entirely clear regarding the difference between the role of the designated person and the designated liaison person. All staff interviewed indicated that they individually understood their responsibility as a designated person and stated that they would report any concerns to the principal social worker. However, the director of nursing acknowledged that the principal social worker was not documented as the designated liaison person under Children First (2011) and undertook to address this.

The acting CNM3 told inspectors that there were no child protection concerns in either of the two units over the past twelve months.

This inspection found that residents were provided with supports to promote a positive approach to behaviour that challenges. The acting CNM3 told inspectors that the approach to manage behaviour was to ensure there was a low arousal atmosphere and to use knowledge of the children, behavioural cues and effective communication to prevent challenging behaviour. Inspectors found that the managers in both units knew all the children well and used this knowledge to plan respite admissions that would promote a positive atmosphere. Both units used only breakaway techniques such as allowing the children plenty of space or directing them into another room. The acting CNM3 confirmed to inspectors that physical restraint was not used in either centre. Where a child was known to demonstrate challenging behaviour, a risk assessment was undertaken and an appropriate behaviour management plan is put in place. Inspectors reviewed risk assessments that demonstrated this.

Inspectors reviewed children's files and found that there were detailed individualised behaviour plans that took account of individual cues and the required response to these cues. Inspectors experienced a calm, friendly and relaxed atmosphere in both units and observed how staff engaged with residents. Staff knew the children well and discreetly monitored the children, allowing them appropriate personal space but intervening to respond to any distress or behaviour cue signals. Staff spoke in a kindly, respectful and calm tone to the children. The children seemed relaxed and happy in the company of staff.

Inspectors found that all staff had received full and updated training in Children First (2011) and in the use of specialised training to support the effective management of behaviour

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

This inspection found that children were protected by safe medication management policies and practices.

Both units had a comprehensive group of policies for medication safety. Inspectors found through review of medication prescription and administration records that practice was undertaken in accordance with policy. There was a photograph of each child

attached to the medication record to support the identification of the correct child to receive the medication. Prescriptions were regularly reviewed and updated as required. All medication records were complete, legible and easy to read and understand. Additional safety features included a checklist of signatures that were used in the prescription and administration of medication and documentation on the administration record if the child was at home at the time his/her medication was due. Inspectors observed that medications were stored in accordance with regulations and the keys to the medication press were carried on the person of the registered nurse on duty at all times. Out of date or medication to be returned to the pharmacy were identified and stored securely and separately from medication that was in current use.

Inspectors found that medication safety was a strategic priority for both units. The director of nursing, acting CNM3 and CNM2 each stated that the effective delivery of safe medication practice to ensure effective outcomes for children was a strategic priority across the service. Inspectors reviewed the documentation related to near misses and incidents related to medication safety and found that the policies and procedures for medication safety had provided an alert to staff which was followed through according to policy and the actions undertaken by staff averted a potential adverse incident. The management of this near miss incident also demonstrated that there was a culture of listening to and responding to parents concerns. Inspectors found that adverse incidents related to medication were also documented appropriately on the drug error form. The acting CNM3 had undertaken an audit of medication practice at one unit in January 2014 which demonstrated robust compliance with policy, procedure and guidelines.

Judgment:

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:

This inspection found that each unit had an individual written statement of purpose and function which described the service provided by the units. However, the statements of purpose and function did not contain a date of creation or details of the date of review. Therefore statements of purpose in both units did not comply with one of the requirements of the regulations.

Inspectors reviewed the statements of purpose and function for both units and found that the autism service provided specialised respite residential care for children with autism spectrum disorder at two different units. At the time of inspection, the service had recently undergone a change in management structure from being part of the Children's and Adolescents Mental Health Services to the disability services within the HSE Dublin-Mid Leinster (DML) area. Each statement of purpose and function set out the facilities and services provided to residents and reflected the diverse needs of children with autism. Both units accommodated male and female residents aged less than eighteen years. The central community services arranged admissions to both units. Each individual unit accommodated up to thirty children on respite rotation, depending on the needs of these children. However, although the acting CNM3 was referenced in both documents, neither document stated that the acting CNM3 was the person in charge for both units.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

This inspection found that there were effective management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, there was no annual review of the safety and quality of care and report of same as required by the regulations. Although the registered provider made regular and unannounced visits to the units, there was no written report on the safety and quality of care following these unannounced visits as required by the regulations.

Inspectors found that there was a culture of quality and safety which was supported by a number of effective systems including effective monitoring and oversight by senior managers who knew the children and young people well and who planned service delivery to meet the individual and collective needs of the children. There was effective consultation and collaboration with parents and children, implementation of policies and procedures to support safe care, monitoring and management of risk and audit, review and learning from adverse incidents and near misses.

This inspection found that the management structure identified the lines of authority and accountability. The autism respite services were part of the HSE DML Dublin South Central/Dublin South West Southside Intellectual Disabilities Services. The director of nursing, acting CNM3, clinical nurse managers and staff each described the provision of child-centred care and keeping children safe as the key objectives of service delivery. The service team led on the oversight and management of care to children with autism. The autism respite units were located in two different geographical locations and provided a multidisciplinary team led service including a respite coordinator who worked in partnership with the acting CNM3 to coordinate the most appropriate respite placement for each child. Children admitted to the autism respite service received medical care from the Children and Adolescents Mental Health Services (CAMHS) and these medical staff also provided out of hours cover to both units. The director of nursing provided external management and oversight and the out of hours on call service over a twenty four hour period. She/he nominated another member of staff member to provide this service if required.

The acting CNM3 was a suitably skilled and qualified person with extensive knowledge and experience working in autism services. The acting CNM3 was accountable to and reported to the director of nursing. At the time of inspection, the acting CNM3 had responsibility for the provision of care in two units located in two geographical locations. Inspectors were satisfied that at the time of inspection the acting CNM3 as the person in charge could ensure effective governance, operational management and administration of both units. The director of nursing told inspectors that he/she monitored the capacity and capability of the acting CNM3 as the person in charge to manage both units and would review these arrangements as necessary to ensure the service continued to be safe and to respond to the needs of children. The Director of Nursing and the acting CNM3 stated that the external management team monitored care and met monthly to review adverse incidents and near misses.

This inspection found that the service engaged in consultation with parents of the children who availed of the respite service. Both units had recently undertaken an anonymous survey with parents to find out their views on the service. Although the data had not yet been formally analysed, inspectors were able to review the individual forms. There was a good response to the survey and most comments were positive and reflected appreciation for the service and the efforts undertaken by staff to accommodate parents. Inspectors found that this was reflected in day to day practice. Inspectors observed staff taking calls and responding to parents in the course of the inspection and also reviewed documentation where staff had made changes and rescheduled to accommodate the needs of parents and their children. Inspectors found that there were expressions of dissatisfaction in a small number of feedback forms, generally related to availability of the respite service as a resource and two specific issues. The acting CNM3 was aware of the issues and provided documentation where these matters had been addressed. One parent contacted inspectors to express his/her appreciation for the care provided to his/her child by the respite service.

Inspectors found that there were effective communication systems in place. The director of nursing, acting CNM3 and CNM2 each stated that there were effective communication processes in place including meetings, telephone calls and email. Senior managers were

consistently on site to monitor the provision of care and the director of nursing undertook site rounds twice weekly or more frequently as required including weekends. Inspectors found that documentation was good and that issues were monitored and escalated appropriately. However, under the regulations the registered provider or a person nominated by the registered provider should prepare a written report on the safety and quality of care following an unannounced visit, maintain a copy of this report and make this report available on request to children and their representatives. This report was not available. Managers stated that the director of nursing was always accessible and approachable for discussion or advice. Inspectors found through review of documentation that the director of nursing visited individual units in response to information received. Staff interviewed stated that they would feel confident to raise any concerns with management.

Inspectors found that arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services they delivered. This was achieved through the implementation and monitoring by managers of a comprehensive set of policies and procedures. The acting CNM3 and the CNM2 stated that a programme of work had been undertaken to ensure that policies and procedures were in line with regulation requirements and this was evident in the documentation reviewed. Policies and procedures were securely contained in three folders and easily available to staff. Inspectors reviewed the policies and procedures and noted that there was a clear process to develop and review policies in line with HSE policy, standards and regulations. All policies clearly stated which committee had developed and reviewed the policy and each policy was signed off and dated at management level. All policies reviewed were up to date. These included child-centred policies including child protection, medication policies, general policies, human resource policies, organisation policies, IT, security and data protection policies and health and safety policies.

There was a process in place to ensure that staff read each individual policy and then signed and dated the individual sign off sheet to confirm they had read and agreed to comply with the policy. During this inspection, inspectors consistently found evidence of the implementation of policy into practice and the monitoring and management of this through risk assessments, care plans, interactions with children and learning from adverse events and near misses.

Judgment:

Non Compliant - Moderate

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:

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

No actions were required from the previous inspection.

Findings:

This inspection found that the numbers and skill mix of staff was appropriate to the assessed needs of the children at the centre at the time of inspection. However, regular supervision was not undertaken with all staff and there was improvement required in the documentation and information contained in staff records.

There were experienced and long standing teams at both units who knew the children well. Both managers acknowledged the impact of the staff moratorium on recruitment but had secured regular agency staff as required who knew the children and the operational arrangements at the centre well. The acting CNM3 and CNM2 told inspectors that they used the knowledge of the children scheduled to attend respite to ensure that the skill mix was appropriate to meet the needs of the children. For example, there were a number of children with complex clinical needs so the acting CNM3 and CNM2 ensured that there was a registered nurse on duty when these children attended the centre.

This inspection found that the education and training available to staff enabled them to meet the needs of the children. The staff folders contained detailed records of training undertaken. All staff in both units had received up to date training in: Children First (2011), cardiopulmonary resuscitation, manual handling, specialised training in the management of behaviour that challenges, fire training and infection prevention and control. Staff had also received training appropriate to their roles in medicines administration, Midazolam training and oxygen administration training in addition to PECS and Lamh sign training.

This inspection found that regular supervision was not undertaken with all staff. The acting CNM3 received regular supervision from an external manager. Issues discussed included preparation for regulatory inspections, the requirements of the CNM3 role, policies, risk assessment and staffing levels. Another clinical nurse manager had received supervision in 2013 but had not received any supervision in 2014. The clinical nurse manager stated that the service aimed to achieve monthly supervision but that this was difficult to achieve as staff had to come in to work when not rostered to avail of supervision.

This inspection found that there were gaps in recruitment procedures to check and record all required information. Inspectors reviewed a sample of staff files in two different locations. All files reviewed contained most of the information required by the regulations. However, one staff file did not contain an identifiable photograph and another staff file did not contain a recent photograph. Inspectors also found that prior to inspection, the service had requested updated An Garda Síochána vetting for all staff. However, at the time of inspection, the HSE did not have a record of An Garda Síochána vetting completed for the director of services. Inspectors found that at local level, there was a letter of confirmation from the HSE stating that each individual staff member was An Garda Síochána vetted. However, the copy of the An Garda Síochána vetting form

that accompanied this letter was not a completed An Garda Síochána vetting form.

Judgment:

Non Compliant - Moderate

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:

Helen Donovan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003375
Date of Inspection:	06 March 2014
Date of response:	21 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

A risk management policy is in place but some risks in the centre had not been assessed.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The provider will ensure that the risk assessment is updated to include all the hazard identifications as outlined in regulation 26(1)(a) for hazard identification and assessments of risks throughout the designated centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Plan:

- Designated centre risk assessment will reviewed identifying all risks.
- The assessment will include date of development with action plan and review dates.
- Identification of current controls in place to manage risk
- Rate and prioritise the risk using the HSE risk matrix
- Identify what additional controls are required to eliminate the risk or reduce it to as low as reasonably practicable
- Identify and assign responsible person who has responsibility for ensuring that additional controls are implemented.
- Agree a time frame for implementation
- In the event where the additional controls cannot be managed at local level must be escalated to senior management level

Proposed Timescale: 01/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Inspectors found that staff were not clear regarding the role of the designated liaison person.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

Please state the actions you have taken or are planning to take:

The provider as outlined under regulation 08(8) will ensure that where children are residents, staff receive training in relevant government guidance for the protection and welfare of children.

Action Plan:

- The designated liaison person to be identified.
- All staff training to be updated to include the designated liaison person role.
- The designated liaison person to be clearly identified to all staff through a series of information sessions.
- All staff informed of the designated persons role.
- Policy updated with designated liaison person named and contact details

Proposed Timescale: 28/08/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statements of purpose and function did not contain a date of creation or details of the date of review. Therefore, the statements of purpose in both units did not comply with one of the requirements of the regulations.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:

The provider under regulation 03(2) will amend the details of Designated centre's statement purpose and function to include when the statement and purpose was drawn up and date of review

Action Plan.

- Statement of purpose and function reviewed by management team.
- Date of statements creation to be included.
- Date of statements review to be included.
- Person in charge to be identified in the statement.

Proposed Timescale: 25/07/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Although the registered provider made regular and unannounced visits to the units, there was no written report on the safety and quality of care following these unannounced visits as required by the regulations.

Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:

The provider as outlined under regulation 23 (2) (b) will maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representative and the chief inspector. The provider will provide a copy of the written report on the safety and quality of care and support provided in the centre with a plan in place to address any concerns regarding the standards of care and support

Action Plan

- An unannounced visit to be carried out on designated centre.
- Safety and Quality report on the safety and quality of care and support to be completed following the unannounced visit.
- Safety and Quality report to be documented.
- Safety and Quality documented plan to include action plan to address any concerns regarding standards of care and support
- A copy will be maintained and be made available on request to residents, their representatives and the chief inspector.

Proposed Timescale: 01/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Although the registered provider made regular and unannounced visits to the units, there was no written report on the safety and quality of care following these unannounced visits as required by the regulations.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

The provider as outlined under Regulation 23 (2) (a) will carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. This plan will be made available to residents and the chief inspector

Action Plan :

- An unannounced visit to be carried out
- Safety and Quality report on the safety and quality of care and support to be completed following the unannounced visit.
- Safety and Quality report to be documented.
- Documented plan to include action plan to address any concerns regarding standards of care and support.
- Agree a time frame for implementation.
- Manager identified to oversee action plan
- Safety and Quality report to be reviewed regularly by senior management to ensure

actions are being carried out and support implementation.

- In the event where the action plan cannot be managed at local level must be escalated to senior management level.

Proposed Timescale: 01/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Photo ID and garda vetting was not in place for all staff .

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:

The provider as outlined Under Regulation 15 (5) will ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Action Plan:

- All staff Garda clearances have been applied for to the National Vetting Bureau and the designated centre is awaiting their return.
- Garda clearance on return will be reviewed by a senior manager in line with the Children and Vulnerable Act 2012.
- On return Garda clearance will be stored in staff files.
- Staff files will be reviewed and staff member identified re up to date photograph.
- Staff files will have photo id included.

Proposed Timescale: 28/08/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Regular supervision was not undertaken with all staff.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

The provider as outlined under Regulation 16 (1) (b) will ensure staff are appropriately supervised.

Action Plan:

- Supervision programme to be reviewed in relation to access and staff roster.
- Staff rosters to be reviewed to enable staff access to supervision.
- Where gaps occur action plan to be put in place.
- Agree a time frame for implementation
- Manager identified to oversee action plan for staff access to supervision.
- Staff rosters and supervision access to be reviewed regularly by senior manager and action plan put in place where difficulties occur.
- In the event where the action plan cannot be managed at local level must be escalated to senior management level

Proposed Timescale: 30/08/2014