

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0004030
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Reynolds
Lead inspector:	Bronagh Gibson
Support inspector(s):	Ann Delany; Una Coloe
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

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 residentsThe findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 November 2014 09:15 To: 25 November 2014 18:00

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The purpose of this inspection was to monitor on-going regulatory compliance. The centre was a single storey premises located on the grounds of a large campus on the north side of Dublin. It had access to many amenities such as public transport, public parks and the city centre. The campus facilities included a playing field, sensory garden and gymnasium. The statement of purpose and function stated that the centre provided respite care for up to seven children, boys and girls, at any one time. Children could be admitted in an emergency situation. The statement of purpose and function also stated that the centre was currently providing full time residential care to two children admitted in a crisis situation. The centre was not at full capacity since the admission of these two children. As part of the inspection, inspectors met with the administrator (manager) of the centre who was the provider nominee, and the incoming provider nominee. Inspectors also met with the clinical nurse manager (CNM2) who was the person in charge, a social worker, a staff nurse, care staff, two household staff and the children staying in the centre at the time of the inspection. Inspectors walked around and observed the premises and reviewed policies, procedures, centre reports, care files and staff files. Inspectors found that the premises was fit for purpose and the person in charge was suitably qualified to manage the centre, but required more familiarity with their role under the regulations. The statement of purpose and function needed to be amended in order to meet the regulations and to address the fact that the centre was providing both residential and respite care. This had an impact on the children living there on a

long-term basis. Restrictive practices required review and change. Policies and procedures were mostly generic and applicable to all disability services provided by the Daughters of Charity (St Vincent's), but some procedures had been localised to the centre.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The care and wellbeing of each young person living in the centre was delivered based on an individual care plan and assessment of need, but these required improvement. Inspectors found that on a day to day basis the children placed in this centre were well cared for. Their medical needs were met and there were plenty of activities for them to partake in. However, there was a primary concentration on meeting medical needs and less so on meeting social needs. Records showed that social needs were identified in children's individual care plans, but planned activities were mostly confined to those provided on campus, such as campus walks and visits to the on-site playground. There were some trips to local shops and restaurants but there was limited evidence of how the centre actively promoted the children's integration with the local community. The CNM2 and a service manager told inspectors that some children did not leave the centre due to assessed risks posed by their potential to display behaviour that challenges and or absconding. There was a process in place to assess the needs of each child prior to their admission to the centre. Inspectors reviewed a sample of these assessments and found that they lacked detail. Inspectors were provided with a copy of a recently drafted needs assessment developed for the centre. This was found to be an assessment of how much benefit a respite break would be to a family, as opposed to an assessment of a child's needs that would be met by the centre whilst the child was in their care. This was acknowledged by centre managers. Each placement was prioritised using a standard prioritisation tool. This meant that the centre primarily catered for children from families with the highest level of need. Each child had a care plan on file that was drawn up by a named nurse who had overall responsibility for its development. Inspectors reviewed a sample of care plans and found that they were multi-disciplinary in that they included reports from other professionals such as school, medical and behavioural support. Information was also provided by families. These

assessments identified for example, children's medical, communication, self-care and social needs. Records provided life histories and children's preferred communication methods. Their likes and dislikes were clearly outlined. Care records for children were fragmented and as such it was difficult to identify the overall aims and objectives of children's care plans. Two of the children placed in the centre were living there on a full time basis until a more appropriate placement was made available to them. Planning for these children was crucial, but their care plans did not specify the short/medium and or long term goals for their care. There was a process in place to review care plans so that children's changing needs could be identified and met but it was not adequate. Records showed that each child had a nursing action plan that informed the on-going delivery of a child's care. Although these plans were presented as multi-disciplinary, inspectors found that this was not the case. These plans were developed by allocated nurses and included reference to reports from other professionals. However, there was no process in place that provided a multi-disciplinary forum and included children and parents in the development of these action plans. Inspectors found that there was good communication between the centre staff and the children. Communication was facilitated through familiarity, clear guidance on preferred communication methods and good use of pictures around the centre. For example, there was a picture book of meals and another for activities. Young people could communicate to staff what they preferred for dinner and as an activity. Staff had been trained in using sign language. There was also a picture board that held pictures of which staff were on duty each day.

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):

This was the centre's first inspection by the Authority.

Findings:

The health and safety of children, visitors and staff was promoted but required improvement. The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. Inspectors were provided with a copy of the risk management policy and found that although it contained the elements required by regulation it was not centre-specific. However, local procedures were in place to implement organisational policies. There was an up-to-date comprehensive health and safety statement but on review, inspectors found that it was not site-specific as required. There were procedures in place to assess, notify and analyse risk in the centre but they required improvement. The CNM2 and the service manager told inspectors that there was a risk and quality manager for the organisation who carried out service inspections on quality issues. Inspectors were provided with a

recent quality and safety report dated November 2014. This reported on findings against how the service was operating in relation to several of the National Standards and highlighted areas of improvement. The service manager visited the centre regularly and routinely carried out monthly visits to identify any risks and assess day to day practice. The service manager reported risks to the risk and quality manager on a quarterly basis. There was a corporate risk register that recorded risks related to the overall organisation, and a local risk register that related specifically to the centre. Inspectors reviewed the local risk register and found that it recorded risks to and by children and health and safety issues. The local risk register was updated monthly and submitted to the service manager. There were processes in place to review and learn from risk and records showed that risk was discussed at different meetings including senior management meetings, referrals meetings and meetings between the service manager and clinical nurse managers. The risk and quality manager reported annually to senior managers. Inspectors found that incidents and accidents were reported in line with organisational policy. The organisation made good efforts to learn from risks across all of its centre's. However, centre records showed that although this allowed for transferability of learning and risk management across the organisation generally, it meant that risks identified in some centre records did not relate to the centre. Inspectors found that this had the impact of promoting a risk averse culture within the centre and meant that staff were not only responding to imminent and actual risk, but to risk unidentified in the centre. This was acknowledged by centre managers. Improvements were required in relation to protection against infection. There was a manual on infection control that was developed in 2011 by the Health Service Executive (Dublin North East) and adapted by the organisation. This manual was reviewed in 2013 and the most recently updated version was awaited by the organisation. This manual was supplemented by an additional policy on the management of an outbreak of influenza. On a walk around the centre, inspectors found that there were hand washing facilities and signage on hand hygiene. Hand washing facilities were limited as some taps were turned off to prevent children leaving them running. The centre was clean and well maintained with a colour coded system for cleaning and food preparation equipment. Surfaces were of a good standard. Inspectors found foot-operated pedal bins in use in the centre. There were emergency plans in place for the centre but the overall emergency planning policy was not centre-specific. The centre took precautions against fire but they required improvement. Inspectors found that the centre had fire fighting equipment and a check of this equipment showed that it was last serviced in July 2014. There was signage in relation to fire procedures that was displayed prominently and this was child friendly. There were procedures in place in the event of an evacuation and an identified place of safety outside of the centre that was indicated in all signage inside the premises. Centre records showed that fire drills and evacuations were carried out regularly but did not record if children took part in each evacuation. Three staff had never taken part in a fire drill in the centre. Daily checks of fire equipment/emergency lighting were to be carried out, but records showed gaps. It was unclear if this was a recording error or an indication that checks had not been carried out by staff. The majority of staff had received fire safety training but three staff had yet to be trained. There was no key to facilitate safe exit through a side door of the centre in the event of a fire. The centre had carried out a fire safety assessment but inspectors found that this did not adequately assess the risks associated with key locked doors. Inspectors were provided with written evidence that showed the organisation was in the process of ensuring the centre met relevant building and fire

safety regulations. This verification was awaited from the company involved in the process.

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard children and protect them from abuse, but clarity was required in relation to what constituted a child protection concern and recording and reporting concerns. The organisation had a draft policy on child protection dated September 2014. This was reviewed by inspectors and found to be in accordance with Children First (2011). This policy was cross-referenced with other relevant policies that promoted children's safety and staff interviewed were aware of them. Care files reviewed by inspectors showed that one to one work was carried out with children on how to keep themselves safe. Centre records showed that staff were trained in protecting children and vulnerable adults but had not received any specific training on Children First (2011). Records provided to inspectors showed that there was a system in place to record and report incidents of children going missing from the centre. The centre had risk assessment templates to be completed in order to manage risks to and by children. Completed assessments showed that risks involved included potential absconds, self-harm and displays of behaviour that challenged. Access to the centre was managed safely as it was only accessible with a key code and a key. However, inspectors did not find evidence that visits to the centre and their purpose were recorded in a visitor's book. This would promote further safeguarding of children in the centre. There was a process in place for recording and reporting child protection and welfare concerns but this was not clear to all staff. The child protection policy identified staff allocated the task of designated liaison person (DLP) as per Children First (2011). There was also a process in place to report concerns to the DLP. However, staff interviewed gave inspectors different accounts of these processes and who the DLP for the centre was. Inspectors reviewed records of incidents in the centre in the year prior to inspection. Some of these showed that there was a lack of clarity on the difference between an incident and a child protection issue and on whose responsibility it was to

assess these potential risks. There were no outstanding child protection concerns in the centre but records did not adequately account for some incidents of unexplained bruising, despite managers' satisfaction that there was no concern associated with these. There was an adequate procedure in place to hold children's money safely during their stay. The CNM2 told inspectors that parents could send money in with their children when on a respite break but that this was not mandatory. Receipts were kept for parents in relation to any money spent during a child's stay. There was a petty cash system for other costs. The centre had a policy on managing behaviour that was found to be adequate. Child friendly information leaflets were provided to children to help them understand centre expectations of them. Care plans reviewed by inspectors showed that concerns about children's behaviour were raised and behaviour support plans were put in place to guide staff on how to respond. These plans were reviewed as necessary. Children and staff had the support of a multi-disciplinary team in the management and understanding of behaviour. Restrictive practices were in use in the centre and they required further review. Records showed that restrictive practices were reviewed on an annual basis by a multi-disciplinary team including social work, occupational therapy and behavioural support. Notifications by the centre to the Authority showed that on one occasion a child had been restrained by staff whilst in hospital. Centre records reviewed by inspectors showed that there were other incidents of staff physically directing children, but it was unclear what this meant in practice. The CNM2 and the service managers told inspectors that although the centre catered for children with behaviour that challenged, no staff were trained in an appropriate model of behaviour management that included restraining a child safely. This training was being sourced at the time of the inspection. There were other restrictive measures in place such as locking external and internal doors and the use of bedrails. For example, the kitchen door was locked and therefore could not be accessed by children. Records reviewed by inspectors showed that the use of bedrails was an unnecessary measure due to the centre not being equipped with appropriate beds at that time. Internal doors were locked from time to time to allow staff manage the environment when the desired one to one ratio of staff to child was not met. This was acknowledged to inspectors by the CNM2. The centre locked all external doors when children were present. Inspectors found that although the intention of this practice was to protect children who posed an abscond risk, there was insufficient evidence to show that these measures were fully considered along with alternatives and the impact on the right of all children in the centre to liberty and free movement.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents were protected by adequate policies and procedures for medication management. There was an organisational policy and guidance on medication management and although it was not centre-specific, it contained all that was required by the regulations. The CNM2 had developed local procedures for its implementation and inspectors found that some day to day practices required improvement. On a walk around the centre inspectors found that medication was stored safely and clearly labelled for each child. Processes were in place for the storage and recording of controlled drugs. There was a system in place that recorded all medication a young person was prescribed however, six monthly reviews of medication were not routinely carried out. Records showed for example that one child's medication was not reviewed since January 2014. Prescriptions reviewed by inspectors showed that those written by the on-site doctor, were signed but the doctors full name was not clearly recorded. The CNM2 and a staff nurse told inspectors that all medication was administered by nurses. This was confirmed in centre records. There were safe systems in place for audits of medication administered in the centre.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose that required amendment. The centre had a statement of purpose and function that was undated. The provider nominee said this was a draft document. The statement of purpose and function set out the aims, objectives and ethos of the centre and the services and facilities it provided. It also outlined the criteria for admission and the main policies that guided practice. Staff members who were interviewed were familiar with the purpose and function of the centre. The statement of purpose was in a format that was accessible to children and their families. The statement of purpose and function contained unnecessary information about current residents that should be removed and replaced with the type of placements the centre has the capacity to provide. The statement of purpose and function was broad as it had been amended on foot of two specific admissions in 2013.

Therefore different types of placements currently provided included respite, full-time residential care and crisis care. Inspectors found that the centre also provided a day service to one child one day per week. This was not included in the statement of purpose and function. There were five single and one double bedrooms in the centre. The statement of purpose and function stated that in the case of an urgent admission the second bed in the double room could be occupied. This was not appropriate. The purpose and function should be amended to reflect the service the centre has the capacity to provide.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a clearly defined management structure in place that provided accountability and responsibility. Systems were in place to ensure the centre operated safely and effectively, but there was a need for supports by way of staffing resources and supervision to ensure the centre operated effectively and in keeping with children's needs. There was also a need for a better understanding and implementation of the responsibilities of the person in charge under the regulations. There was a comprehensive suite of organisational policies in place that were implemented in the centre through locally developed procedures. There was an organisational service plan for 2012-2016 that included children's services. The management structure of the parent organisation was provided to inspectors. This showed that the organisation was governed by a chief executive officer (CEO) who reported directly to a board of directors. Individual centres were managed by a manager titled an administrator who reported directly to the CEO. The manager of this centre was the provider nominee. The manager told inspectors that their role included managing the centre budget, staffing and finance and there were systems in place to support them to do so. On a day to day basis the centre was managed by a clinical nurse manager (CNM2) who was the person in charge. The CNM2 reported directly to the manager but had other managerial support on a daily basis from a CNM3. The CNM2 told inspectors that their role included arranging and managing respite breaks, day to day staffing and ensuring children's

plans were implemented. There was a named staff nurse on each shift that provided support within the staff team to the CNM2 and provided cover when s/he was not on shift. There was an adequate on-call system in place 24 hours a day. There were systems in place to ensure the centre ran effectively and safely. Reports provided to inspectors showed that the CNM2 reported daily in writing to the CNM3 on issues such as admissions and discharges, significant incidents, child protection and welfare concerns and incidents and accidents. The CNM2 also reported to the manager on how the centre was performing. The manager made quarterly reports to the Health Service Executive (HSE), with which there was a service level agreement, on these performance indicators. There was a system in place to review practices and issues such as restrictive practice, child protection concerns, incidents and accidents and health and safety. There was also a system in place to assess how the centre was meeting national standards. Copies of minutes of meetings provided to inspectors showed that there were several groups who met regularly to review and make recommendations on issues and incidents and provide learning from these. A multi-disciplinary approach was taken in relation to practice issues. There were several managerial forums to discuss how the centre was operating on a day to day basis. Minutes of meetings provided to inspectors showed that these included CNM2 and CNM3 meetings with the manager and meetings at a more senior level. There was also a referrals meeting held in relation to admissions and discharges. Minutes of these meetings showed that there was a standardised approach taken to prioritise children for respite breaks and in making best use of the centre. There was a system in place to receive, manage and analyse complaints at a managerial level but this required improvement. Records showed that there was a policy and procedure in place in relation to complaints. The manager was the named complaints officer for the centre. There was a central register of complaints and this showed that there were four complaints in the year prior to inspection. However, inspectors found that this register did not reflect all complaints made about the service. A social worker for the service told inspectors that they received complaints about the centre and dealt with them directly. Outcomes were provided to the manager, but they were not recorded on the centre's complaints register. This was confirmed by the manager. This meant that an analysis of all complaints related to the centre was not possible, and centre specific improvements could not be informed by this analysis. so that centre specific improvements could be informed. Inspectors found that the person in charge was suitably qualified and experienced to run the centre but there was need for a better understanding of their requirements of this role under the Regulations. For example, the person in charge told inspectors that they had not assured themselves that staff in the centre were appropriately vetted. This was not in keeping with the regulations. At a provider level, there was no formal process or supporting policy on the provision of supervision to staff and although informal processes and an annual performance management system were in place, they did not ensure individual accountability for practice on an on-going basis. Staff training was required in basic but fundamental areas such as Children First (2011) and managing challenging behaviour and although this training was being sourced it had yet to be provided. There were restrictive practices in the centre and although these were reviewed, they had not changed and did not reflect the service promoting both the safety of children balanced with a rights based approach. Staffing resources were required as the centre was dependent on agency staff to ensure the required staff to child ratio was maintained. There was a comprehensive suite of organisational policies in place and local procedures were developed by the person in charge to ensure they were implemented in a meaningful way in the centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The centre was not sufficiently resourced and although efforts were made to maintain a stable environment for children within which their needs were well met, this was not always possible. The recruitment and vetting of staff required improvement as did the provision of essential staff training. There was no formal system or policy in place on the provision of staff supervision. Vacancies on the staff team and a high staff to child ratio led to a dependency on agency staff. The centre was staffed on a day to day basis by five nurses, three permanent and two agency. Additional agency staff covered shifts when required. There were two care assistants, one full time and one half time and two household staff. The centre was staffed on a 24 hour basis. This mix provided a potentially balanced approach towards meeting both the medical and social needs of the children living there, but inspectors found that medical needs took precedence. The CNM2 told inspectors that staffing levels dictated activities for children and if they were low, then activities outside of the centre did not take place, based on risk. The CNM2 told inspectors that s/he was satisfied that staff working in the centre were competent in carrying out their roles but that they required a full-time manager to support them. The CNM2 said that efforts were made to ensure the same agency staff were allocated to the centre and this was confirmed on the duty roster. Five agency staff were consistently assigned to the centre, two for over 18 months prior to inspection. This went some way towards providing consistent care. However, there was one incident where a nappy was placed on a young person by an agency staff although they did not require one. The duty roster showed that use of agency staff was significant and a review of staffing levels for November 2014 alone showed that 41 shifts were covered by agency staff over a two week period. Incident reports read by inspectors showed that there were times when shifts were under staffed, resulting in the identified staff to child ratio of one to one not being maintained. These reports also showed that reduced staffing resulted in unnecessary restrictive measures being put in place such as locking all internal and external doors. This was not sustainable. There were vacant nursing and care staff posts and although the use of agency staff ensured the number of staff

required was met, there was an impact on the level of required skills and training within the team. According to the statement of purpose and function the centre had six nurses, three of whom had training specific to intellectual disability. Inspectors found that this was not the case. The CNM2 said that at the time of the inspection, one nurse had this training. The CNM2 and service managers told inspectors that the centre liaised with the agency to ensure staff had the right skills and competencies to work in the centre. Despite these efforts, inspectors found that there was no formal agreement in place to ensure agency staff were trained in areas such as Children First (2011) or the safe administration of medication. Staff recruitment and vetting processes required improvement. A review of a sample of staff files showed that the majority held all the required information and appropriate vetting was carried out. However, records showed that one staff member was recruited into several more senior positions over several years within the organisation without adequate vetting procedures being carried out. This included no updated garda checks and references at each point of promotion. One file did not hold evidence of staff qualifications. Other files held references that were unsigned and undated. A human resource officer for the organisation told inspectors that these were references received via a telephone call by HR officers, but this was not in evidence. Staff training was required. The CNM2 had begun the process of carrying out a training needs analysis. Records showed that training provided included fire safety, manual handling, hand hygiene and the protection of service users from abuse. However, no staff were trained in Children First (2011) and although the centre catered for children with behaviour that challenged, staff had yet to be trained in a suitable model for managing this behaviour. The service manager and the CNM2 said that training in these areas was being sourced. There was an induction process in place and records reviewed showed that newly recruited staff had been inducted appropriately. There was no policy on staff supervision and although there was an informal process between the CNM2 and staff members by way of an open door policy, formal supervision was not provided. This was acknowledged by managers. This was not in keeping with the Regulations. Records showed that performance was reviewed on an annual basis. Staff interviewed said that goals in terms of developing their performance were set at their annual review. This was evident in records reviewed by inspectors.

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:

Bronagh Gibson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0004030
Date of Inspection:	25 November 2014
Date of response:	12 th 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 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 carried out prior to a child's admission to the centre did not comprehensively assess the needs of the child.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- (a) An individual comprehensive needs assessment tool to be developed and implemented as part of referral process. Tool to be developed by April 1st 2015
- (b) Each child or young person will have an action plan completed based on their social care needs. Same to be completed by June 1st 2015.
- (c) Children on long term/crisis placements will have short term/medium term and long term goals developed by end of February 2015.

Proposed Timescale: June 1st 2015

Theme: Effective Services

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

There was a required balance in meeting the medical and social needs of children in the centre.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Each service-users social needs will be identified within their personal plan and goals identified.

Proposed Timescale: May 1st 2015

Theme: Effective Services

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

The process to assess the on-going needs of children was not multi-disciplinary and did not maximise the participation of children and their families.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A template will be developed to review personal plans by April 1st. A schedule of review meetings for all service-users with the M.D.T and their families will be drawn up by March 15th and meetings commenced on an annual basis. All personal plans will be reviewed by Dec 1st 2015

Proposed Timescale: Dec 1st 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:

Some risks identified in centre records were not actual or imminent risks in the centre.

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:

Organisational Risk management policy will be reviewed and made centre specific.

Health and Safety Statement to be reviewed .

Previous environmental restriction- water tap locks have been discontinued since 19-01-15 . Permanent removal pending trial period review

Centre specific emergency plans are in place.

Proposed Timescale: 1st May 2015

Theme: Effective Services

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

Not all staff were trained in fire safety.

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:

One staff remains to complete fire training. Same to be completed by May 31st

All staff will be familiar with contents of the fire register and their responsibilities as a staff member. Same to be discussed at staff meetings and minutes available on request

Proposed Timescale: May 31st 2015.

Theme: Effective Services

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

Three staff had never taken part in a fire drill or evacuation of the centre.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All staff will have participated in a minimum of two fire drills within a year. All staff have participated in at least one fire drill by 12-02-15.

Service-users who have participated in fire drills or evacuations will be recorded in fire drill/evacuation report.

An exit key has been put in place beside kitchen exit door to ensure a safe exit in the event of a fire.

Proposed Timescale: February 12th 2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were not trained in a model of managing behaviour that challenges appropriate to the needs of the children availing of the service.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Daughters of Charity have agreed to train trainers and staff in Studio 3 Approach to supporting children with behaviours that challenge. All staff to be trained by 31st July 2015.

Training on Children First has commenced for all staff and will be completed by April 17th 2015

Proposed Timescale: 31st July 2015

Theme: Safe Services

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

There was insufficient evidence to show that restrictive practices were adequately reviewed to ensure an appropriate balance between protecting children and promoting their rights was maintained.

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:

Person in charge and all staff to receive training in use of Service Restrictive practices policy.

All restrictive practices will be reviewed on a three monthly basis by a multi disciplinary team.

All visitors entries will be logged in a visitors book in house porch .

Three environmental restrictions have been discontinued on a trial period as of 19-01-15 –for review on 19-02-15 All other individual restrictions in place to be reviewed on a continuous 3 monthly basis.

There will be planned times when exit doors will be opened to assess real risk posed to service-users. Same to commence from February 2015

Proposed Timescale: February 18th 2015

Theme: Safe Services

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

There was a lack of clarity on the role of the DLP and who the appointed DLP was for the centre. There was a lack of clarity on what constituted a child protection concern and reporting systems in relation to such concerns.

Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

All staff will have child protection training completed by April 17th, 2015. Name of appointed DLP has been displayed in prominent position in unit

Proposed Timescale: April 17th 2015.

Theme: Safe Services

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

Staff were not provided with Children First (2011) training.

Action Required:

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

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

Staff training on Children First has commenced and will be completed for all staff by April 17th 2015

Proposed Timescale: April 17th 2015

Outcome 12. Medication Management

Theme: Health and Development

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

Prescriptions written by the on-site G.P. were signed but their full name was not clearly recorded. Medication was not reviewed at six monthly intervals for every child as per centre policy.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Senior physician on site has been informed of requirement to sign their full name on prescription.

Parents have been requested and are reminded to forward an up to date prescription to the respite unit on a six monthly basis

Proposed Timescale: Completed

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:

Unnecessary information about current residents should be removed and replaced with the type of placements the centre has the capacity to provide. The statement of purpose and function was too broad. The centre provided a day service to one child one day per week that was not included in the statement. In the case of an emergency children may have to share a bedroom. This was not appropriate for all potential emergency admissions.

Action Required:

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

Please state the actions you have taken or are planning to take: Statement of Purpose to be reviewed .

Proposed Timescale: Feb 28th 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:

There were systems in place to support the person in charge but there was a requirement for a better understanding of their role under the regulations.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Person in charge will further familiarise themselves with their role under the regulations.

Proposed Timescale: Completed

Theme: Leadership, Governance and Management

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

There was no policy or formal system in place to support staff and ensure accountability of practice through staff supervision.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Local supervision guidelines have been developed and are being implemented. A copy available on request

Proposed Timescale: Completed

Theme: Leadership, Governance and Management

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

There was a fragmented system in place to record all complaints about the centre and this did not ensure service improvements were informed by an analysis of all complaints made.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The PIC and Provider Nominee will ensure that the service procedures regarding management of complaints is clearly followed and that all staff and MDT members are aware of same.

All complaints pertaining to a child/young person attending the designated centre are forwarded to the Provider Nominee

Complaints are reviewed and analysed on a monthly basis to ensure that centre specific improvements can be implemented

Proposed Timescale: Completed

Theme: Leadership, Governance and Management

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

There were deficiencies in staff training and resources.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Staff training records to be reviewed and a training plan agreed with the training department to ensure that all staff have required training implemented for 2015.

Proposed Timescale- March 31st 2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre was under resourced in terms of numbers and skills, and there was a dependency on agency staff. There were times when the centre was under staffed resulting in unnecessary restrictive practices being put in place.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Review of staffing to take place to ensure that the correct number and skill mix of staff is available as required- April 30th 2015

Two permanent staff nurses have been recruited.- Already in place at time of report
Recruitment of care staff is taking place in February 2015.

Specific environmental restrictive practices have been discontinued on a trial basis, pending review.

Proposed Timescale: April 30th 2015

Theme: Responsive Workforce

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

Staff training was required particularly in relation to Children First (2011) and a model of managing behaviour that challenges.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff to have Children First training completed by April 17th 2015

All staff to have training in Studio 3 approach in supporting children with behaviours that challenge. Same to be completed for all staff by July 31st 2015

Proposed Timescale: July 31st 2015

Theme: Responsive Workforce

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

There was no policy or process in place for the formal supervision of staff including the person in charge.

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:

Local guidelines have been drawn up for formal staff supervision. Same has being implemented with immediate effect.

Proposed Timescale: Completed