

**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 RK Respite Services Ltd
Centre ID:	OSV-0001863
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RK Respite Services Ltd
Provider Nominee:	Kevin Fahey
Lead inspector:	Tom Flanagan
Support inspector(s):	Patricia Sheehan;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 September 2014 09:30	17 September 2014 17:00
18 September 2014 09:40	18 September 2014 14:15

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 monitoring inspection was the second inspection of the centre carried out by the Authority and its purpose was to inform a decision to register the centre. The first inspection was carried out on 21 May 2014. This inspection was carried out by two inspectors over two days, 17 and 18 September 2014.

According to its statement of purpose, the centre provided fun-based respite residential weekends and mid-week services to children with mild intellectual disabilities. During this inspection, the inspector met with five children, two staff members and the two managers. Completed questionnaires were received from 16 parents and 15 children. Inspectors also observed practices and reviewed

documentation.

The centre was located in a premises which was owned by a voluntary organisation and made available for the purposes of respite services to children. It was a large single-storey house on the outskirts of a town. A large enclosed garden to the rear of the centre contained facilities and space for children to play. Car parking was provided to the front of the premises. Five children were receiving a respite service on the day of inspection. Each child was engaged in an educational programme in one of the special schools in the area.

The centre was well managed and measures were in place to monitor the quality of care and support and to continually improve the service. Children were provided with opportunities to enjoy a short respite break from home and develop social skills and friendships with their peers. The service received by children was child-centred and the environment was comfortable and homely. The staff group was experienced, committed and skilled.

On 21 May 2014, the inspector found that improvements were required in the areas of medication management, personal plans, risk management and fire safety, governance and management, training and staff supervision. An immediate action plan was issued to the provider in relation to medication management and the training of staff in the safe administration of medication. The provider responded promptly and made immediate improvements.

On this inspection, inspectors found that the provider had responded positively to the action plan arising from the previous inspection. Some significant improvements had been made as a result and these are outlined in the report. However, while a supervision policy had been developed, no formal supervision of staff had yet occurred. Some further improvements were also required in the areas of health assessments, medication management, training and record keeping. These improvements are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and are set out in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children's rights were protected, their dignity was promoted and they were consulted and provided with choices in relation to their care.

A poster setting out the rights of children was displayed in the hallway. Each respite break began with a welcome meeting during which the children made choices regarding the menus and timetable of events for their time in the centre. Inspectors viewed the minutes of these meetings and found that they offered children the opportunity to influence decision making in the centre and to take a degree of ownership and responsibility.

Staff contacted parents of the children prior to respite breaks and they sought feedback about the service provided afterwards. The service promoted the use of advocates and details of an independent advocate were clearly displayed in the entrance hallway.

There were policies and procedures for the management of complaints and information on how to make a complaint was made available to parents and to children in an accessible format. The person in charge was the complaints officer. There was an appeals process in the event of a complainant not being satisfied with the outcome. A complaints log was available for use but the person in charge told inspectors that no complaint had been received about the staff or service. Sixteen parents who completed questionnaires stated that they knew who to complain to but that they had no complaints about the service.

Parents who completed questionnaires confirmed that their children were treated with dignity and respect. Though the capacity of the centre was six, records showed that five

was usually the maximum number of children present. This meant that each child had the privacy of a single room. The statement of purpose stated that a room would be shared only if friends expressed the wish to share and if they and their parents consented to this. The premises was large enough to facilitate children to have their own space if they required this. Staff told inspectors that they were conscious of preserving the children's privacy and dignity while providing personal care in line with the centre's policy on intimate care.

Systems were in place to ensure that children's belongings and finances were protected but children were also given the choice of taking responsibility themselves for any personal items that they brought from home. Inventories of belongings were recorded on admission. A sufficient number of wardrobes and bedside lockers were provided for the safe storage of children's belongings. Secure storage was available if money or valuables were required to be stored on behalf of children.

Children's ability to exercise choice regarding their activities and routines was respected and facilitated. As part of the admission's process children were asked to state their likes/dislikes or, if they were unable to make these known, their parents were asked on their behalf. Children had some choice about which bedroom they preferred. They were also asked to say what help they needed from staff in such areas as personal care, communication and eating. Parents were also interviewed before admission and they could confirm the level of independence their child exercised in different areas of their lives.

Children who spoke to inspectors said that they thought of the centre as a "holiday house" and that they had lots of fun there. They had opportunities to participate in activities that they enjoyed and which suited their need to engage in recreational activity with their peers. The respite break gave children the opportunity to spend quality time outside of school with their friends. Records showed that children took part in a range of leisure activities together. These included playing together in the large playroom or outdoors, sharing meals together or engaging in a activities such as bowling, meals out, and going to the cinema. A range of toys and games were available in the centre.

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:

Children were assisted and supported to communicate their needs, choices and preferences.

The individual communication needs of children were set out in their personal plans. Assessments outlined the children's level of understanding, whether and how the child could express their needs and choices and any issues the children may have in interactions with others. If a child required any particular communications aids these were also noted.

The person in charge and staff made good use of photographs and visual displays in their communication with children. Photographs and names of all staff were displayed in the hallway and staff on duty were clearly identified. Inspectors observed good communication and interactions between staff and children during the inspection. Pictorial displays of the menus and the activities chosen by the children for that specific respite period were also evident. Child-friendly versions of the statement of purpose and the Standards were available.

The communication needs of children who availed of the service were varied. Some children had well-developed verbal skills while other children required support to express themselves in a way that could be understood. Some staff had training in communicating through sign language and all staff were experienced in the use of pictures or photographs to facilitate the expression of choices and preferences.

All the children who availed of the service lived in the community. During their respite breaks they had access to television, radio and DVDs. None of the children on respite at the time of inspection had their own electronic devices such as laptops or tablets.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children were supported to maintain their relationships and develop links with the community.

Parents who completed questionnaires indicated that they were offered the opportunity

to visit and view the centre and its facilities with their children prior to the commencement of their respite service. Staff made contact with parents before respite break to ask about any new information that staff needed to be aware of such as changes in medication or diet or any other issues. Parents were also contacted after the respite breaks and encouraged to give feedback on their children's experience. Records of contact with parents were maintained.

Parents were also encouraged to contact their children by telephone during their brief stay if they wished and the staff and children confirmed that children were facilitated to make and receive calls from their families. Some of the children had their own mobile phones and could contact the parents independently. Arrangements were in place to ensure that, if a child wanted to go home early, either a parent or a nominated person would be available at all times during the respite period.

Parents were interviewed by the person in charge prior to admission in relation to the needs of their children and were involved in the development of their children's personal plans. Parents and families were also welcome to visit the children in the centre during respite breaks but few chose to do this.

Children were encouraged to use community facilities. The centre was located on the outskirts of town and transport was provided by the centre. Children participated in shopping trips and used local community facilities such as the swimming pool, bowling alley and cinema. Children told inspectors that they enjoyed going out and taking part in activities in the locality with their friends.

The statement of purpose stated that children taking part in each respite break were matched according to age, interests and friendship. Children told inspectors that the others they shared the respite break with were their friends from school. As the respite breaks were of short duration, they functioned as an opportunity for children to meet their friends and enjoy social interaction and activities similar to their peers.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The admissions for respite were in line with the criteria set out in the statement of purpose. All children who used the service had a diagnosis of mild intellectual disability and some had additional disabilities. Once they meet the criteria, their applications were considered by the admissions committee, comprising a representative of the Health Service Executive (HSE), a public health nurse and a principal of a special school. Prior to admission, the child's needs were assessed in consultation with the child, parents, school and General Practitioner (GP). Each of the children who were resident at the time of inspection had a mild intellectual disability. The children present were matched for respite with other children according to age range and on the basis of friendship.

Each child had a written contract. This set out, in an accessible format, the services to be provided. There were colour photographs of the various rooms and facilities in the centre and visuals of places they could go while on respite. Their rights, responsibilities and the choices available to them were outlined. Children or their parents were not required to provide any funding for their placements. Children signed the contracts to say that they understood about their stay, their rights and responsibilities, who to talk to if they had a problem and that they were happy to come to the centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children had personal plans that set out their individual needs and choices and the supports they required. They had the opportunities to participate in activities that were appropriate to their needs while on respite breaks. Children received the necessary information and support when making the transition to a new service.

The procedures for care planning and the templates for the children's personal plans had been reviewed and revised since the previous inspection. Inspectors viewed the personal plans of five children. They were developed with the active participation of the children and their parents who were interviewed by the person in charge as part of the

assessment process. Each assessment had multi-disciplinary input from the children's GPs and teachers. The assessment process required some improvement as some of the health assessments provided by GPs contained only diagnoses and not assessments of the children's health, including medical conditions.

The personal plans were wide-ranging and person-centred. They included all aspects of the children's lives such as medical condition, education, personal care, communication, activities, dietary requirements and sleep patterns. All the personal plans viewed by inspectors had been reviewed and updated since the previous inspection. Staff were aware of the personal plans for each child and inspectors found that the plans were implemented.

There were sufficient indoor and outdoor facilities for children to engage in play were of a high standard. There was evidence in the children's files that children went on outings and engaged in activities such as bowling and trips to the cinema.

Children were supported as they made the transition from home or school and there was evidence of good communication between staff and parents and teachers. Staff had contact with the children and their parents before and after the respite break. There was also evidence of close liaison between staff and the school nurse. Children usually came to the centre from school and were provided with transport on the centre minibus. Two members of staff accompanied the children to and from school.

According to the statement of purpose, a child was discharged from the service at the end of the school year during which they had reached their 18th birthday. The policy on discharge made provision for the person in charge to identify children who were due to be discharged at the end of the school year and give six months notice to the child and the parents so that adequate preparation could be made for their discharge. They were given a provisional schedule for remaining respite breaks and the person in charge told inspectors that each child's discharge was marked by a celebration during which the child was presented with a certificate. The person in charge told inspectors that the centre had no direct responsibility for ensuring that a child who was discharged secured a placement in adult services but that staff would assist the child in the transition to a new service if this was identified to them by the HSE.

Since the respite breaks were of very short duration and their purpose was mainly of a social nature, staff were not involved in in-depth preparation of the children for independent living. There was evidence that children were encouraged to be involved in decision-making and in giving their opinions in the community meetings which were held at the beginning of each respite break. Children decided what activities they would like to undertake and what food they would like to eat. They told inspectors that they enjoyed the opportunity to be away from home with their peers and to have fun together. It was also an opportunity for children to develop their social skills. Children were involved in a limited way in the practical running of the centre by planning meals, shopping with staff and assisting with setting of table and meal preparation.

Judgment:

Non Compliant - Moderate

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 location, design and layout of the centre were suitable for its stated purpose. The premises was clean and well-equipped. It was comfortable, homely and well maintained.

The centre was located in a large single-storey house in a quiet suburban area about one kilometre from a large town. Adequate car parking was provided to the front of the premises. A large secure garden was located to the rear.

The centre was well-maintained and had suitable heating and lighting. The windows and doors allowed plenty of natural light into the centre and there was also adequate ventilation. The provider had taken care to assess the premises for any significant hazards that could cause injury and there was evidence that safeguards such as covers for plug socket, foam coverings for metal railings and secure storage for cleaning materials had been put in place for the protection of children. The centre was clean. The staff member on waking night duty was responsible for general cleaning and there was a roster of staff responsible for deep cleaning of the premises and a checklist was used to record this.

There was adequate private and communal accommodation. There were five bedrooms for children. Four of these were single rooms and one was a twin room. All were of sufficient size and had wardrobes and adequate storage for personal belongings. There were two bathrooms available for the children. Each contained a toilet, wash hand basin and shower. The kitchen was of adequate size and was well equipped. The dining room was of sufficient size to accommodate children and staff at meal times. There was also a large and comfortable sitting room with sufficient seating, a television and DVD player. All of the rooms were suitably decorated and, despite its large size, the centre had a homely feel.

At one end of the centre there was a large indoor playroom which contained a ball pool, a pool table and a range of other games and toys. There was a small but comfortable sensory room off the playroom. A large outdoor area contained a go-cart track, a small games pitch and a safe playground area. There was also a covered area which contained wooden benches and tables where children could eat outdoors when appropriate.

No assistive equipment was used in the centre as none was required.

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):

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

Findings:

There were adequate systems in place to promote the health and safety of children, visitors and staff.

There was a health and safety statement which was signed and dated as having been reviewed in August 2014. Associated measures were in place to ensure the safety of children, staff and visitors. The person in charge was the health and safety officer. All staff received training in a recognised system for maintaining food hygiene in June 2014 and training in first aid in 2013.

Satisfactory procedures were in place for the prevention and control of infection. There were sufficient facilities and materials available for hand washing. There was a hand hygiene policy and hand gel dispensers were located around the premises. Colour-coded cleaning materials were used. Protective gloves, masks and aprons were available if required.

The risk management policy was reviewed and updated in August 2014. It met the requirements of the Regulations and it was implemented in the centre. A risk register contained a range of centre-specific risk assessments. The assessments were wide-ranging and identified specific risks and the measures in place to control them. The risk assessments that were carried out on each of the children and the measures put in place to control any risks identified were specific to each child and were set out in their personal plans.

Suitable arrangements were in place for recording, investigating and learning from serious incidents. Accidents, incidents and near misses were recorded on specific forms which were signed off by the person in charge. Inspectors viewed the records of incidents and there was evidence that they were reviewed quarterly and that learning took place as a result.

Satisfactory precautions were in place to guard against the risk of fire. Suitable fire

equipment was available and this was serviced in March 2014. Emergency lighting was in place. Fire exits were unobstructed. A fire alarm was in place and was serviced quarterly. Fire drills were carried out monthly. All staff had received training in fire safety in June 2014 and were knowledgeable regarding the steps to be taken in the event of a fire. Inspectors viewed the fire safety register and found that daily, weekly checks and monthly checks on the fire equipment and on the means of escape were undertaken by staff. An integrated magnetic release system had been fitted to all fire doors since the previous inspection. The fire evacuation notices had been updated since the previous inspection and were displayed prominently throughout the centre and on the rear of each bedroom door. Inspectors viewed risk assessments which had been carried out on each child in relation to possible evacuation of the premises. These risk assessments indicated whether individual emergency evacuation plans were required for particular children. The provider also submitted to the Authority written confirmation that the centre was in compliance with fire safety and planning legislation.

A system was in place for responding to emergencies and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies. The vehicle used for transporting children was taxed and insured and serviced regularly and it contained appropriate first aid and safety equipment. The exits and windows were linked to a voice-activated device which alerted staff that a particular exit door or window was opened.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were adequate measures in place to safeguard the children and protect them from abuse.

The policy on child protection was reviewed and updated in August 2014 and was satisfactory. The person in charge was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance and

he was aware of his responsibilities in this regard. He was clear in relation to the reporting of any allegations of abuse or neglect and he outlined the steps he would take in the event of an allegation of abuse of a child by a staff member. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre.

All staff members attended training in Children First: National guidance on the Protection and Welfare of Children (2011) in August 2014 and training records confirmed this. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have.

The provider had adopted the HSE policy and procedures on whistleblowing and told the inspector that staff had been briefed on this policy and were encouraged to voice any concerns they may have. Staff members who were interviewed felt confident that they could report any serious concerns they may have about the safety of the service.

There were various safeguards in place to protect children. An Garda Síochána vetting was in place for all staff. Risk assessments were carried out in relation to individual children. Children were well supervised and staff were automatically alerted to the opening of any external door or window. Inspectors observed staff interacting with the children in a respectful and warm manner. Children told inspectors they were happy in the centre and children who completed questionnaires said that they felt safe there.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging for individual children. Procedures were in place for the development of positive behaviour support plans should a risk assessment indicate that this was warranted. The person in charge told inspectors that there had been no serious incidents of behaviour that challenges and no restrictive practices were used. Staff were knowledgeable about how to manage behaviours that challenge and training records showed that specific training had been provided to all staff in August 2014.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:

A record of all incidents occurring in the centre was maintained.

The person in charge knew how to report notifiable incidents to the Chief Inspector and had done so according to the time frames laid down. Information was available on how to notify incidents and the person who deputises for the person in charge was also familiar with the process.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

There were opportunities for children to socialise with their peers and their participation in the education system was valued and supported.

The majority of children using the service attended a special school in the area and the remainder attended special classes in mainstream schools. Children usually went to school from home but, while on respite in the centre, transport was provided to take them to and from school. A brief but adequate educational assessment was included in their care files. Many of the staff also worked in the special school as special needs assistants and were familiar with the children and their educational needs. There was good communication with the children's teachers and the school nurse.

Children told inspectors that they enjoyed spending time in the centre with their friends and that they took part in lots of activities both inside and outside the centre. Inspectors observed that children were active together in the evening following their return from school. Children and staff engaged in a game of football. In the early evening they went bowling. This was followed by a meal in the town and a trip to the cinema. Records showed that involvement in activities external to the centre played a key part in the childrens' respite breaks.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported to enjoy the best possible healthcare while on their respite placements.

Children availed of the respite service for short periods and their health care needs were mainly attended to at home by their parents in conjunction with their own GP. If a health related issue that required medical attention arose while the child was on respite, their parents would be contacted to arrange an appointment with their own GP. Otherwise, an out of hours GP service was available in the area if required.

An assessment of their needs, including healthcare needs, was carried out prior to admission. Inspectors viewed a number of assessments, which contained detailed information provided by the parents and brief assessments of healthcare provided by the children's GPs. The relevant section of the child's personal plan contained a section on medication, under which healthcare was included.

Prior to each respite break, the key worker contacted the parents of the child and enquired whether any health issues had arisen that staff may need to be aware of. The provider told inspectors that staff received training in first aid and food hygiene and the training records confirmed this. Children were encouraged to take part in physical exercise such as outdoor games and walks while on respite. Staff were also trained in the safe administration of medication, including emergency medication.

The majority of children availing of the respite service were independent in the area of personal care and were encouraged to take responsibility for their own health and medical needs, including self-administration of medication, if assessed as competent to do so.

The pre-admission assessment contained a section on food and drinking and the children's personal plans outlined their likes and dislikes regarding food. Records showed that staff spoke to parents about their children's diets and that staff monitored and recorded the food consumed by children during their respite breaks. Inspectors observed that children were given snacks on their return from school.

In August 2014 the provider arranged for a nutritionist to review the menus provided in the centre. Inspectors viewed a copy of the subsequent report in which the nutritionist stated that adequate amounts of nutritional and appetising food were provided. The provider developed pictorial menus for the children and told inspectors that the menus

were monitored to ensure that the children continued to be provided with a balanced diet. Inspectors did not have the opportunity to observe children having any meals in the centre but observed that there were adequate stocks of food available and that the menus indicated that a balanced diet was provided.

At the welcome meeting beginning the respite placement, children were consulted about their preferences for food while in the centre and, occasionally, meals out were organised.

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:

Policies and procedures on medication management were in place to protect children. Several improvements had been made since the previous inspection in areas such as the training of staff and the storage and management of controlled drugs. Further improvement was required in the areas of prescribing and administering medication and in auditing the system of medication management.

Training was provided for all staff in the safe administration of medication on 29 May 2014. The manager told inspectors that a plan had been put in place for staff to undergo competency tests but that this had not yet happened.

Systems for the safe storage and administration of controlled drugs had been improved since the previous inspection. The provider had put in place a separate secure storage facility for controlled drugs and a register of controlled drugs was accurately maintained. A fridge was available for medications requiring refrigeration but this was not in use. There was no need for storage or disposal of out-of-date medication as medications were received at the beginning of each respite break and any remaining medication was returned to parents following the respite break.

The medication folder for each child contained details of the child's medication completed by the child's GP on a standardised template. The prescription sheet contained the name of the medication, the dose, the time and frequency of medication. Inspectors viewed a number of prescription sheets and found that the route of administration was not included and the times at which medication was to be

administered was omitted on some sheets.

The administration sheets contained photos of the children, their dates of birth and addresses. Two staff members signed for the administration of medication. The manager checked the administration sheets each night of respite to ensure that medications were administered as prescribed. However, there was no signature sheet for staff administering medication.

Parents delivered the children's medication to the centre at weekends and arrangements were in place for medication to be safeguarded while in transit on the bus from school on midweek respite breaks. Once the medication was received at the centre it was checked and records were maintained in the children's files.

Children were supported to self-administer medication if they had the ability to do so. The care plans of each child set out whether the child was able to self-administer medication and, if supervision was required, what assistance was needed from staff. For those children who could self-medicate, consent was sought from parents.

Since the previous inspection a pharmacist had undertaken a review of the medication management system and made recommendations which were implemented. The manager told inspectors that he planned to engage a medical professional to undertake audits of the new system of medication management but no audits had been carried out at the time of inspection. A system was in place for medication errors to be recorded and reported. The manager told inspectors that no medication errors had been reported since all staff received training in the safe administration of medication.

Judgment:

Non Compliant - Moderate

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:

There was a statement of purpose which contained all the information required by the Regulations and accurately described the services and facilities provided. Staff interviewed by the inspector were familiar with the statement of purpose and it was implemented in practice.

Since the previous inspection the provider had reviewed and revised the statement of purpose, which now contained all the information required by the regulations and which was signed, dated and had a date for review. The criteria for admission were clearly outlined.

The statement of purpose was also available in a format that was accessible to children.

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:

An effective management system was in place to support the delivery of care.

The person in charge described the management structure to inspectors. This identified the lines of authority and accountability in the centre and this was set out in the statement of purpose. Care assistants reported to the person in charge, who was one of two co-directors of the organisation which provided the service. The other co-director was the service supervisor who deputised for the person in charge should the need arise. The premises was owned and maintained by a local voluntary organisation for children with special needs.

Management systems to review the safety and quality of care and support to residents had been further developed since the previous inspection. Managers had reviewed and updated all the policies and procedures. An unannounced visit to the centre had been undertaken on behalf of the provider in June 2014. Inspectors viewed a copy of the report on the quality and safety of care and support which contained recommendations. An action plan was put in place and there was evidence that this had been implemented and had led to further compliance with the regulations. The person in charge told inspectors that an unannounced visit would take place every six months and that an annual report will be compiled at the end of the year. The provider had received completed evaluations from parents of children who had availed of the service in the previous quarter. A copy of the audited accounts of the provider were made available to

inspectors.

The provider had responded positively to the action plan contained in the report of the previous inspection. He undertook a training needs analysis of staff and provided a programme of training. He arranged for a local pharmacist to review the system of medication management and for a nutritionist to review menus. Recommendations from these professionals had been implemented. The person in charge told inspectors that a management consultant will undertake a review of the management system later in 2014.

The person in charge had been managing the centre since 2008 and had previously worked in the centre as a care assistant since 2002. He demonstrated that he managed all aspects of the centre and he told inspectors that he was present in the centre at the beginning of each respite break, visited regularly during the children's stay and was available to respond immediately should staff require his presence. He ensured the governance, operational management and administration of the centre. He knew the Standards and Regulations and was committed to his own professional development. There was evidence that he knew the children and was aware of their needs. Children also knew who was in charge of the centre. Staff told inspectors that they were well supported by the two managers.

Inspectors viewed the minutes of management meetings which showed that the two managers met formally on 12 occasions since May 2014 and had formalised agendas for management meetings since the previous inspection. Decisions from these meetings were documented as were the actions taken as a result.

The person in charge told inspectors that the centre had submitted all documentation required by the HSE in relation to the completion of a service level agreement but that the service level agreement for 2014 had not yet been completed. The person in charge continued to submit key performance indicators in relation to occupancy, staffing levels, finances, complaints and the results of consultation with parents to the HSE each quarter.

Judgment:

Compliant

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 had been no absences of the person in charge requiring notification to the authority.

The person in charge told inspectors that, in the event of his absence for 28 days or more, the service supervisor would deputise as the person in charge. Inspectors interviewed the service supervisor and found that they were suitably qualified and sufficiently experienced to take on the role. They had adequate knowledge of the regulations and standards and were very familiar with all aspects of the service. Inspectors observed that they were well known to the children, who seemed at ease in his presence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure that care and support was effectively delivered to children in line with the statement of purpose.

Inspectors found that the facilities available in the centre were of a high standard. Children were afforded adequate space both inside and outside the centre. They also had access to a range of resources such as a large indoor play room, a large well-equipped garden play area, toys, games and electronic equipment.

In order to maximise the use of staffing resources, staff were employed on split shifts to coincide with the times that children were in the centre.

Since the children attended school during the weekdays, activities and outings took place after school. The centre had a suitable vehicle for collecting children from school and for taking them on outings.

Following the previous inspection, the provider identified a number of gaps in the training of staff and committed resources to ensuring that relevant training was provided over a short period of time.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was a sufficient number of staff to meet the needs of children. Continuity of care was provided by a consistent group of staff who were experienced and adequately trained. A supervision policy had been developed but not yet implemented.

The staff team comprised 14 care assistants and two managers. All care assistants worked part-time, making up a whole time equivalent of 5.2 whole time equivalent staff. Almost all staff members had significant experience of working as special needs assistants in the special school which was attended by the majority of the children availing of the service. The staff team was also stable as there had been little change of personnel in the centre for several years.

The staff rota was planned in advance. There were normally three staff rostered from 3pm until 9pm, two staff from 9pm until 11pm and two staff on night duty, one of these sleeping over and one on waking night duty. The staffing levels took account of the needs of the children and the size and layout of the premises. The person in charge and staff told inspectors that an extra staff member was scheduled when the needs of a child required this.

An analysis of training needs had been completed since the previous inspection and training records showed that a programme of training had been put in place during the intervening period. Training in the safe administration of medication took place in May 2014. Fire safety training and food safety training was provided in June 2014 and all staff took part in training on Children First (2011) and on behaviour that challenges in August 2014. The person in charge told inspectors that plans to have the competency of staff tested in relation to medication management had not yet been implemented. He also told inspectors that neither he nor the service supervisor had training in the provision of supervision but that he planned to source this in the near future.

Inspectors observed staff and children interacting and found that the children were at ease with staff and staff treated the children with warmth and respect. Staff who were interviewed presented as competent and demonstrated awareness of the policies and procedures, the legislation and Standards.

There was a recruitment policy in place but no new staff had been recruited since 2010. Inspectors viewed a sample of four staff files. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible. The majority of files contained all the information and documents specified in Schedule 2 of the Regulations. The current address for one member of staff was not recorded and the employment histories of two staff did not appear to be outlined in full.

Inspectors were satisfied that the person in charge worked closely with staff and that he and his fellow director closely monitored their work with children. A supervision policy had been put in place since the previous inspection but it had not yet been implemented. The person in charge told inspectors that this was due to be implemented in the coming months. Inspectors viewed the minutes of staff meetings that had taken place in July and in September. However, the person in charge told inspectors that there was no set schedule for regular staff meetings.

There were no volunteers working in the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

All the policies and procedures required by the Regulations were in place and they reflected the practices in the centre. Records were stored securely. The majority of records maintained in the centre were accurate and up to date.

Records viewed by inspectors were generally complete, up to date and well maintained. However, some records were not signed and dated by staff. The person in charge was aware of the requirement to retain records in accordance with the Regulations and there was adequate storage space in the centre for archived files.

Policies and procedures required by the Regulations had been reviewed and updated since the previous inspection and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them.

A child-friendly Residents' Guide had been developed. A directory of children was maintained and this contained all the information specified in Schedule 3. The policy on records made provision for the records of each child to be made available to the child and their parents should they wish to see them.

Inspectors viewed a statement from the current insurers which outlined the insurance cover put in place by the provider. Adequate insurance was in place against injury to children.

Judgment:
Non Compliant - Minor

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:

Tom Flanagan
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 RK Respite Services Ltd
Centre ID:	OSV-0001863
Date of Inspection:	17 September 2014
Date of response:	26 October 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, 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:

Some of the assessments carried out on children did not contain a sufficiently detailed assessment of the children's health, including medical conditions.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

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:

In consultation with the educational placement of the majority of our clients, and with the consent of their parents, a copy of relevant documentation or parts thereof contained in their Educational File, which includes diagnosis and relevant medical history, is proposed to be obtained to supplement our own basic assessment form distributed for completion by client's GPs.

It is proposed that this arrangement will be ready to be rolled out by the end of the year for all current clients and put in place before the admission of any new referrals.

Proposed Timescale: 31/12/2014

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:

The times and route by which medication should be administered was omitted on some prescription sheets.

There was no signature sheet in place containing the signatures of staff who administered medication.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The template used to capture information regarding medication from the child's GP has been revised to include a section on "Route of Administration". A cover letter has been drafted specifically outlining the information required to be included on this template for our records and all parents receiving the template will be given support to help elicit all the required information from their child's doctor. This documentation will be used for all new referrals as well as for all renewals of current documentation.

A signature sheet, containing the signatures of staff who administer medication is in place as of the September 30th 2014 and kept in our Medication Management file.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

<p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Not all of the staff files contained all the information specified in Schedule 2.</p> <p>Action Required: Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.</p> <p>Please state the actions you have taken or are planning to take: Staff files have been reviewed to ensure that all information required as specified in Schedule 2 are included. Staff have been asked to review their cv's and re-submit them to ensure that all required information such as current address and full employment history is included. Support is in place for staff in fulfilling this requirement.</p>
<p>Proposed Timescale: 30/11/2014</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: The competency of staff to administer medication had not been tested following training.</p> <p>Neither the person in charge nor the service supervisor had received training in the provision of supervision.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: A Registered Nurse is scheduled to undertake a competency test for all staff in the administration of medication outlined in our Safe Administration of Medication Policy and Procedure document. This will be documented and recorded in our Medication Management file.</p> <p>Training opportunities for the Person in Charge are currently being explored within an overall programme of Professional Development.</p>
<p>Proposed Timescale: 30/11/2014</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: There was no schedule of regular staff team meetings.</p>

The policy on supervision had not yet been implemented.

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:

Whole Group Staff meetings are currently scheduled for every quarter and as required in response to any issues arising, while client overview and shift changeover meetings between staff and supervisors continue throughout each opening.

All staff will have formal supervision as outlined in policy undertaken by the end of the year. Service supervision, including supervision of staff throughout openings continues to be undertaken on an ongoing basis by service manager and supervisor.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Some records were not maintained in completeness as they were not signed and dated by staff.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All records created by staff will be signed and dated by all staff.

Proposed Timescale: 31/10/2014

