

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0003717
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Laura Keane
<b>Lead inspector:</b>	Bronagh Gibson
<b>Support inspector(s):</b>	Una Coloe
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 12 December 2014 09:30 To: 12 December 2014 17:30

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

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

**Summary of findings from this inspection**

This was the second inspection of the centre by the Authority. The centre was last inspected in July 2014 for the purpose of registration prior to it operating as a designated centre for children with a disability. The purpose of this inspection was to assess compliance with regulations and standards once children had been admitted.

As part of the inspection, inspectors met with the community service manager who was the designated person in charge, the regional manager, one team leader, one social care worker and talked to several parents of children availing of the service.

This inspection found that the centre was currently operating within its statement of purpose and function and there were management systems in place to monitor how

well children availing of the service were cared for. There was a need to ensure child protection and welfare concerns were reported in accordance with national guidance and centre policy and that the systems in place to report on risk were clear and effective.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The rights and dignity of children were promoted by the centre through the acknowledgment of their diverse needs and their inclusion in decisions about their care and everyday life. There was a complaints process in place and information was provided to children on this process and clearly displayed throughout the centre. There was an admission process to the centre that included a comprehensive assessment of children's individual needs and reflected their rights. Needs assessments reviewed by inspectors showed that they reflected children's functioning skills, independent living skills, how mobile children were and how well they could communicate. Their medical needs were clearly outlined and any supports they required were identified.

There was a transition period into the centre. Records showed that staff informed children about their rights and what to expect whilst accessing the service during this time of transition. Information was provided to children and their families prior to admission that included contact details of community-based advocacy services that children may wish to contact. This information was available in several formats to ensure it was accessible to children with different communication needs. Inspectors were provided with a copy of an information leaflet about children's rights and found that it was child-friendly and contained all of the relevant information. Some children's files reviewed by inspectors held copies of these posters signed by children to confirm they had read about and understood their rights. The community service manager had made contact with community based advocacy services but they had yet to visit the service. Inspectors observed posters on children's rights displayed throughout the centre that clearly highlighted children's right to be involved in decisions about their life. Inspectors found that children were consulted about activities, toys for the centre, daily meals and routines. This was clearly recorded in various plans and individual

programmes for children. Staff interviewed demonstrated a satisfactory knowledge of children's rights and their responsibility to uphold them.

The centre had a procedure and guidance for staff on the development of individual support plans for children. Plans reviewed by inspectors showed that the views of children were reflected and they were written from a child's perspective. They reflected children's individual needs, preferences and choices. Children's families were included in this process and staff interviewed described how this happened. Records showed that families were consulted with on a regular basis about children's changing needs or for example, when a child took up a new interest or became involved in a new activity. These were then supported by the centre staff and activity planning when a child was on a respite break.

The centre strongly promoted children's right to participate in their community. Inspectors were provided with an activities folder that showed the team had thoroughly researched ways and opportunities to promote children's right to participate and be included in local community life and activity records showed that these opportunities were taken. Staff described a service that actively promoted children's integration with their community and this was confirmed by parents interviewed by inspectors.

Centre policies, procedures and practices promoted children's right to dignity and privacy. On a walk around the centre, inspectors found that each child was allocated a bedroom that was spacious and provided them with an opportunity to relax in private and store their belongings safely. The community service manager told inspectors that as this was a respite centre, children could not be consistently allocated the same bedroom each time they were on a respite break. However, staff interviewed described a system that in as much as was possible children were allocated the same room and a box of their toys and belongings were placed in their room on their arrival. The community service manager said that this system was working well. The statement of purpose and function stated that all children were to be treated with dignity and respect and inspectors observed staff interacting with children in a respectful manner.

The centre had a policy on the provision of intimate care and inspectors found that this promoted practices that would ensure children's needs were met in a dignified and private way. Records showed that intimate care plans were developed when children required one. Staff interviewed showed a good knowledge of providing this type of care and showed sensitivity in this regard. Shared en suite bathrooms were adequately equipped and accessible to children who did not require support with self-care but in the event that they did require support, this was provided in line with their support plan and on a consent basis, where appropriate.

There was a complaints policy and procedure in place that was clearly displayed in key locations throughout the centre. There were no changes to the complaints policies or procedures since the last inspection. Staff interviewed were familiar with the policy and procedure and were aware of who the complaints officer for the organisation was. Inspectors were provided with a guide to the centre's complaints procedure. It was in a format that was accessible to children and families. There were colourful posters for children displayed in key areas throughout the centre about the complaints process. They included contact information for independent advocacy services if children or their

families required external support to make a complaint. There were no complaints made

**Judgment:**

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 centre had a policy, systems and processes in place to support and assist children and staff to communicate effectively. Individual support plans reviewed by inspectors showed that communication needs were assessed on an individual basis and this considered their age, ability and preferred methods of communication. Supports were found to be in place for children who required it. The community service manager told inspectors that there was an identified need for training for staff on how to use sign language. This was due to be provided by the Health Service Executive in the coming months.

Inspectors found that the communication needs of children accessing the service were provided for. There was a policy on providing information to children and inspectors found that this was implemented. On a walk around the centre, inspectors observed pictures, posters, and literature that catered for children who were verbal and non-verbal. The community services manager had successfully sourced colourful and animated posters for example on infection control and hygiene that were placed strategically throughout the centre. There was good use of photographs to show children what staff were on duty, what activities were planned and what meals were on the menu each day. Prior to the inspection, the centre displayed photographs of inspectors and prepared them for the inspection.

**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:**

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

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

**Findings:**

The centre supported children to socialise, make friends and maintain personal relationships. The centre had revised its policy on visits and had provided a private dedicated visiting area for families since the last inspection.

Since the last inspection, children were admitted to the centre and inspectors found that they benefited from the bright and spacious design of the centre and the opportunities this provided for socialisation and play. Children were observed playing and socialising together and enjoying the ample floor space available to them. Additional toys had been provided for the children and good use was made of the space available. Pictures and photographs were displayed on the walls throughout the centre that reflected clearly that this was a centre where children lived and played.

The centre staff placed a high value on community participation and records provided to inspectors showed that this was a well researched area. Photographs showed outdoor activities children were involved in and staff planning documents showed that community based activities were a daily part of life in the centre. The community service manager told inspectors that the mix of children in the centre during respite breaks was carefully planned to support children to make friends and enjoy their stay as much as they could. Parents and staff told inspectors that this was successful to date.

There were good levels of communication and inclusion of children and their families in planning and decision-making processes and although respite breaks were short, these processes supported families to maintain good relationships whilst children availed of the service. Since the last inspection the policy on visits was changed and this meant that visits did not have to be pre-arranged. Each child had a visitors list and a photograph for each person that may visit them. Since the last inspection, the centre had identified a dedicated area where visits could take place in private. The staff interviewed said that as the children were on short respite breaks, parents did not tend to visit unexpectedly, but one family member did visit a child since the centre opened.

**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):**

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

**Findings:**

The centre had introduced transparent and adequate criteria for admission since the last inspection. The statement of purpose and function was amended since the last inspection and stated that the service catered for children with an intellectual disability, autism, disability or a dual diagnosis who were between the ages of six and 18 years of age. The centre had identified the children whose needs could not be met in the centre for example, children who required end of life care or children with end stage chronic conditions. All referrals to the service were from the Health Service Executive (HSE) respite referral team. The community service manager told inspectors that they were working closely with the HSE on priority levels assigned to each new referral to ensure there was a common understanding of how priorities were determined. Centre records showed that on referral an initial assessment was carried out by team leaders to ensure the centre had the capacity to meet the needs of the child.

There were contracts in place for the provision of services to children that included the support, care and welfare of each child. Inspectors reviewed care agreements and found that they did not adequately inform parents about practices in the centre, for example, the use of physical restraint or that any child protection concerns may be reported to the relevant authorities.

**Judgment:**

Non Compliant - Minor

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The wellbeing and welfare of children was promoted through assessments of need and

planning for their care.

There was a suite of policies, procedures and processes in place to determine the wellbeing and welfare needs of each child. There was a process in place to assess children's individual needs on admission, and guidance for staff on how this should be carried out. Staff told inspectors that the assessment process was a consultative one and this was evident in support plans reviewed by inspectors.

Each child had an individual support plan. These were supported by a person-centred policy and an in-built review process. Individual support plans reviewed by inspectors showed that they were written from the child's perspective and included their individual wishes, choices and preferences. They also took into account individual children's social, health, educational and communication needs. There was a good level of participation by family members, external professionals and children in the development of plans reviewed. However, individual goals for each child's placement were not clearly identified. Personal plans were available in a child-friendly format but the community service manager and a team leader told inspectors that parents were not provided with a copy of their children's support plan, although they were part of the process in developing them. Parents interviewed told inspectors that they were consulted about their children's care.

There was a system in place to ensure children's on-going and changing needs were captured at times of transition in and out of the centre. Records showed that parents were contacted prior to a respite break to ensure staff were aware of any changes to support children required. This information was recorded on information sheets that then updated support plans.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre was suitably designed and located to meet the needs of the children it catered for. This was a purpose-built single storey premises that was found to be of a good standard.

On a walk around the centre, inspectors observed it was accessible, spacious and well decorated with bright colours and pictures. The centre had lots of natural light and there were good ventilation and heating systems in place. The staff team had made the centre more homely since the last inspection and it reflected a place where children lived. There were seven bedrooms in total in the centre, one of which was a staff sleepover room. Children's bedrooms were spacious and well decorated. Staff told inspectors that every effort was made to ensure children had the same bedroom each time they were on a respite break and that toys they liked were left in their room or around the centre for them to play with.

The centre had ample outdoor space and recreational facilities, with dedicated eating and communal areas. Inspectors observed good use of the space available on a walk around the centre whilst children were there. The centre premises overall were of a good standard and food hygiene and safe cleaning practices were in place.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The health and safety of children, visitors and staff was promoted by the centre and risks identified in the last inspection were addressed. There was a newly introduced local risk register but this had not been forwarded and therefore could not influence that regional risk register.

The centre had a suite of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. There was a policy on risk management and workplace aggression. Inspectors were provided with a copy of the revised risk management policy and found that it met the requirements of the Regulations.

There were procedures in place to assess, notify and analyse risk in the centre and these were found to be implemented since the centre opened. Records showed that the health and safety manager carried out regular audits and reported monthly to senior managers on identified risks. Centre records showed that there was a robust workplace risk assessment process in place. Risks assessed included risks related to fire, slips trips and falls, near misses, medication management, security, chemicals and absconding. Inspectors were provided with completed hazard inspection checklists and safety data

sheets. The centre had a safety folder and relevant phone numbers were recorded to assist staff in times of an emergency. Inspectors found that health and safety assessments did not include basketball equipment with sharp edges that was lying in the outdoor recreational area and presented a risk to children if they climbed it or fell against it.

There was regional risk register in place and a local risk register was developed since the last inspection. Inspectors reviewed the local risk register and found it recorded risks related to the centre and individual children. The community service manager said that this register had not been forwarded to anybody since the centre opened. The community service manager was unclear about where this register should go, to whom and how frequently. This meant that the local risk register did not inform the regional risk register.

There were adequate measures in place in relation to infection control and recommendations from the last inspection were addressed. There was a suite of organisational policies on infection control that included precautions to be taken in relation to food preparation, laundry, managing MRSA and responding to body spills. There was a guide on the prevention of legionella bacteria forming in the centre and records showed that flushing of wash areas was being carried out. Pest control contracts were put in place since the last inspection. On a walk around the centre, inspectors found that it was clean and counter surfaces were of a good standard. There was an adequate number of bathrooms and washing facilities for the number of children living there and paper hand towel dispensers in bathrooms were within easy access of all potential residents. Alcohol gel was distributed throughout the centre to facilitate hand hygiene practices, and there was signage in relation to hand-washing. Inspectors found that bins placed around the centre were foot-operated pedal bins. There was a fridge available for staff food.

There was an emergency planning policy for the centre and precautions against the risk of fire were in place. Recording of participants in fire drills needed to include the names of children who took part. Inspectors found that the centre had fire fighting equipment that was checked and serviced. There was signage in relation to fire procedures that was displayed prominently throughout the centre. There were procedures in place in the event of an evacuation the identified place of safety outside of the centre was indicated in signage inside the premises. There was a contingency plan for the centre. Centre records showed that fire drills and evacuations were carried out in line with centre policy and although the number of people who took part was provided, their names were not. This meant that there may be children who had never taken part in a fire drill in the centre. Records showed that daily checks of fire equipment/emergency lighting were carried out and recorded since the last inspection. The centre had completed a fire risk assessment. Inspectors were provided with fire retardant certificates for bed clothes and furnishing from the community service manager.

**Judgment:**

Non Compliant - Moderate

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

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### **Theme:**

Safe Services

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

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

### **Findings:**

There were measures in place to safeguard children and protect them from abuse, but reporting of concerns by the centre required improvement.

The centre had a policy on child protection and welfare that was found to be in accordance with Children First (2011), and it was cross-referenced with other relevant policies that promoted children's safety. This policy needed to be amended to reflect the role of the Child and Family Agency in dealing with child protection and welfare concerns, as this role no longer sits with the Health Service Executive. Staff interviewed demonstrated sufficient knowledge of what constituted a child protection and welfare concern and how these concerns are reported by the centre. However, one concern about a child's welfare was not reported formally to the designated liaison person for the centre, although s/he was aware of it. The community service manager told inspectors that this concern was reported to the Health Service Executive disability social worker who in turn s/he assumed reported it on to the Child and Family Agency. This meant that internal reporting systems in the centre were bypassed and there was no confirmation that this concern had indeed been reported to the correct authority. The community service manager assured inspectors that a standard reporting form would be sent immediately in relation to this child.

All staff were trained in Children First (2011). There was a closed circuit television (CCTV) system in place outside of the centre and there was a policy on its use that was in line with relevant legislation. All visits to the centre were recorded in a visitor's book. There was a procedure to follow when person(s) accessed the building for maintenance purposes and this referred also to security staff that may be contracted by the service.

There was a procedure in place to hold children's money safely during their stay. Inspectors found that this procedure was followed.

The centre had a policy on managing behaviour that was found to be adequate. Records showed that staff were trained in a model of behaviour management. Staff interviewed said they were confident in the use of this model. Centre managers told inspectors that a support system was in place for children and staff from a behaviour support therapist.

Comprehensive behaviour support plan templates were developed for use in the centre, but inspectors did not see examples of these in case files reviewed as the children did not require one. Records showed that each child was assessed prior to admission to determine their levels of behaviour.

There was a policy on restrictive practices. This was reviewed by inspectors and showed that it provided clear guidance to staff on restrictive practices that were acceptable and those that were not. Records showed that restrictive practices were reduced in the centre and that there was a better understanding of this practice since the last inspection. Restricted access in and out of the centre had improved as key pad locks were no longer in use. One child required bed rails and this was clearly recorded and reviewed. Records showed that training for staff on the use of restrictive practices was provided in August 2014.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. The centre had adequate policies and procedures in place for recording and reporting incidents that may occur in the centre. Inspectors reviewed recording and notification systems in place. They were found to include notification to the Chief Inspector under the regulations. Managers interviewed demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents. All notifications were sent to the Authority by the centre as required.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> <p>The centre promoted the rights of children to receive an adequate education and/or training, and experience everyday life in a manner similar to their peers. The centre had policies and practices in place that promoted the general welfare of children. Inspectors were provided with a policy on supporting children to achieve educational goals. Records showed that travel arrangements were in place for children accessing the service on weekdays. Children's records showed that additional welfare and or educational needs of children were assessed by the centre on admission.</p> <p>The centre's statement of purpose and function clearly stated that one objective of the service was to provide opportunities for children to try new things and to promote socialisation and utilise community settings for this purpose. Records of community based activities showed that this was the case, and parents said that they were satisfied their children were involved in activities that promoted socialisation and integration into the local community.</p>
<b>Judgment:</b> Compliant

<b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> <p>The centre had systems in place to identify and plan for children's healthcare needs.</p> <p>The children referred to the service were children known to the HSE. Records showed that their healthcare needs were assessed prior to admission. There was a processes in place for centre staff to carry out their own assessment and record the healthcare needs of children referred to the service. Inspectors were provided with a copy of the centre's needs assessment and it included an assessment of the child's healthcare needs such as medical conditions that required medical treatment. Needs identified by both the HSE and the centre were found to inform the support plan for each child to ensure children</p>

would enjoy the best possible health. The community service manager and team leaders told inspectors that children could attend their own general practitioner (GP) while they accessed the service and there was also a GP identified to deal with any healthcare needs or emergencies that may arise when children could or did not want to attend their own GP. The service was in the process of recruiting nurses at the time of the inspection.

Support plans included the nutritional needs of children and highlighted any assistance they required to eat meals was identified. There was a policy on assisting eating and drinking. Weekly menu plans were developed in consultation with children and their individual preferences were considered. Parents sometime provided food for their children and this food was clearly labelled and accessible to the children. Meals for each day were displayed in the eating area for children to see.

The social development of children was considered by the centre and planned for. Inspectors were provided with a copy of an activity folder that detailed activities and provided opportunities for personal and social development.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were systems and processes in place to manage medication.

There was a suite of comprehensive policies and procedures on medication management and local procedures were in place for their implementation. Inspectors reviewed organisational and local policies and procedures and found that they met the regulations. Medication records were maintained and up to date in the centre. All medication administered to children was provided on their admission by parents. Medication errors did occur. These were reviewed and found to have been reported correctly and learning for future practice was captured. These errors related mostly to medication being spoiled from children who did not like to swallow it. On a walk around the centre, inspectors found that medication was safely stored and there was safe storage for controlled drugs. However, keys for controlled substances were not held on the person.



**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):**

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

**Findings:**

The centre had a written statement of purpose and function that met the requirements under the regulations.

The statement of purpose and function was revised and changed since the last inspection. It was found to contain all elements required by the regulations including clarity in relation to children whose needs the centre had the capacity to cater for. The statement outlined that the centre would gradually expand over time to cater for a maximum of six children over a seven day period. Currently it catered for four from Thursday to Monday. Inspectors found that the children currently availing of the service met the purpose and function in terms of their age, ability and diagnoses.

**Judgment:**  
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 were adequate systems in place to manage the centre however, there was a need to clearly record some quality assurance processes and systems in place to monitor the centre's performance required improvement.

The centre was managed by a community service manager who was the designated person in charge. The community service manager reported to a regional manager who reported to a director of health and social services. The head of health and social care was the provider nominee. The management structure was clear and managers and staff interviewed were clear about individual roles and responsibilities within this structure.

The community service manager was suitably qualified and experienced. The last inspection highlighted the need for performance development plan for the manager as s/he had not engaged in any such development in over 10 years. Inspectors were provided with documentation to show that the community service manager had applied for further education that was supported by the service. This was to begin in 2015.

Inspectors found that there were the infrastructures in place which supported and facilitated the management of the centre but reporting on the centre's performance could be improved. The community service manager said that since the centre had opened for admission lines of accountability were clear and working well. This was confirmed by the regional manager. Formal reporting systems to external managers on key performance indicators were identified in the last inspection. The community service manager told inspectors that these were limited to bed nights. These indicators needed to be broadened to ensure effective monitoring of the service. Records showed that other systems in place related to monitoring of health and safety in the centre, individual staff practice and the delivery of care based on individual support plans were being implemented fully. However, the centres risk register was not being reported to anybody and there was a lack of clarity on where this should go or to whom. There was a system in place to review care files and ensure they were up to standard, this included the quality of individual support plans. A team leader told inspectors that although s/he carried out these tasks file audits or quality assurance checks were not recorded. This meant that the community service manager could not be assured these checks were taking place and that learning for practice was captured.

**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:**

There were arrangements in place to cover for the centre manager, who was the person in charge, in times of proposed absence from the designated centre. Centre managers told inspectors that the regional manager was to cover for the centre manager in times of absence. There was a process in place to provide a written handover between managers to prepare for such absences.

**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):**

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

**Findings:**

The centre was resourced to meet the needs of the children outlined in the statement of purpose and function.

The last inspection found that the statement of purpose and function was too broad and that resources required by the centre to deliver safe and effective care to such a wide range of children was undetermined. Since the last inspection the statement of purpose and function was amended and the centre had determined the children it had the capacity to cater for. Inspectors found that the centre had the resources to cater for the children currently availing of the service. Records showed that there was flexibility and capacity to provide various staff to child ratios in order to care for children safely.

At the time of the inspection new referrals were being considered and some of these included children with more complex medical needs than the staff team had cared for previously. This was of concern to some staff interviewed by inspectors. The community service manager said that they were in the process of determining what additional resources were required, for example nursing staff, if these children were to be admitted. Inspectors were not satisfied that full consideration was being given to resources required for these children, but as this was an on-going process, concerns were brought to the attention of the community service manager for consideration.

**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:**

There was a sufficient number of staff in the centre to deliver a safe and effective service to the children availing of the service.

The number of staff had not changed since the last inspection and inspectors found that this was sufficient, considering the assessed level of need of each child and the number of days the service was operating. Staffing arrangements were in place for when the centre reached full capacity. The community service manager told inspectors that contracted hours would be increased to meet the centres needs. This was confirmed by the regional manager. There was a staff roster in place and on review it showed how the centre was staffed currently, including staff on duty overnight.

The centre had an adequate training plan in place. The director of health and social care told inspectors that there was a training budget for the service. Records showed that staff training had continued since the last inspection and was informed by the needs of the children availing of the service. Staff interviewed confirmed that they had received this training.

There was a policy on staff supervision and staff development and performance management. Records showed that supervision was provided to staff in accordance with this policy.

There was a safe recruitment policy and procedure in place and this had not changed since the last inspection. There was a policy on use of volunteers for the organisation.

#### **Judgment:**

Compliant

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

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in*

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

**Theme:**

Use of Information

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

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

**Findings:**

The centre had recording systems and templates in place regarding children admitted in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 of the regulations. Records reviewed by inspectors found that they were well maintained and contained all the relevant information.

Inspectors found in the last inspection that the centre had a comprehensive suite of operational policies in place that were not all centre specific and did not guide practice to a satisfactory standard. This current inspection found that local procedures were put in place to ensure organisational policies were successfully implemented in the centre.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. As the centre had yet to open for admissions, completed records relating for example to admissions, were not available for review by inspectors, but satisfactory recording mechanisms and systems were in place for these.

Inspectors were provided with a copy of the centre's insurance policy and found that it was adequately insured against injury to residents and the centre manager confirmed to inspectors that resident's belongings were insured under this policy.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0003717
<b>Date of Inspection:</b>	12 December 2014
<b>Date of response:</b>	27 March 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Care agreements did not include key policies in the centre such as the use of restrictive practices and child protection and welfare.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

The Care Agreement will be updated to include information relating to Restrictive Practice and Child Protection and families will be made aware that these policies are on site should they wish to view them.

**Proposed Timescale:** 30/04/2015

**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:**

There was a lack of clarity on reporting risk recorded on the local risk register.  
The regional risk register was not informed by the local risk register.

**Action Required:**

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

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

The local risk register is sent to the Regional Manager who informs the Senior Management Team of issues arising. This will inform the National Risk Register.

**Proposed Timescale:** 30/03/2015

**Theme:** Effective Services

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

Fire drill and evacuation records did not record the names of children who took part.

**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:**

This will be implemented immediately; fire evacuation documentation will outline what children participated in evacuation.

**Proposed Timescale:** 28/02/2015



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

**Theme:** Safe Services

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

One concern about a child was not reported in line with national guidance or centre policy.

**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 future children protection issues and observations will be reported directly to the DLP in RehabCare.

**Proposed Timescale:** 28/02/2015

## **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:**

Keys to storage area for controlled drugs was not held on the person.

**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:**

This recommendation has been implemented. The shift leader will hold keys for controlled drug storage on person.

**Proposed Timescale:** 12/02/2015

## **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 system of reporting on risk recorded locally was not clear and needed to be clarified.

Key performance indicators formally reported to external managers were limited to bed nights and were not sufficient for the effective monitoring of the performance of the service.

Quality assurance checks of care files were not recorded.

**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:**

The PIC completes the Key Performance Indicators monthly on the following – capacity and utilisation of service, staffing levels and supervision, quality and compliance i.e healthy and safety audits, person centred approach, satisfaction measures, on call and environmental impact.

Quality assurance checks on files will be carried out by team leaders and documented on folder. The local risk register will be sent to Regional Manager who will highlight issues arising with Senior Management Team which in turn will feed the National Risk Register.

**Proposed Timescale:** 30/04/2015