

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by The Children's Sunshine Home
<b>Centre ID:</b>	OSV-0003282
<b>Centre county:</b>	Dublin 18
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	The Children's Sunshine Home
<b>Provider Nominee:</b>	Sharon Morrow
<b>Lead inspector:</b>	Deirdre Byrne
<b>Support inspector(s):</b>	Eva Boyle
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	0

## **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 decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
09 December 2014 09:30	09 December 2014 18:00
10 December 2014 07:30	10 December 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection which took place over two days and was carried out for the purpose of informing an application for registration. The provider had applied for registration of nineteen places. This report sets out the findings of the inspection.

Inspectors found the service provided long term and respite care for up to nineteen adults and children with a severe to profound intellectual disability, (referred to as residents throughout the report). There were separate living and sleeping facilities for the adults and children. Inspectors met most residents, along with some of the

family members of residents and staff during the inspection.

Overall, inspectors found the provider demonstrated a willingness to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, a number of areas for improvement were identified. These non-compliances were mainly related to documentation and record keeping, and are outlined below.

There was a committed management team in place who ensured good governance structure were in place. Inspectors met both the provider nominee (the provider) who was new to the role since August 2014, and the person in charge at the inspection. Fit person interviews were held with both persons, at which they suitably demonstrated their fitness and commitment to meet the requirements of the Regulations.

Inspectors found that residents received a good quality service in the centre by staff who supported and assisted them to have a range of choice in how they went about their day. There was evidence of good consultation with families through satisfaction surveys, newsletters and meetings for residents, and residents' communication support needs were met effectively.

The centre was bright, clean and homely. It felt warm, and had a hospitable atmosphere. There were systems in place to communicate and provide feedback to the residents' representatives. Inspectors found systems were in place for families to voice concerns and advocacy service were available. Collective feedback from residents and relatives was one of overall satisfaction with the service and care provided, with one area of concern raised. This was discussed with the person in charge and provider who provided an assurance to inspectors that action was being taken.

The provider and person in charge promoted the safety of residents. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations.

However, as outlined above, there were improvements identified to ensure compliance with the Regulations, mainly in relation to documentation and record keeping. The documenting of personal plans for residents continued to be an area of improvement since the last inspection. The procedures followed into the investigation of alleged abuse required improvement. There was no contract of care in place for most residents. Inspectors found the system for the improvement and learning from adverse events required improvement and a draft emergency plan had yet to be implemented. The procedures in place for the management of complaints required review. While most of the policies required by Regulations were in place, improvements were required to ensure they guided practice.

The 20 actions identified at the previous inspection in June 2014 were followed up. There were 12 fully complete, three were in progress and five were incomplete.

The actions in progress included:

- the development of personal plans
- the management of restrictive practices.

The incomplete actions included:

- the emergency plan,
- the centre operating within its Statement of Purpose
- the system of staff supervision meetings.

The actions are outlined in the body of the report and the Action Plan at the end.

**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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found that resident's rights, dignity and consultation were well maintained. There were systems in place to allow the resident's representatives an opportunity to contribute in how the centre is planned and run. However, improvements were identified in the management of complaints.

The provider and person in charge ensured there were systems in place for the management of complaints. However, improvements were required. While there was a policy and procedure for the management of complaints, it was not centre specific and did not fully guide practice (this is outlined under Outcome 5 Documentation). In addition, the complaints procedure was not prominently displayed in the centre. These matters were discussed with the person in charge who assured inspectors action would be taken. Inspectors were later shown an action plan to address the issues. A log of complaints for 2014 were read, that confirmed an appropriate and timely response had been made along with feedback to the complainant. In addition, a twice monthly meeting was held to review all complaints made. However, inspectors read where issues had been raised by families had not been recorded or investigated as per the complaints policy.

The person in charge outlined the systems in place to consult with residents about how the centre was planned and ran. As each of the residents in the centre had severe to profound disability and were non verbal, family members represented them, through a number of forums. For example, family members were invited to sit on working committees alongside staff. This was confirmed by one family member who confirmed they had sat on two committees. A quarterly electronic newsletter was circulated to families to update them on any events and activities in the centre. In addition, a family

information evening had been held in September 2014 to discuss a range of topics. Inspectors also read the results of the most recent family satisfaction survey that was held in November 2013 and the results compiled showed a number of issues had been raised which were acted on.

There was access to advocacy services and information about the residents rights. The person in charge outlined the services available to the residents and their families. There was evidence that these services had been accessed and used by families where required.

Inspectors observed that staff treated residents with dignity and respect and care practices carried out ensured residents privacy was respected. There were a number of multi-occupancy bedrooms in the centre, that is, four two bedded rooms and one three bedded room. There were suitable screens provided in these rooms to ensure residents privacy was maintained at all times while residents received personal care.

There were policies in place for the management of residents' personal property and possessions. Inspectors saw each resident had a property list maintained on their file. There was adequate storage space for residents' personal possessions including clothes. Inspectors visited a large, well laid out laundry room where staff wash and iron residents clothing.

Since the last inspection, the provider had taken action to enhance the procedures that supported the residents to manage their own finances. A new policy on the management of residents' finances had been drawn up. Although many residents continued not to have their own bank accounts, some residents were now in the process of having bank accounts opened in their own name. There were local arrangements in place to support residents whose families chose to manage their monies on their behalf and these were outlined by the finance manager. However, as outlined in Outcome 4 (Admissions and Contract for the Provision of Services) where residents paid a fee to the service, there was no written agreement on what services were included for this charge.

Inspectors also reviewed the procedure on the handling of residents monies held in the centre. A sample of transactions records were reviewed and the inspectors saw along with two staff signatures for each transaction, invoices of purchases made by residents were maintained.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the person in charge ensured the communication support needs of residents were met.

The residents had access to assistive technologies and were facilitated to access communication aids to promote their full capabilities. For example, pictorial technologies and computers were observed to be used by the residents. In addition, inspectors were shown a new sensory room to enable residents to express themselves and provide a medium for communication.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found residents families were encouraged to get involved in their lives. However, improvements were required to support residents maintain friends within the service and links with the community.

Inspectors found residents and families were supported and encouraged to to maintain positive relationships with families. There were arrangements in place for residents to receive visitors with no restrictions on family visits. This was observed and confirmed by families who spoke to inspectors. Families also confirmed with inspectors that they were kept informed of their loved ones wellbeing. Resident also were supported to go on trips home to their families, and some residents went home every weekend and on holidays.

While residents were supported to access the wider community, this was through group outings organised by the service with other residents, and there were no other tangible links to the local community. In addition, some residents had made friends with other residents at day service, but it was not clear if they were supported or enabled to develop and maintain these friendships.

There were records that confirmed families were very involved in residents care, records read by inspectors confirmed families also attended person centred care meetings that took place on an annual basis, and records were kept of any contact made with families recorded on residents' files.

There was a private sitting room available if residents and families wished to meet in private.

Inspectors received completed questionnaires from some family members which were complementary of the service and opportunities being provided.

**Judgment:**

Non Compliant - Minor

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found the provider had ceased admissions to the service and no new admissions were to take place as outlined in the Statement of Purpose. However, improvements were required to ensure all residents had an written agreement for the provision of services.

The residents in residential care did not have a written agreement in place. This was discussed with the provider and person in charge who explained one was in draft and it was anticipated to be issued to all families in early 2015. While some residents in respite care had a written agreement, not all residents had an agreement in place.

Inspectors discussed the admissions process with the person in charge. In accordance with the Statement of Purpose, no new admissions were being made to the adult and children's residential service. This is part of the services overall strategic plan as reflected in the Statement of Purpose. A fixed number of residents had access to the respite facilities, and no new admissions were being made to the service.

**Judgment:**

Non Compliant - Major

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found each resident's welfare and wellbeing was maintained by a good standard of care and support. The actions from the previous inspection were followed up. They were in relation to the overall assessment process, the development of personal plans and the provision of activities for each resident in accordance with their individual needs. The action being taken to address these areas were outlined by the person in charge to inspectors, who acknowledged they had more work to do to fully address these matters. However, improvements were still required in the development of residents personal plans and regular review of their health care needs.

Inspectors found that residents welfare and wellbeing was maintained by a good standard of care and support, and by staff who were familiar with their health care needs. As outlined earlier in the report, the residents had a severe to profound disability and required a high degree of assistance and support. An action from the previous inspection in relation to residents' consultation in and development of personal plans was in the process of being completed. The person in charge and a clinical nurse manager (CNM2) outlined the plan in place to address the actions from the previous inspection. A new personal plan "My Care, My Voice" was being developed for all residents. Inspectors were informed that the plans would provide sufficient information on residents' specific social, emotional, participation needs, preferences and preferred routines. Inspectors reviewed a sample of the personal plans that had been completed. They provided details of the residents' aspirations and wishes, however, they were still in draft and not yet rolled out to the residents. The CNM2 said care plans were expected to be completed by residents key workers by the end of December 2014.

In the interim period, inspectors found progress had been made to take appropriate action where the individual needs, choices and aspirations of residents had been identified. For example, one resident was in the process of completing a project of goals to achieve as he reached a milestone age. These included trips to the fire brigade service, the Guinness Storehouse, and a helicopter trip was planned in 2015. Another resident had made her first holy communion.

There was evidence that the residents and their representatives had a personal input and were involved in the assessment process. Inspectors saw records on residents files where families were involved in multi-disciplinary team meetings. Families informed inspectors they attended meetings and were consulted with. Inspectors viewed a schedule of planned dates for family meetings in 2015.

Each residents had a "my care passport" that identified the residents' care needs, and outlined their likes and dislikes and their personal history. Since the last inspection, improvements had been brought about to develop an annual review that included a

multi-disciplinary input. A global assessment tool was being introduced, which would include a multi-disciplinary input. It was anticipated this model of care planning would streamline the assessments of residents and ensure a clearer documented process would be implemented in the centre. Key workers were in place for each resident who reviewed the global assessment monthly. Inspectors reviewed a sample of residents medical plans in place. The care plans in place for residents identified needs had improved and contained sufficient detail to guide practice regarding issues such as, percutaneous gastrostomy (PEG) tube feeding and the management of epilepsy. However, an action from the previous inspection was not fully met as the clinical assessments completed were not reviewed at regular intervals or as required.

There were systems in place to ensure the residents had access to and participated in education and meaningful occupation outside of the centre. The children attended school and there was evidence of interaction and input with these services. The schools provided feedback and worked closely with the service. Although most children had individual education plans, not all children had a plan in place.

Inspectors found most residents in the children's unit had a placement in day service, and while one child had yet to be placed, plans were seen by inspectors to address this. An action from the previous inspection was addressed regarding access to these services. This was discussed with the person in charge who outlined a series of ongoing discussions, meetings and mediation in relation to this matter.

Inspectors found the provision of social activation for residents improved since the last inspection, with some improvement identified to ensure all activities were reflective of residents' assessed needs. The range of activities provided by staff with residents had improved with the assistance of a play therapist from within the organisation, who had reviewed activities. However, inspectors found activities continued to not be fully based around residents' identified needs and likes and interests. As already reported, a new sensory room had been provided for the adults. The staff were seen to interact closely with the residents and volunteers visited the service provided an invaluable service to the residents. Increased outings took place from the centre, such as trips to the city centre, shops, cinema, parks. In addition, some residents were facilitated and supported to go on holidays.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors found that the centre was clean, warm, well maintained and homely. The centre comprised of two units: a children's unit and adult's unit. Both units were visited by inspectors who found them to be well laid out and met the individual and collective needs of the residents.

As reported above, there was separate living and sleeping accommodation for the children and adults. The children's unit comprised of four bedrooms. There was one three bedded room, two twin rooms and one single bedroom. The adults unit comprised of two areas, linked by a corridor. The bedrooms in both areas were visited. There were five single bedrooms in one area. There were two twin rooms and two single bedrooms in the second area. Inspectors visited some of the bedrooms with a member of staff. They were well kept and of suitable size to meet residents individual and collective needs. There were appropriate measures in place ensure the privacy and dignity of the resident in the multi-occupancy bedrooms, with suitable screening provided. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and various other belongings.

In both units there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. There were separate toilets provided for staff. Each of the two units were provided with a kitchen/dining and sitting room. There was a central kitchen, where some of the residents meals were prepared.

Inspectors observed the centre was appropriately decorated for the time of year, Christmas. The centre was fully accessible for all residents who lived there. It was maintained to a high standard cleanliness and hygiene. Inspectors met and spoke with cleaning staff who outlined the cleaning procedures in place. A detailed cleaning programme was followed that was recorded on completion.

The centre was maintained to a good standard of repair. The residents had access to appropriate equipment that promoted their independence and comfort, including hoist and wheelchairs. The staff all received training in their use, and the safe handling of residents. The equipment was kept in good working order and maintenance records read confirmed regular servicing took place.

There was sufficient storage in residents' bedrooms for their clothes and other personal items. A large well equipped laundry was provided within the adults unit.

There were a number of suitable outside areas for children to play in, along with a sensory garden. These areas were well maintained and provided with a good range of play equipment and seating areas provided.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

### **Findings:**

Inspectors found that there were systems in place to promote the health and safety of residents, staff and visitors to the centre. However, improvements were identified in relation to risk management and fire safety training.

Inspectors read the risk management policies which guided practice. However, they did not include all the information required by Regulations. For example, the measures in place to prevent the risk of abuse, self harm, accidental injury and assault were not described. There was a health and safety statement in place which had been reviewed in 2014 and it related to the health and safety of residents, staff and visitors.

The provider and person in charge had developed a risk register to identify and manage the risks in the centre. However, it was not comprehensive to guide practice. For example, risks identified in the centre that required ongoing monitoring were not included. Inspectors found accidents, incidents and near misses were recorded in detail and a copy of the reports were submitted to and reviewed by the person in charge. Incidents were being discussed at weekly risk review meetings. However, there was no evidence of what action was taken, and the learning from them along with reducing the risk of recurrence. This was an action at the previous inspection and was not completed.

Inspectors reviewed the emergency plan. However, it was still in draft format. This was an action at the previous inspection and not completed. This was discussed with the provider who outlined the ongoing work being carried out to ensure it fully reflected all potential emergency scenarios. Once implemented the provider said it would provide sufficient guidance to staff on the procedures to follow in the event of an emergency.

Inspectors reviewed centre specific policies on infection control which had been an action at the last inspection and now completed. Staff received annual training in infection prevention and control. Personal protective equipment, hand gel dispensers and wash hand basins were available throughout the centre.

The families of residents commented that they felt the centre was safe and secure. They said it was because there was a good level of staff always present.

There were good systems in place for the management of fire safety. Inspectors viewed the fire training records and found that all staff had completed mandatory fire safety training and this was confirmed by staff. However, it was completed every two years and not annually. This was discussed with the person in charge after the inspection who

assured inspectors that action would be taken to address the matter. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby staff checked fire exits daily and this was documented. An action from the previous inspection was completed and checks also took place at weekends. Inspectors found robust arrangements were in place to evacuate residents and staff were aware of these plans.

All staff had been trained in manual handling and appropriate practices were observed by inspectors. The staff also completed therapeutic handling practices to enhance their knowledge and skills in the movement of the residents, who all required full assistance from staff.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found there were measures in place to safeguard residents and protect them from abuse, and systems were in place in the management of restrictive practices. However, areas of improvements were identified in relation to these areas.

At the previous inspection, the inspectors found all residents had a bed rail in place irrespective of need and practice was not in line with the national policy and the centres policy. At this inspection, inspectors found good progress had been made and all residents had been risk assessed for the use of bedrails. However, the risk assessment process was not comprehensive. For example, it did not include the risk of entrapment and the rationale on the use of bed rail. There was no record of the alternatives considered and that the least restrictive form of restraint was tried. Furthermore, an individual care plan was not developed. This was discussed with the provider and person in charge, who assured inspectors the matter would be addressed.

Since the last inspection, the Authority had been notified of suspected incidents of abuse. Internal reports of the investigations carried out were completed with one report in the process of being written up. The person in charge was aware of the requirement to submit a copy on its completion to the Authority. Inspectors reviewed the reports of the investigations carried out to safeguard the residents. However, improvements were required in how the investigation was completed to ensure appropriate action was being taken. For example, medical assessments did not form an integral aspect of one of the investigations, in order to reach a definite and professional conclusion into the matter. Furthermore, the rationale for not reporting this to the relevant (child and family) agency was not outlined in the investigation report. These matters were discussed with the person in charge who acknowledged they should have been on record.

There was a policy on and procedures in place for the prevention, detection and response to abuse of vulnerable adults. In addition, there was a separate policy and guidelines for the management of an allegation of child abuse. While the policy contained sufficient detail to guide staff, it was not fully implemented in practice as outlined in the paragraph above. There was a named designated liaison person, the internal senior social worker. Inspectors met with the social worker who outlined her role. There were five persons who deputised in the designated persons absence. Inspectors also read residents files and daily records which records any incidents that had occurred in the centre affecting the residents. The person in charge and provider were knowledgeable on how to respond to incidents, allegations or suspicions of abuse.

Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. There were records that confirmed all staff had completed training in protection of vulnerable adults and children. During the inspection staff were observed treating residents in a warm, caring manner.

A policy relating to positive behaviour support was read by the inspector, and seen to be operating in practice. There were very few residents with behaviours that challenged in the centre. Inspectors reviewed the positive behaviour plan for one resident which described the underlying causes of behaviours and the least restrictive and most therapeutic interventions to be used. The staff were familiar with the residents and took every action to ensure all alternatives were followed, and interventions reduced.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors found that the person in charge and staff had maintained detailed records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and provider.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents' general welfare and development was being encouraged and facilitated. However, an area of improvement was identified in the transport arrangements in place.

The majority of residents attended a day service for a period of time during the week which provided a range of activities. The family of the residents told inspectors that they enjoyed attending the day service. However, one resident was unable to attend day service due to lack of appropriate transport, and they would have to remain in the centre until the matter was resolved. These matters were discussed with the person in charge, who informed inspectors there were vehicles available and staff were licensed to drive them, but it depended on the availability of staff to escort residents.

Inspectors were also informed that residents were supported by family members and staff to pursue a variety of interests, including going on outings to the cinema, the shops and musical events.

The residents required a high level of assistance and support. However, they were encouraged to be independent in the house as much as possible. One of the residents can mobilise with support, and was encouraged to do so in the centre with staff assistance.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors found residents were supported on an individual basis to achieve and enjoy best possible health, with an area of improvement identified.

An annual health care review was undertaken in addition to the regular monitoring of resident's health. A general practitioner (GP) carried out the review and a document of this review was on file. The residents in the centre had a range of differing health care needs that required ongoing clinical support and care. An action from the previous inspection was partially completed and inspectors found clinical assessments of residents' health care needs were carried out but there was no evidence that this was carried out on a regular basis (see Outcome 5 Social Care Needs). There was clear information on residents files of the health care needs and plans to guide their care.

There was evidence of referral and regular consultation with allied services as required by the residents. There was in-house occupational therapist, dietician and physiotherapist available. There was also a psychology service available to provide additional support to the residents where required. Inspectors saw records of the assessments and recommendations made by these professionals. Inspectors saw evidence of access to ophthalmic services and dental services and records of these visits and the subsequent outcomes were recorded by staff and demonstrated that resident's health care was prioritised. However, there was no record of an up-to-date speech and language therapy assessment or referral. This was discussed with the dietician during the inspection who explained all residents were regularly seen and if there were any changes noted in their pattern of eating or diet she would recommend a referral. The residents were not able to refuse treatments or interventions except with family consultation, there was evidence that this right was respected and documented but also that every support and encouragement was provided to the resident to participate.

Inspectors found the centre was guided by end-of-life policies and procedures. A new end-of-life guideline had been developed and included an end-of-life care plan to be put in place when residents were at this stage in their life. Inspectors reviewed records of advanced care plans, which had been developed in consultation with the GP along with the residents families. Inspectors met and spoke to a GP who visited residents in the centre, who confirmed families were consulted and these decisions were regularly reviewed. At the time of inspection, no resident was at active end-of-life, however, staff were very clear of the procedures to be followed in this eventuality. A chaplain was available to provide spiritual guidance and support where required to residents. Inspectors spoke to the chaplain who outlined his role in the service.

The majority of residents were on an enteral tube diet. An individual feeding regime was developed by the dietician. Each unit in the centre had its own kitchen area and staff prepared meals for residents on an enteral diet from there. Inspectors read enteral feeding regimes for residents, that were reviewed by the dietician every two months. Dietary requirements were supported and where relevant residents were supported with dietary advice or special dietary requirements. There was evidence of regular training in enteral feeding, along with food hygiene. There was a separate restaurant that prepared meals for the small number of residents on modified textured diet. Inspectors met the chef, who was familiar with the residents dietary requirements and who was provided up-to-date information from the dietician on each residents' dietary requirements.

**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:**

Inspectors were satisfied that each resident was protected by the designated centres policies and procedures for medication management. There was a medication policy which guided practice. This had been revised since the previous inspection, to include procedures for the management of respite residents medications.

Inspectors read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the residents files.

All staff had completed medication management training since the previous inspection. A comprehensive medication management training programme was in place, which included competency assessments of staff. Most CNMs had also completed train the trainer programme in medication management.

Medication audits were completed internally by staff and externally by the pharmacist to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and the provider and there were systems were in place to minimise the risk of future incidents. A medication monitoring group that met weekly and also discussed medication errors and way of preventing their recurrence.

There were appropriate procedures for the handling and disposal of unused and out of

date medicines.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that the Statement of Purpose met the requirements of the Regulations. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met. However, an aspect of the outcome, that related to the type of service being provided to residents required improvement.

While the Statement of Purpose outlined the services to be provided, it did not accurately reflect the service that is provided in the centre. The centre provided care for adults in long term care and respite care for children. However, a number of the children were accommodated in the respite unit of the centre on a long term basis. Although this was stated in the Statement of Purpose, the service did not fully meet the needs of these residents as it was primarily a respite care unit. The children lived in the centre along side respite residents coming for short stays. Although the provider and person in charge acknowledged this arrangement was not suitable, the children had been in the service for a number of years. This had also been an action at the previous inspection.

These matters were discussed with the provider who acknowledged the issues with the current living arrangements of the residents in long term care.

**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:**

The provider had established a management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included the attendance of the provider at the staff meetings. The provider was also based in the centre full time. She visited the residents of the centre on a regular and was very knowledgeable about the service. The provider reported to the board of directors, the minutes of the board meetings were reviewed by inspectors.

The provider had yet to complete a report of the review of the safety and quality of the service since the previous inspection. In the interim period, there were regular reviews of risk management arrangements and incidents and accidents. Inspectors read the results of the audits undertaken and the areas for improvement identified.

Inspectors found that the person in charge at the centre was suitably qualified and had continued her professional development. She had sufficient experience in supervision and management of a service for both residential and respite residents with complex health care needs. She demonstrated very good knowledge of the Regulations and Standards and her requirements therein. She was knowledgeable about the support needs of each resident, along with their health care needs.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of senior experienced staff members to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

The provider was aware of the requirements to notify the Authority in the event of the

person in charge being absent.

**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 found that sufficient resources had been provided to meet the needs of residents.

There were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. Since the last inspection three new nurses had been recruited and an additional nurse had been rostered during the day to the adults unit. This increased the number of nurses to two during the day. The provider had ensured that sufficient assistive equipment had been provided. The centre was suitably furnished and well equipped.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that there was a very committed and caring staff team who work well to ensure that the needs of residents were met. However, the system of staff supervision required improvement.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Three staff files were reviewed and contained all of 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 was an education department who oversaw and coordinated staff training. A comprehensive training programme was in place. Inspectors read records that were well maintained and outlined the actual and planned training for all staff. Actual training provided in 2014 included all mandatory areas such as fire safety and adult and child protection. In addition, training was provided to staff in infection control, hand hygiene, medication management, cardio-pulmonary resuscitation, end-of-life care, enteral feeding and therapeutic handling. A very detailed programme for 2015 was read by the inspectors. There were robust systems in place to ensure staff completed up-to-date training and attended refresher training where required.

The system of staff supervision required improvement. Inspectors found all staff completed an appraisal with annual appraisal meetings. However, there was no formal system of supervision in place, and where meetings with staff took place they were not recorded.

There were a large number of volunteers who provided a valuable service to the residents, and there were records that confirmed they were vetted and their role was clearly defined.

**Judgment:**

Non Compliant - Minor

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that records were accurate, up-to-date, maintained securely but easily retrievable. However, improvements were identified in relation to the policies in place.

The provider had ensured the designated centre had most of the written operational

policies as required by Schedule 5 of the Regulations. However, gaps were identified. For example, there was no nutrition and hydration policy, provision of information to residents and communication with residents. The person in charge had an action plan in place for each policy along with their date of implementation. In addition, while the policies in place were centre specific, some did not fully guide staff practice. For example, the complaints policy.

Inspectors found all of the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

**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:***

Deirdre Byrne  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Children's Sunshine Home
<b>Centre ID:</b>	OSV-0003282
<b>Date of Inspection:</b>	09 December 2014
<b>Date of response:</b>	09 January 2015

### 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The complaints procedure was not prominently displayed in the centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

Currently the service has

- Compliments. Comments & Complaints leaflets at every entrance
- Letterboxes for leaflets at every entrance
- Residents Guide for Families outlines present Complaints Process

The Service has commenced a review of the complaints process

A flow chart outlining the process will be displayed at all entrances

Residents Guide for Families will be updated to reflect process on flow chart

**Proposed Timescale:** 30/01/2015

**Theme:** Individualised Supports and Care

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

Not all complaints raised had been recorded or investigated.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The service currently reviews all received verbal and written complaints at fortnightly review meeting with MDT representation.

A member of the MDT team is the Complaints Officer

A review of the policy on complaints will be carried out.

**Proposed Timescale:** 27/02/2015

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

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

Improvements were required to enable residents to maintain links with the wider community.

**Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Presently the service supports the residents to access a number of community links including

- Local GAA club
- Swimming pool
- Bowling alley
- Special Olympics activities
- Library
- Hairdressers
- Discos linked with other disability services
- Sports event/concerts
- Cinema
- Shopping centres

Staff and a volunteer programme support residents accessing services and activities

The service will undertake a review of the current processes in place to enable residents to maintain links with the wider community by the Quality of Life Group

**Proposed Timescale:** 29/03/2015

#### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Most residents did not have a written agreement of provision of care and service to be provided

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Contracts for the provision of services will be developed and completed with each residents representative

**Proposed Timescale:** 27/03/2015

#### **Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Assessments of residents health care needs were not carried out on a regular basis.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need

and circumstances, but no less frequently than on an annual basis.

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

The service employs a multi-disciplinary team who are accessible to the residents as required.

Since the last inspection in June 2014 the service has

- Developed a comprehensive suite of MDT assessment tools
- Carried out assessments for all residents which feed into their individual global assessment plans
- commenced a monthly MDT Disability forum where the MDT discuss each resident including current medical status, psychosocial issues and any changes to the residents' care plans. Updates are given from each of the relevant team members regarding equipment, treatment plans and activities that are being planned. Any new assessments that have taken place or are due to be carried out are discussed and/or scheduled at this time (i.e. seating assessments, postural management assessments, risk assessments etc). Dates for annual medical reviews are also agreed at this forum.
- Established an annual care plan review inclusive of resident, representatives and MDT

**Proposed Timescale:** 09/01/2015

**Theme:** Effective Services

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

The social care needs of residents in relation to activation and recreation in the centre required improvement.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Since the inspection in June 2014 the service has employed a Play Therapist to support individual activation and recreational needs

The service delivers training on meaningful activities to nursing and care staff that support the residents.

The Quality of Life group address activation and recreation for residents to support individual needs

The monthly MDT Disability forum discusses each resident's care plans, treatment plans and activities that are being planned.

The Quality of Life Group will undertake a review of existing opportunities for activation and recreation in the centre

**Proposed Timescale:** 29/03/2015

**Theme:** Effective Services

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

Personal plans that outlined individual needs, aspirations and choices were in draft form and had not yet been implemented.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All children in residence have a new Care Plan implemented since 21/12/2014  
Work is ongoing on the completion of new care plans for all adults in residence.

**Proposed Timescale:** 20/02/2015

**Theme:** Effective Services

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

Personal plans for children did not consistently include their individual educational plans.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Resident Children's keyworkers contacted schools and obtained up to date Individual Education Plan's (IEP's)  
Resident children's IEP's included on their personal plan

**Proposed Timescale:** 09/01/2015

**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:**

The system for investigating and learning from all adverse events required improvement.

**Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to

the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

A new Quality, Risk & Safety Board sub Committee has been established  
Recruitment process commenced for Quality Risk & Safety Manager, adverse incident management will form part of their role

Review Risk Management policy with consideration to risk control measures has commenced

**Proposed Timescale:** 27/03/2015

**Theme:** Effective Services

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

The emergency plan for the centre was at draft stage and not implemented in practice.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Service engaged H&S consultants in November 2014 to carry out a review of H&S in the Service and establish an Emergency Management and Contingency Plan.

The Draft Emergency Management and contingency plan will be approved at upcoming Board of Directors meeting

**Proposed Timescale:** 10/02/2015

**Theme:** Effective Services

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

Risks identified in the centre did not have the measures to control their occurrence outlined in the risk register.

The risk management policy did not include all the information required by Regulations.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The service engaged a H&S consultant to carry out Risk assessments of each unit, control measures have been identified for all non-clinical risks.

The Service will:  
Review Risk Management policy with consideration to regulations  
Develop Risk Registers specific to each unit outlining control measures in place

**Proposed Timescale:** 29/03/2015

**Theme:** Effective Services

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

Staff did not complete fire safety training on a yearly basis.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Service

- updated Mandatory training schedule to reflect the requirement of annual fire safety training
- Will update H&S statement to reflect annual fire safety training
- Identified outstanding staff that require training to be compliant
- 22 staff trained 15 – 19 December 2014
- Additional training dates established January and February 2015 for outstanding staff requiring annual update

**Proposed Timescale:** 27/02/2015

## **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The management of restrictive practices required improvement.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The service has actioned the following

1. Restrictive Practice Risk Assessment forms revised to include
  - A checklist for considering the specific benefits and risks for use of bed rails
  - A checklist of alternatives and least restrictive methods considered for each resident
2. 55% of respite children have been assessed to date, the service will continue to

assess children when they are admitted to the service for respite.

The service will introduce a specific section on Page 2 of My Care Plan: My Voice template to record recommendations from each risk assessment and restrictive practices assessment.

**Proposed Timescale:** 27/02/2015

**Theme:** Safe Services

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

The procedure followed into the investigation of allegations of abuse required improvement.

**Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The Service will implement a risk and safety awareness week end of January this will include lessons learnt from previous reported cases, responsibilities and process for investigating allegations of abuse.

The service will carry out a review of the safeguarding policies for children and adults to with focus on the process for responding to concerns and investigating allegations.

**Proposed Timescale:** 27/02/2015

## **Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

Transport arrangements required improvement to enable residents to attend day service.

**Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Existing supports in the Service include;

- 2 buses and 1 wheelchair accessible car
- 36 staff registered to use vehicles
- Clamping for wheelchairs on vehicles training is provided
- Day Services Transport companies
- School Buses
- Volunteer drivers

- Travel passes
- Account with taxi company that provides wheelchair taxis

At the time of inspection one adult did not have transport available to support them accessing their Day Services; the Service was supporting the resident to attend day services using volunteer drivers, staff and taxis as required. A long term solution has been agreed and arrangements are now in place for this adult.

The Quality of Life Committee will carry out a review of transport arrangements for residents.

**Proposed Timescale:** 29/03/2015

### **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 centre was not operating in line with the services outlined in the Statement of Purpose.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

In line with Action Plan from previous inspection dated 4th June 2014, the Service has continued to engage with the HSE in relation to the needs of children requiring appropriate full-time residential accommodation.

**Proposed Timescale:** 30/06/2015

### **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:**

An annual review of at safety and quality of care of residents in the centre had not been carried out.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Service has engaged a Social Care Consultant to carry out a review of safety and

quality of care of residents in the centre.

**Proposed Timescale:** 27/02/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The system of staff supervision required review.

**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:**

This is an outstanding action from previous inspection due to a gap in human resources, the service is presently recruiting a HR manager who will carry out a review of supervision in the service on appointment.

**Proposed Timescale:** 29/03/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

No all policies as required by Schedule 5 were in place.

Some policies did not fully guide practice for example, the policy on complaints.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Communication with Residents Policy was in draft at inspection and has been implemented in the Service since the inspection.

The provision of information to residents due for completion by 27/02/2015.

Implementation in relation to making care plans accessible to residents will be achieved by September 2015

Food & Nutrition Policy is under development for completion 31/01/2015

A review of the policy on complaints will be carried out.

**Proposed Timescale:** 29/03/2015