

**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 ChildVision
Centre ID:	OSV-0003843
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	ChildVision
Provider Nominee:	James Forbes
Lead inspector:	Michael Keating
Support inspector(s):	Shane Walsh (Day 1 Only)
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	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:
13 January 2015 11:00	13 January 2015 20:30
14 January 2015 13:30	14 January 2015 17:00

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 and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

'Childvision Young Adult Residential Service' forms part of 'Childvision National Education Centre for Blind Children' and is a provider of services to children and young adults with visual impairment. This includes young adults who are vision impaired with additional disabilities. The primary aim of the residential service is to facilitate access to specialised educational services, and in this way provides services on a part-time basis to residents from across the country during the course of the educational school calendar. All residents attend the residential service while in education from Sunday evening, returning to family homes every Friday evening. Throughout the report the term 'residents' is used in reference to the students of Childvision who use their residential services.

The designated centre is made up of three separate residential houses and the inspector(s) visited the three houses and met with staff and residents from each house. The centre accommodates children and young adults between the ages of 16 and 23. This supports the transition of teenage children through the senior cycle of education and into adulthood. The centre provides a specific focus on providing opportunities for residents to experience and develop personal independence and living skills in meaningful ways such as cooking, shopping and independent travel. This aim was found to be achieved for all residents during this inspection.

A number of relatives' questionnaires were received by the Authority during and subsequent to the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided. In particular relatives identified with the initial admission process as being extremely positive, where they and their child were provided with a tour of the centre. In addition relatives spoke about staff consistency and familiarity as being a particular strong point of the centre, and all referenced the high level of social activities with many stating this as the reason as to why their relative loved to stay in the centre during school term time.

Evidence of good practice was found across all outcomes, with 12 outcomes judged to be fully compliant including health care, medication management, communication, workforce, social care needs and general welfare and development. Some areas of non compliance with the regulations were identified. Five outcomes were found to be moderately noncompliant relating to premises issues, risk assessment, governance and management, notifications and a need to update many policies and procedures. The statement of purpose required minor revision and was found to be substantially compliant. The maintenance of documentation relating to complaints also required some improvement and was also found to be substantially compliant.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. Residents were also consulted in how the centre was planned and run. There was evidence that any complaint or issue raised by residents or their representative were listened to and acted upon and that this feedback was used to improve the quality of service delivered.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. There was a complaints policy in place which had been recently revised and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. There were separate complaints logs in each of the three houses comprising the designated centre.

One complaint from a resident was recorded in one of these logs. These contemporaneous records evidenced that the person in charge agreed that the complaint was valid. The person in charge reported the incident to the complaints officer (who is also the nominee provider). The log entry reported that the complaint had been addressed and resolved to the satisfaction of the resident concerned (and their family). However, in follow up discussions with the nominee provider during the inspection no further documentation made available as requested outlining how the issues raised in the complaint were dealt with, and how the learning from the incidence was being used to steer practice. The nominee provider provided additional evidence to the inspector subsequent to the inspection which addressed any concerns in this regard; however, it was found that there were gaps in the maintenance of the documentation relating to this complaint. It was also recognised that this was the only complaint raised in the

centre during 2014.

Residents were consulted with on the day to day running of the centre. There were weekly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, travel training or to be more involved in food preparation.

Policies/procedures relating to the management of residents finances were in place and were providing clear guidance to staff. Many residents were encouraged and supported for their own monies and those whose monies were managed for them were safeguarded by robust practices.

Clear policies were in place outlining how staff expenses were to be covered during community outings and meals while supporting residents. This ensured that staff costs were not contributed to by any resident.

There was a plan put in place to address the issue of updating policies and this is discussed in more detail under Outcome 18: Records and Documentation.

Judgment:

Substantially Compliant

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:

The inspector found that person(s) in charge and staff had responded very effectively to the communication support needs of residents. 'Protocols' were in place for communicating with residents' as required. Each individual's communication requirements were highlighted in personal plans and reflected in practice.

Key information was available throughout the centre in an accessible format. For example, the statement of purpose and residents guide were provided in large type and brailled versions. Brailled indicators on kitchen presses were also used to help residents to find what they needed in the kitchen.

Each resident had a communication and literacy skills assessment report completed by a speech and language therapist shortly after each resident's admission to the broader service.

The houses were very much part of the broader community and residents were observed availing of many community facilities such as local clubs, colleges and public amenities. Residents also had access to televisions, music, social media and internet with assistive technologies and software used to assist residents to use and develop their IT skills.

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:
Overall, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the resident's life. Cognisant of the fact that this centre provides residential services during school term and that residents return to family homes at weekends, however, the centre had an open door policy and families were encouraged to visit if they choose to.

There was clear documentary evidence that family members were involved in person centred planning meetings and had also been accommodated to meet with senior management up to provider level to discuss additional support requirements for their relative. Community access was enhanced through the use of a travel training programme.

Relatives were highly complementary of the service provided with the relative questionnaires provided to the authority and referred to the high level of communication and contact from staff members and how residents had been supported to access the community in ways 'they never thought possible' such as by attending many community groups and developing a significant network of friends.

Judgment:
Compliant

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:

Each resident had a signed contract of care in place, and this was signed by the parents of any residents under the age of 18. There was a policy in place relating to the admission, transition and discharge. Effectively, admission was based upon the fact that all residents were in receipt of vocational education and were accommodated to reside in the centre during term times as outlined in the statement of purpose. Residents travelled from all over the country to receive this specialist service and therefore, residential care and supports was essential for them to be able to participate in, and complete their courses.

In recent weeks the rights of one resident was respected in that she chose to discharge herself from the service. Her care plan, which was read by the inspector, demonstrated that this was supported in a respectful and sensitive manner and staff had remained in contact with her since.

Judgment:
Compliant

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 Inspector found that the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved the writing up of their personal plan

and in outlining their own social goals. The Inspector reviewed a number of the personal plans and reviewed others with both link members of staff and with the Person in Charge in one of the centre's units.

Each resident had both long term and short term goals within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. One resident explained how they were progressing towards the goal of buying some groceries independently. The plans were reviewed three times annually and residents and family members attend these reviews.

The importance of transitioning to adulthood and promoting independence was evident throughout the service. The residents were actively encouraged to participate in the day to day running of the centre. Facilities such as water level monitors and talking microwaves were provided to allow residents begin to learn to prepare meals. Residents were also encouraged to keep control of their own personal money however, safekeeping facilities were provided if they did not wish to. A number of residents had declared their wish to begin to travel independently through the use of public transport and this progress was documented in each individual's personal plan.

Developmental goals and choices of residents which included elements of risk were promoted and supported. For example; one resident had said she wanted to find out if it would be possible to learn to drive. The specialist eye clinic provided by the service assessed her and said it would not be possible. She then requested a second opinion from her private consultant and this was supported.

All residents had individual educational plans in place in either secondary school or in full time vocational services. Participation in other additional classes and activities were also promoted. Many of the residents actively attended a local athletics club. One resident was involved in a local choir and another resident was learning to swim. A daily log book was kept for each resident which was filled each morning and night to record their activities and emotional wellbeing.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:

In general it was found that the design and layout of the centre were suitable for its stated purpose and meets residents' collective needs in a homely way. However, it was found that one bedroom in one of the three houses was not suited to be used as a twin room. In addition, maintenance and decoration of some rooms required attention.

In general the centre was found to be clean however, a number of bedrooms (within two of the houses comprising the designated centre) lacked adequate window dressing and had mold around the windows. The persons in charge stated that they had highlighted this and stated that there were plans in place to address this. One female resident also raised this as an issue with the inspector, stating she needed 'curtains on her window'.

One bedroom measuring 13ft x 11ft was found to be not providing adequate space and suitable storage facilities to its occupants. The beds in this room were less than 2ft apart and there was no opportunity to provide any type of screening to residents should they require it. While the current occupants of the room did not have an issue sharing, all staff including the person in charge felt this room was not suited to two people. In addition, given that residents only reside in the centre on a part-time basis, during school terms, the occupants of this room would often change on a yearly basis. Therefore, there was no way to determine if future residents would be satisfied with sharing in this way. On consultation with the person in charge and the nominee provider it was agreed that this room would revert to single occupancy at the beginning of the next school term (September 2015).

There was a separate kitchen area in each of the three houses and there was adequate communal space with a choice of sitting rooms in each of the houses. Residents had access to appropriate equipment to promote their independence and comfort. For example speaking microwaves and liquid level indicators were used to support people to use the kitchen facilities as independently as possible.

Residents were also all encouraged and trained to launder their own clothes, using task analysis and system instruction to train residents to the point where this could be done independently, or with minimal support. Interventions such as 'bump-ons' a form of raised sticker were used to allow residents identify washing machine settings.

Judgment:

Non Compliant - Moderate

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:

Overall it was found that the health and safety of residents, visitors and staff was promoted, however, significant risk was identified in relation to the temperature of hot water in the centre and health and safety related policies had not been updated, which had been identified within the previous inspection. Fire evacuation procedures relating to one of the three houses comprising the designated centre were unclear to staff and residents. During a recent review of the fire procedures by the organisations' fire consultant; an emergency exit leading to the back garden has been 'decommissioned'. However, no consideration had since been given to ways of evacuating the house should the main front door exit be blocked.

The water temperature was recorded on day 1 of the inspection at 60.5 degrees in one of the three houses comprising the designated centre. It was also identified that hot water and the temperature of radiators was excessively in all of the houses. When this was highlighted to the person(s) in charge and the provider, they immediately set about contacting a plumbing contractor to remedy this. Plumbers arrived while the inspectors were present and reduced the water temperature throughout the centre.

A number of policies as referred to under Outcome 18: Records and Documentation were out of date or needed to be revised. One such policy the 'risk register' while now in place in each house was not adequately identifying risk or guiding practice in relation to risk identification. This action was identified during the previous inspection but had not been adequately addressed since. For example; environmental risks were not being considered such as the likelihood of slips/trips and falls, or as identified; the temperature of the hot water. There were no hazard identification practices in place to minimise risk. Overall the risk management policy operating within the centre did not cover the matters set out in Regulation 26 including the management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There were generic health and safety policies and safety statement dated 13/02/2012 which was in need of revision and was not centre specific. In addition, this was not informing practice as staff including persons in charge were not familiar with it. The nominee provider confirmed the area of health safety and risk management had been identified as an area of weakness and he was trying to source appropriate training and guidance for all staff to ensure these processes become more robust, and suited to the needs of the centre.

Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. For example, independent living skills such as cooking skills and independent travel had all been individually risk assessed to ensure residents could complete these tasks, safely but also realising that there was an element of risk in many of these tasks but the rights of the resident was considered paramount in being allowed to develop these skills.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation drills were taking place every two months, and night-time circumstances were simulated to practice evacuations from bedrooms. Evacuation records identified any issues as well as the action taken to remedy the issue. For example, a need for an outside light was identified in one drill which was provided promptly. Personal Emergency Evacuation Plans (PEEP's) had been developed for each resident. As identified above, evacuation procedures for one house required review to ensure everyone was aware of what to do should the main exit be blocked off.

The centre was found to have adequate infection control procedures in place including access to a nurse on a 24/7 basis to provide guidance to staff on infection control or outbreak of infection or illness guidance. The centre was found to be clean and cleaning records were maintained.

The centre had access to vehicles to provide transport to residents. Up to date driving licenses were maintained on file to ensure all staff were suitably qualified to drive the vehicles.

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):

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

Findings:

There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constituted abuse and on reporting procedures.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe or needed particular support. The persons in charge confirmed restrictive practices were not used

within the centre, as there was a policy of 'no restraint' within the broader service. Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Residents were also provided with comprehensive positive behavioural support plans (as required). These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement.

Judgment:
Compliant

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:

There was a system in place for the recording of incidents and accidents, and all incidents were reported to the nominee provider for review. However, the registered provider had not made any returns to the authority indicating that no incidents which required to be notified had taken place.

No notifications of any type (as listed within the regulations) had been submitted to the Authority since commencement of the Regulations in November 2013 in connection with this centre. No incidents or accidents requiring notification were identified by the inspector. However, there was no robust system in place to ensure that notifications were sent to the authority as requested as the knowledge of the persons in charge and nominee provider in relation to the notification requirements was not adequate.

Judgment:
Non Compliant - Moderate

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:

Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Residents' personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and requests of residents.

The educational achievements of residents was valued and proactively supported by practices in the centre. All residents were involved in a vocational curriculum such as completion of their leaving certificate and residents were also supported to engage in work placements, and some residents had been supported to find paid employment. Individual Educational Care Plans (IECP's) provide a comprehensive assessment and goal setting process to establish each resident's educational/training/employment needs. These provide literacy assessment, supported work placements, speech and language therapy input and personal development in areas such interview techniques and developing a curriculum vitae.

Residents were engaged in many social activities external to the centre, as referred to under Outcome 5: Social Care Needs. Personal care plans primarily focused upon maintaining and developing skills in the areas of self care and protection, and knowledge in relation to their rights and daily living tasks. Residents were also each provided with a day to help prepare meals within the centre. One residents described his level of involvement in this, including being involved in going out and purchasing the ingredients in local shops.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The Inspector found that the residents were supported to access health care services relevant to their needs. From reviewing personal plans of residents the Inspector found that due to residents attending the service on a part-time basis, residents' primary health care needs were provided by a family general practitioner (GP) from their home based community. Residents also had access to a GP located close to the centre if require. Resident's were also encouraged to take responsibility for their own healthcare for example some of the residents were in control of their own medication.

Health care plans read by the inspector(s) confirmed residents had access to allied healthcare specialists such as optometrist, speech and language, and hospital consultants as required. For example, one resident was accessing a neurologist in relation to increased seizure activity.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. All residents were supported to aid in the preparation of meals to some degree. Specific cutlery was used by one resident enabling him to be more independent at mealtimes. Healthy eating and exercise was a focus of many care plans for residents within the centre. Two residents were attending a local slimming club and a one required the support of staff to do so.

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:

Overall the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by social care staff that had been appropriately trained in the safe administration of medication. Staff were supported by being able to call upon the advice of a nurse 'on call' at all times. The organisation policy on the safe administration of medication identified the need to have all staff trained in the administration of medication, and this had been completed by all staff. This training included ongoing competency and knowledge assessment including yearly reviews of the medication requirements of each resident and training for staff on those individual requirements.

The receipt of medication was being recorded and medication was being stored in a

locked press in the centre. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisation drug reporting sheets and reporting mechanism.

The policy and procedures also catered for the additional complexity of transporting medication to and from the centre; while adhering to the best practice guidance and Regulations. In addition the medication management strategy focused upon the level of involvement of residents in administering their medication with a comprehensive assessment in place to ascertain individual capacity to self administer or determine the minimal level of support required.

Additional training was also provided to staff by the organisations nursing staff as required. For example; one resident had recently been diagnosed with epilepsy and was having frequent seizures. Staff received training specific to this resident's needs including the use of rescue medication to prevent prolonged seizure activity.

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:

The updated statement of purpose contained all of information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. However, information was limited relating to how the privacy and dignity of residents was protected, and the limited information available did not reflect the focus upon privacy and dignity as evidenced on inspection, such as detailed intimate care plans and the practice of staff knocking on bedroom doors before entering.

Efforts were made to provide the statement of purpose in an accessible format to all residents. For example; it was available in a large print format as well as brailled format.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. The centre was managed by suitably qualified, skilled and experienced persons in charge with authority, accountability and responsibility for the provision of the service. The provider had applied to register three 'team leaders' as persons in charge, recognising their positions of responsibility as leader of each of the three houses comprising the designated centre.

The inspector observed that they were involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, weekly meetings took place between the nominee provider and the persons in charge. The persons in charge had been working with some of the residents for a number of years and were well known to them.

It was reported by the persons in charge, staff and residents that the provider visited the centre regularly, unannounced and at various times. However, there was no record of this and there was no report available on the quality of care and support provided in the centre as required within the Regulations.

During the inspection the persons in charge demonstrated a clear knowledge of their statutory responsibilities under the legislation. They were committed to their own professional development and had recently commenced a certificate in health care management and were supported in their role within the centre by a team of social care workers. They reported directly to the provider.

Staff were supported by the persons in charge at all times by phone for advice and support as required. The inspectors met with a number of staff members during the inspection. They were knowledgeable in relation to the needs of residents, and were clear on all of the key policies and procedures within the centre.

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:

The person(s) in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The provider had decided to appoint three persons in charge; identifying each individual houses team leader as a person in charge. This also provided support and cover to all staff in the centre, should one of the persons in charge be 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:

The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

The agreed staffing levels were judged to support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also

demonstrated within the roster to meet specific needs of residents as well as additional safeguarding obligations. For example, two staff worked on sleepover in each of the houses in line with child protection guidelines. Three staff also worked in each house in the evening time to meet the assessed social needs of each resident supporting them to attend many activities and social events.

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):

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

Findings:

The staff numbers and skill mix were found to be appropriate to meet the assessed needs of the residents. Since the last inspection, all staff had all received up to date mandatory training including the areas of safeguarding and fire safety.

Six staff files were reviewed, including the three Persons in Charge, and all of them contained the documents required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. There were robust recruitment process in place and the nominee provider and persons in charge took responsibility for interviewing and recruiting staff.

All of the staff working in the centre were qualified social care workers and also had access to a nurse attached to the centre if required. Each resident had a link worker however, all staff had showed detailed knowledge of all the residents living in their specific house and were clearly passionate about their roles. Three staff were rostered to work afternoons and two staff members were rostered for sleepovers each night in each house comprising the designated centre. This meant that there were a minimum of two staff on duty at all times in each house in line with child protection guidelines.

Persons in charge and staff members explained that there was a relief system in place if a staff member called in sick. This ensured residents received a continuity of care as the relief staff members are employees of Childvision and well known to the residents.

Arrangements for the supervision of staff occurred through weekly staff meetings. Individual supervision meetings between the person in charge and staff members occurred on a six to eight weekly basis. Staff confirmed they felt well supported in their roles.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

No actions were required from the previous inspection.

Findings:

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 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

Some of the policies as outlined in Schedule 5 were not yet developed or were in need of review. These policies included:

- the use of restrictive procedures and physical, chemical, and environmental restraint
- visitors
- communication with residents
- recruitment, selection and Garda vetting of staff
- staff training and development
- the creation of, access to, retention of, maintenance of and destruction of records
- access to education, training and development.

The Inspector was informed that there was a committee currently in the process of reviewing existing and compiling missing policies. Evidence of this was seen through the monitoring and documentation of nutritional intake policy which was in draft format. A

safety statement was also available containing information on Health and Safety however, this was generic and not centre specific, as already referred to in Outcome 7.

Resident general and daily records were well maintained and were accurate and up to date. Records were kept secure in a filing cabinet but were easily retrievable. Residents were all familiar with their records and some were in an accessible format, while other residents stated a preference for having their daily reports and relevant information read to them.

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:

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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 ChildVision
Centre ID:	OSV-0003843
Date of Inspection:	13 January 2015
Date of response:	10 February 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 provider did not maintain a comprehensive record of the complaint referred to in the body of the report, or this record was not easily retrievable and made available to the inspector during the inspection.

Action Required:

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

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:

In addition to being recorded at point of contact, all complaints will now be documented in one central location, making explicit everything required to be in complete alignment with the regulation.

Proposed Timescale: 09/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bedroom was found to be unsuitable to be used as a twin room.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

As of the end of May 2015 the room in question will revert to single occupancy.

Proposed Timescale: 08/06/2015

Theme: Effective Services

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

A number of bedrooms were found to have mould growing around window frames and lacked adequate window dressings.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Mould along window frames has been removed. New, made to measure, blinds had been ordered prior to the inspection - one set has now been fitted and another two sets are expected soon.

Proposed Timescale: 31/03/2015

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 risk management policy and procedure did not include a process of hazard identification.

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:

Policy will be updated to reflect a more rigorous hazard identification and assessment of risk process.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk management policy and procedures did not ensure that there were adequate control measures in place in the identification of environmental risks such as the temperature of the hot water.

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:

Thermostats have now been fitted to enable more efficient monitoring of potential hot water hazards.

Proposed Timescale: 09/02/2015

Theme: Effective Services

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

The evacuation procedures were not clear in one part of the centre which only had one escape route identified. Consideration had not been given as to what to do in the event this exit was blocked due to fire.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The provider is confident that all staff are now clear about all of the evacuation options available.

Proposed Timescale: 09/02/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The registered provider had not made any returns to the authority indicating that no incidents which required to be notified had taken place.

Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

An appropriate notification to this effect has now been made and a system put in place to ensure on-going compliance.

Proposed Timescale: 09/02/2015

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:

limited information was provided on how residents privacy and dignity were maintained.

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:

The Statement of Purpose has now been amended to include an expanded section on privacy and dignity specifically in respect of reflecting the intimate care policy and

procedures which already exist within the centre.

Proposed Timescale: 09/02/2015

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:

The nominee provider had failed to maintain a copy of unannounced inspection to the centre.

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:

A process of internal unannounced inspections has long been a feature of the centre; these are now formally recorded and will be made available on request as required by residents, residents' representatives and the chief inspector.

Proposed Timescale: 09/02/2015

Theme: Leadership, Governance and Management

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

The provider was not providing a written report on the quality of care and support provided in the centre.

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:

As per above the formally recorded internal inspection report includes an assessment of the safety and quality of care and support provided in the centre and a plan to address any identified concerns.

Proposed Timescale: 09/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of operating policies as listed within the body of this report needed to be written and developed in line with Schedule 5 of the Regulations.

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:

Those policies identified within the body of the report are now being drafted or revised as necessary.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

A number of policies were in the process of being updated or required review including policy on food and nutrition and the policy on recruitment.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All relevant policies are drafted in-house by a policy committee, a timeframe for regular review exists as does a procedure for identifying the need for new, revised or amended policies.

Proposed Timescale: 09/02/2015

