<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002038</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Enable Ireland Disability Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Fidelma Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Orla Murphy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ann Delany;</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
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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 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:
21 July 2014 10:30 21 July 2014 19:30
22 July 2014 09:30 22 July 2014 18:00

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

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Summary of findings from this inspection
This was the first inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre.

The centre was in existence for a number of years and the centre was located in a listed building. The statement of purpose and function stated that the centre provided respite care for up to five boys and girls at any one time, aged between 7 and 18 years of age with a physical and/or sensory disability who were engaged with Enable Ireland clinical services. The number of children staying together varied in order to meet the dependency needs of children effectively. In addition to respite stays, the centre occasionally operated as a base for a group of children who engaged in planned activities during the day but who did not stay overnight in the
centre.

As part of the inspection, inspectors met with the national director of adult services and safety standards, the director of services, the respite services manager, four staff, four children and four parents. A high number of questionnaires were completed by parents of children that used the service. Inspectors walked around and observed the premises and reviewed policies, procedures and a range of records that were used in the centre.

Inspectors found that overall, the premises was child-centred and fit for purpose, and the person in charge was suitably qualified to manage the centre. There were many good operational policies in place and managers were accessible to staff and families. However, the monitoring of the quality and safety of care provided was in the early stages of development. The statement of purpose and function met the requirements under the regulations.

Children and families found their engagement with the centre and its staff team to be a very positive experience. Children experienced a wide range of activities, experiences and friendships through their stays in the centre. Staff were observed being kind and supportive to children and their families and parents felt confident that they could raise any concerns they may have with the staff team and managers. Families and children were well consulted with and felt their wishes were respected by the staff team.

The management of risk and risk assessment procedures required significant improvement. There were policies and procedures in place for the identification and management of hazards and risks. However, inspectors identified some significant risks during the inspection that had not been addressed. Due to the risks identified during the inspection, an unusual step was taken by the Authority and an immediate action plan was issued to the organisation. This was responded to adequately by the organisation and works were carried out to mitigate the risks identified by inspectors. A further visit was carried out by the Authority which confirmed that the hazards had been attended to.

A wide range of policies and procedures were in place in the centre and these addressed both local and organisational operational needs. The centre was well resourced and adequate staffing was in place to support children in their personal care and for participating in the community. Some records were not adequately detailed and areas such as assessments and personal plans required attention. A range of training had been provided to staff. However, there was no specific analysis of staff’s training needs undertaken.
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 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):
This was the centre’s first inspection by the Authority.

Findings:
Consultation with children in the centre was very good, and children and families felt involved in the running of the centre. Children were supported and cared for respectfully and discreetly. Children made choices about their activities, their routines and events in the centre and opportunities for play were plentiful. Systems were in place to ensure that children's belongings were valued and well cared for by the staff team.

Children were consulted with each time they came to stay in the centre. A respite service users meeting was held at the start of each group's visit and this was facilitated by staff. Inspectors examined the record of these meetings and found they reflected good quality consultation with children around what activities they wanted to participate in and what meals they would like during their stay. Children's requested bedtimes and preferred routines were recorded during this meeting. Inspectors observed staff listening to children and seeking their opinions during activities and while supporting them in the centre. As part of their respite users meetings, children had identified the rules they felt the groups should adhere to and these included "Listening, Take Turns, To look out for each other". These rules were displayed across the centre's playroom and children told inspectors that these rules were important to them and the centre.

Complaints were responded to promptly and issues of concern were appropriately dealt with by staff in the centre. The complaints log was examined by inspectors and this reflected that there had been three complaints and 11 compliments received in the nine months prior to the inspection. The log did not identify the general issue of complaint, and instead referred to the record where the information was held such as the child's daily report. Inspectors found there was insufficient detail in the log to enable staff to be assured that there were no trends in particular types of complaints or to be assured that the person making the complaint was satisfied with the response by staff. There was a complaints procedure which inspectors examined and found it to be comprehensive. The
procedure outlined the various stages of complaints resolution for the service and identified advocacy contacts for children and families. The respite service manager informed inspectors that an accessible version of the complaints procedure was being drawn up for children, and inspectors found that the complaints procedure was described to children at their respite users meetings which were held during each stay at the centre. All parents that returned questionnaires to the Authority as part of this inspection process were aware of the complaints process, and of who they would talk to in the centre if they had a complaint. A condensed synopsis of the complaints procedure was on display in the centre during this inspection.

In the months prior to this inspection, the centre had been redecorated and children’s views were sought about this. Samples of wallpaper and paint were shown to children and feedback was taken from the whole group, which informed the decor chosen.

Parents that spoke to inspectors said they felt informed and consulted by the respite co-ordinator and the staff team. They informed inspectors that they were sent a range of suggested dates of stays and activities in the centre, so they could elect to use the service at times that were suitable to them. In addition the service provided day respite to the same children and these options were also offered.

Annual questionnaires were also sent to parents to assess their experience of the service and identify any improvements they felt the service would benefit from. Parents informed inspectors they felt their wishes and opinions were listened to by the respite services manager. Inspectors viewed evidence in children’s files of this consultation with parents.

Inspectors observed staff being respectful and kind to children throughout the inspection. Children were treated with dignity and were included in discussions and activity in the centre. On the first day of the inspection children were out for the day, and on their return they were supported by staff and encouraged to settle in and talk about their day. Inspectors observed staff providing praise to the children and providing discreet one to one support where it was needed.

The opportunities for play and accessing the community were plentiful and positive for children. Inspectors found from a review of records and interviews with parents, children and staff that children stayed in the centre to attend specific events, meet friends and experience activities in the community. Children’s wishes and choices were respected by the staff team, and inspectors observed staff playing with children and encouraging them to be creative and interactive. Inspectors found that the centre provided a range of opportunities for play and relaxation. There were outdoor spaces to the rear and front of the property that inspectors found were safe and accessible to children. There was also a play room that was well stocked with toys and games such as board games, art supplies, a dress up box and computer games. Inspectors observed children using this room to engage in art and play on both days of the inspection.

Questionnaires sent to inspectors regarding this inspection supported this, and parents and children that responded felt they were well cared for and valued by the staff team. Records about the care delivered to children were examined by the inspectors, and were found to be written respectfully and professionally.
Judgment:
Non Compliant - Minor

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were systems in place to support and assist children to communicate effectively. A review of individual plans showed that a range of forms of communication were considered to support children attending the centre for respite breaks. Inspectors observed a range of pictures around the centre to inform children and communicate with staff. For example, food choices, activities planned and the staff on duty were displayed in pictures.

There was a variety of forums within the centre to allow children to express themselves freely, such as regular children's meetings and meetings with parents to elicit their views. Inspectors observed staff and children communicating effectively during the inspection, and children informed the inspectors that they felt listened to by staff.

All children present in the centre during the inspection could communicate their needs verbally. Inspectors were informed that a small number of children used communication devices, and inspectors found that any communication support or interpretation of expressions/body language was detailed within individual care plans. Parents told inspectors that communication was good and that they felt informed about their child’s progress in a timely way. The centre maintained a communication record for each child, which recorded all contact with families, schools and external professionals regarding the child.

There was some, but limited internet access for children in the centre. There was a computer available in the staff office which had restricted controls in place to ensure safe access to the internet. A small number of children used this facility under staff supervision. However, some children had their own hand held devices, such as smart phones and tablets which they brought to the centre for their stay. While there was no Wi-Fi available in the centre, many tablets and smart phones had inbuilt connectivity that did not require Wi-Fi to access the internet. Inspectors found that the staff team had not given sufficient consideration to the safeguarding risks posed by unsupervised access to the internet and this is addressed under outcome 8.
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):
This was the centre’s first inspection by the Authority.

Findings:
The centre provided children with very positive opportunities to engage with their peers, their families and the community. Opportunities to be involved with local and wider community activities were plentiful. Families felt valued and welcome in the centre. However, arrangements for visitors were not at an optimum.

Family involvement was good in the centre and the service offered respite care to children and young people who were already engaged with Enable Ireland clinical services. The inspectors found that families were fully involved in the service and were consulted with about several aspects of the running of the centre. Children stayed overnight in the centre and attended for day activities in specific groups which were determined by age and friendships. These groups were planned carefully to ensure children developed positive friendships and attachments with each other which maximised their enjoyment of their stay. The staff team identified dates for these specific groups to attend the centre and then consulted with parents as to whether these dates were suitable. Positive relationships between children and their families were promoted by the staff team. Families that spoke to inspectors confirmed they were kept up to date with events and their children's progress in the centre, and that staff were approachable and supportive.

The centre’s statement of purpose and interviews with staff reflected that visits to the centre were welcomed. However, inspectors found that there was not adequate space to support visits in private. The centre had a procedure regarding visitors which also outlined that visitors were welcome but it stated it was advisable to call ahead to ensure that the staff and children were home. The centre manager explained that this was due to the high number of activities that children were engaged in, and that on most days the children and staff were out of the centre at various times. This was supported by the centres records of activities examined by inspectors. However, inspectors found that there was no dedicated area for visits to take place in private, and if this was needed, it may have meant asking children to move to another area of the centre. The only areas available for visits in the centre were communal areas or bedrooms. Inspectors were not satisfied that the centre fully met the requirements in relation to visits under the regulations.
Children were fully engaged in accessing activities in the community and wider afield. Children had developed peer friendships with other children using the service, and this was important to them. Siblings, friends and parents visited the centre at various times, and children also had frequent opportunities to engage as a group during their stays.

Judgment:
Non Compliant - Minor

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The criteria for admission to the centre was transparent and clear. Children were required to be in receipt of Enable Ireland clinical services from two therapists (such as speech therapy and occupational therapy), and have a physical/sensory disability or genetic condition. The statement of purpose and function stated that all referrals to the service were made by the clinical teams in Enable Ireland services. These clinical teams undertook an assessment of each child's needs including their need for a respite care service. If a respite service was deemed appropriate, the clinical team would refer the family to the centre.

The admissions procedure was clear and families found it was flexible and adapted to suit children’s needs. The process involved the respite manager of the centre visiting families to discuss the child’s needs, and a care plan was developed with the family so that their respite needs could be examined and planned for in the centre. Part of the admission process included a range of visits to the centre which progressed from brief visits to lengthier attendance for activities and events. Inspectors found that some children only attended for specific day activities, whereas others also stayed in the centre overnight. Parents that spoke to inspectors said that they were clear about the service offered and they felt supported to ensure any stay for their children was well planned by the staff team to ensure children were comfortable with the pace.

Contracts had been developed by the service, but had not yet been implemented. All managers interviewed told inspectors that a template for contracts had been drawn up, and this template was seen by inspectors. This template detailed the arrangements in place for the provision of services that included the support, care and welfare of each resident and any fees to be charged. However, no contracts had been completed and
signed by families at the time of the inspection. This did not meet the requirements of the regulations.

**Judgment:**
Non Compliant - Moderate

**Outcome 05: Social Care Needs**
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Comprehensive assessments of need were not in place for all children in the centre. However, all children had a personal plan in place. Families, external professionals and children were consulted in drawing up the plan. The monitoring of outcomes for children in personal planning was disjointed and what informed the reviews of plans was unclear. Plans identified children's preferences and aspirations and reflected the support they required, and it was evident that children had progressed and developed skills while attending the service.

The assessments in place were detailed and informed the personal plan. However, these were not in place for all children. Enable Ireland clinical teams carried out comprehensive needs assessments for each child and inspectors were informed that these informed the child's personal plan in the centre. However, inspectors found that not all children's assessments of need were in place. Inspectors examined a selection of children's care files and found that for some, there was input from the clinical services team regarding the needs assessments when personal plans were being drawn up. However, this was not evident in all of the plans examined. Inspectors could not be assured that personal plans adequately reflected children's needs assessments in all cases. Those needs assessments that were examined by the inspectors were comprehensive and addressed health and medical needs, communication, educational and inclusion needs.

Personal plans were in place for all children. However, some areas of the plans were not adequately informed by needs assessments, and the progress of plans was not adequately reflected. All children who used the service lived at home with their families,
and periodically stayed at the centre for short stays and day activities. Therefore, the centre was not their primary home and this was reflected in the level of detail in personal plans and the goals identified for children. The centre's focus was on the social aspect of the service, providing opportunities for children to be away from home in a supportive environment; to develop positive friendships with peers; to gain additional independence skills and maximise their participation in the community. These aspects of the service were reflected in the personal plans examined by inspectors, for example plans detailed what tasks children wished to undertake for themselves and described interventions staff should put in place to support this. Plans identified the level of and type of support needed by each child in areas such as personal care, communication, eating/drinking, activities, behaviour that challenged, sleeping, mobilising, medical and other areas such as spiritual support.

The inspectors found there was no direct record of children's progress in the goals identified in their personal plans, which meant that the effectiveness of the plan could not be adequately determined when reviewed. The respite services manager informed inspectors that the progress of goals in personal plans were informed by information gathered in the supporting recording systems in the centre such as daily records and communication records. However, inspectors found that these records covered a vast array of care, support and activity experienced by children during their stay, and were not definitively linked to the personal plans. While the inspectors found that personal plans had been reviewed, and goals had changed where required, it was not clear what exact information had led to these changes. Daily records were examined by the inspecto

Inspectors found that all transitions to the respite service were planned, and taken at the pace of the child and their family. Once referred to the centre, the respite services manager and the child's family discussed a transition plan. Inspectors found that children had visited the centre several times in many cases, and had seen the facilities and met staff and children. Children then visited to join in specific activities with other children. Parents who spoke to inspectors said that there was ongoing consultation with them during transitions to ensure that the child and family were satisfied with the pace of the transition. Some children visited for day activities for months before staying in the centre overnight. Other children had not yet stayed overnight. Staff interviewed by inspectors demonstrated a good awareness of the support needed by children and families when coming to the centre, and described how children were supported to feel settled in the centre with favourite toys, choosing their bedroom, and maintaining contact with their family.

For young people approaching adulthood, there was no adult respite care available within the organisation. The respite services manager informed inspectors that respite services were available in other organisations in the region for adults, and in relevant cases the respite services manager and clinical team held meetings with families to identify future placements for young people approaching adulthood. Inspectors examined the care file of one young person that had left the service prior to this inspection, and found there had been transition work carried out with other services to support the young adult to access an appropriate adult respite service in another organisation.
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):
This was the centre’s first inspection by the Authority.

Findings:
The centre was suited to its purpose and function in many ways, but upkeep of the premises was not at an optimum and the storage of equipment impacted on space and the environment.

The centre was a detached bungalow premises that was located in a mature residential area of a small town. Adaptations had been made to the front and rear of the property which had made it accessible to people using mobility aids. Inspectors walked around the centre and observed that it was accessible, spacious and well decorated. There was good natural light inside the centre and ventilation was good. Bedrooms were decorated to a high standard using child friendly themes on wallpaper and bed linen and accessories. Children informed inspectors they had been involved in choosing the decor for bedrooms and this was confirmed by discussions with the respite services manager and in records of children's meetings. There were six bedrooms in total in the centre, one of which was a staff sleepover room. An additional staff sleepover bed was located in the staff office.

Inspectors found that some areas in the centre were not clean on the first day of the inspection but this was attended to by staff immediately.

The centre had good play and recreational facilities which children were observed accessing freely throughout the inspection. There were dedicated communal areas for play and relaxation. Outside areas were accessible via ramped access at the front, side and rear of the centre. Inspectors found that the kitchen was accessible, well equipped and incorporated a large dining area. The dining table and worktops in the kitchen area were height adjustable to accommodate children who used mobility aids. There were two large bathrooms available for residents use and an additional en-suite bathroom in one bedroom.

There were several pieces of assistive equipment stored in the largest bathroom, and
inspectors found these impeded the space available to manoeuvre in this bathroom, and detracted from a homely environment. The respite services manager informed inspectors that due to the number of children accessing the service with different needs in relation to equipment, it was necessary to retain a number of aids and there was limited storage inside the centre.

Bedrooms were spacious and had adequate storage for children's belongings. Inspectors found that some bedrooms were equipped with rails for hoists and there was sufficient space in all bedrooms to accommodate children that used mobility aids. Equipment in the centre had been serviced and inspectors found that servicing was carried out by an external contractor and was up to date. Staff were trained in the operation of hoists and other relevant assistive aids.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The health and safety of children, visitors and staff was not adequately promoted in some areas and the Authority took the unusual action of issuing an immediate action plan to the provider following this inspection in respect of fire safety and hot water temperatures. Remedial works were carried out following the inspection and a follow up visit confirmed that fire safety measures and the hot water temperature were appropriately remedied.

The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. This included policies on risk management, self harm, aggression/violence and lone working guidance. Inspectors were provided with a copy of the risk management policy and found that it did not fully meet the requirements of the regulations, and did not sufficiently guide practice. It did not cover the management of risks, measures for controlling specified risks, recording, investigation and learning from events. Inspectors were provided with an up-to-date health and safety statement but on review, inspectors found that it was not site-specific.

There were procedures in place to assess, notify and analyse risk in the centre. A member of staff was identified as the health and safety representative. The respite services manager told inspectors that he/she carried out regular audits and reported monthly to the director of services on identified risks. Centre records showed that there...
was a workplace risk assessment process in place. This included assessing risks related
to fire, equipment, housekeeping, slips trips and falls, near misses, medication
management, security, chemicals and radiator temperatures. Records viewed by
inspectors showed that a full health and safety inspection was carried out in December
2013. Inspectors walked around the centre on the first day of the inspection and
identified issues of concern from this tour of the building.

Not all risks within the centre had been identified and appropriate control measures put
in place. Inspectors identified hazards such as very hot water temperatures, surface
temperatures of radiators, unstable wardrobes and latex gloves within reach of children
on the first day of the inspection. Some of these risks were mitigated over the course of
the inspection and others were not and required an immediate action plan to be issued
to the provider.

Inspectors identified a large number of latex gloves, which could pose a choking hazard,
were within children's reach in several rooms around the centre. Inspectors also tested
hot water temperatures and surface temperatures of radiators and found that the water
temperature as dispensed from the bathroom taps was significantly above 43 degrees
Celsius, as was the surface temperature of radiators. This posed a risk to children and
staff. A contractor was called on site and attended to the hot water temperatures.
However, a repeat test was conducted on the following day and temperatures remained
hazardous. Further work was completed on these deficits and an inspector carried out
an additional visit to the centre on 30 July 2014. During this visit inspectors found that
the water temperatures had been attended to and no longer posed a risk. Inspectors
also found that some wardrobes in bedrooms were easily moved and as such posed a
risk to children if they were pulled down. This was addressed by the manager at the
time and the wardrobes were fixed to the wall to make them more secure.

None of the issues identified by the inspectors had been previously identified through
the hazard identification or risk assessment process in the centre. There was a regional
risk register in place but no local risk register had been developed at the time of the
inspection. Managers told inspectors that the decision to place specific risks on the
regional risk register would be made by the respite services manager to senior
managers, through an incident and risk reporting system.

Improvements were required in relation to infection prevention and control measures.
There were organisational and local policies on infection control that included
precautions to be taken in relation to food preparation, laundry, managing infectious
illness and dealing with fluids. However, there was no clinical waste system in place in
the centre which meant that some waste may have been inappropriately disposed of
through the household waste disposal system. Staff cleaned the centre and while there
were cleaning checklists in place there were no cleaning schedules in place to guide
staff. Inspectors found that procedures around cleaning and changing mop heads were
not guided by protocols or good practice.

There were an adequate number of bathrooms and washing facilities in the centre.
Inspectors found there was soap available in all bathrooms and there was alcohol gel
distributed throughout the centre to facilitate hand hygiene practices. However,
inspectors found that the bins placed around the centre were not foot-operated or
sensory bins and, as such, posed a risk of cross contamination.

There was an emergency planning policy for the centre and this was centre-specific. The centre took precautions against fire but this required significant improvement. Inspectors found that the centre had fire fighting equipment and a visual check of this equipment showed that it was last serviced in May 2014. Evacuation signage was displayed prominently in the centre and children that spoke to inspectors were aware of the exit points. There were procedures in place in the event of an evacuation and there were two exit points from the building. Fire evacuation SKI mats were stored in all bedrooms in case of an evacuation. A bag was maintained with essential information and equipment to use in case of an emergency evacuation.

Centre records showed that fire drills and evacuations were to be carried out 12 times a year due to the varied groups of children attending the centre. Records indicated that the last planned evacuation of the centre was in July 2014. Records examined by inspectors showed that daily checks of fire equipment/emergency lighting had been carried out. The centre had completed a fire risk assessment which was up to date. There were fire retardant certificates in place for some furniture, but these were not available for curtains and bed linen.

As part of this inspection, inspectors requested that the fire alarm system was activated. During the activation inspectors observed that a number of fire doors did not close adequately and this posed a risk to children and staff as the protection offered by these doors could not be relied upon. Following the risks identified, an immediate action plan was issued to the provider in respect of the fire door closures. The provider addressed the deficit within the required timeframe and subsequently submitted a certificate of compliance form a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements in relation to fire safety were being complied with. An inspector conducted a follow up visit on 30 July 2014 and once again activated the fire alarm system and found that the fire doors closed adequately.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were measures in place to safeguard children and protect them from abuse. However, there was a lack of clarity about reporting procedures and the monitoring of internet use was not robust.

The centre had a detailed policy on child protection. This was reviewed by inspectors and found to be in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011). All staff interviewed were aware of this policy and demonstrated a good knowledge of what constituted abuse. However, some staff interviewed were unclear about reporting procedures. A record of training attended by staff was examined by the inspectors and this showed that all staff had received child protection training in the two years prior to the inspection.

The centre had risk assessment templates to be completed in order to manage risks to children. The centre was only accessible with a key and all visits were recorded in a visitor's log. However, inspectors found that the log had limited space to record full visitor details.

There was a process in place for recording and reporting child protection and welfare concerns but inspectors found that the reporting process was not clear to all staff. The director of services was identified as designated liaison person (DLP), as defined in Children First (2011). All child protection concerns in the centre were to be reported to the DLP to enable them to determine if they required reporting to the Child and Family Agency (CFA). The DLP told inspectors that their role was to report all assessed child protection concerns on to the CFA, if required. Inspectors were made aware of one issue concerning a child which was reported to the DLP, and the DLP had made enquiries and had deemed that the concern had not met a threshold of harm to be reported to the CFA. Inspectors found that some staff interviewed were unclear about the reporting procedures for child protection concerns and inspectors found that the staff team required further clarity regarding the internal reporting process. Inspectors were provided with the organisation's procedure in relation to allegations about a staff member and on examination, some information contained within the procedure was found to contradict guidance in the child protection policy in relation to how anonymous reports were responded to, which meant that concerns may not be responded to appropriately at all times.

There were inadequate procedures in place to support the safe use of the internet by children on personal hand held devices. Inspectors found through interviews and an examination of care records that some children brought their smart phones and tablets into the centre for the duration of their stay. There was no Wi-Fi available in the centre. However, some children's devices had inbuilt internet access. Inspectors found from an examination of records that some children had been sharing music videos and some mildly inappropriate pictures with other children. There was no procedure in the centre to deal with this or with more serious issues of this nature as a safeguarding or child protection issue, which meant that there was a risk that children may access other inappropriate information or imagery, and be more vulnerable as a result.
The centre had a policy regarding the management of behaviour, which was based on a positive support model. However, there were some restrictive practices in place in the centre that were not informed by individual risk assessments. Inspectors found there was some behaviour that challenged the staff team displayed in the centre. However, this only related to a small number of children and young people. In some cases, where children had displayed some behaviour that challenged, staff had developed protocols to manage this and to ensure responses to these behaviours were consistently implemented by the team. One parent informed inspectors that this approach had worked well for their child. Inspectors examined these protocols for two children, and found they were instructive and based on a positive support model of behaviour management.

Inspectors observed that bed rails were in place in all bedrooms, and were used for all children who stayed in the centre. The respite centre manager advised inspectors that parents were consulted about the use of these rails and had agreed to their use. However, inspectors found that the practice was applied across the group of children, regardless of whether the child was unsafe in bed without rails or not. Inspectors identified that most of the children that used the respite service did not have specialist beds with rails or other restrictions at home, but used these when staying in the centre. The use of these bed rails was not informed by risk assessments for the children and there was no evidence that alternative measures were considered before a restrictive procedure was used or that it was the least restrictive procedure for the shortest duration necessary.

There was a procedure in place to keep children’s pocket money safe during their stay. The centre had a policy regarding pocket money. Inspectors found that children were requested to only bring nominal amounts into the centre and this amount was capped to ensure children all had the same small amounts available to them. Children’s pocket money was stored in a locked area and lockable drawers were also available in each bedroom. Receipts were sought for all purchases and these were returned to children’s families at the end of their stay.

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):
This was the centre’s first inspection by the Authority.

Findings:
There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. However, not all notifications were made. 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 notifications to the Chief Inspector under the regulations. There had been one notification in the months prior to inspection and this related to a temporary loss of utilities which was resolved. Quarterly notifications were also returned.

During the inspection, inspectors noted one child protection concern that should have been notified to the Authority, but was not. This notification was subsequently submitted to the Authority following this inspection. When interviewed, managers demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents.

**Judgment:**
Non Compliant - Minor

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The staff team promoted the rights of children to experience everyday life in a manner similar to their peers. Inspectors found that, in general, policies and practices promoted the general welfare of residents.

The centre’s statement of purpose and function clearly stated that one objective of the service was to provide children with recreational and social experiences. Inspectors found that this was an area that the service managed well and children had a range of opportunities to mix with peers, have fun and engage in new experiences. Inspectors found that children were supported to make full use of their local and wider communities. Some of the activities that children were engaged in during the summer months included barbeques, bowling, water fights, visits to an aquatic centre, train trips, visits to activity centres, the zoo and trips to parks, city trips, and meals out. Inside the centre children enjoyed arts and crafts, computer games, DVD’s, games, reading and play. Children and parents confirmed to inspectors that these experiences were provided. Staff, parents and children told inspectors that children came to the centre to socialise, gain new experiences in their everyday lives, develop skills and to expand their integration into the local community. All of this engagement was evident in records.
examined by inspectors.

There was not sufficient information and focus in the centre regarding children’s educational needs. Inspectors found that there was limited interaction between the centre and schools, and that personal plans had insufficient focus on the educational needs of children.

As the centre promoted the social aspect of respite care as its primary function, there was little focus on identifying or planning for educational needs in personal plans. The respite services manager informed inspectors that this area was addressed by families themselves and if input from the staff team was needed it was provided.

The respite services manager and staff informed inspectors that the centre would ensure children’s attendance at any schools in the locality during their stay in the centre. However, if children attended school outside the locality, the centre would require parents to accommodate travel to and from school as the centre did not have adequate resources to provide this. Parents that spoke to the inspectors found this was reasonable and acceptable, and felt that centre staff were very accommodating in supporting children while in the centre.

**Judgment:**
Non Compliant - Minor

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### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had systems in place to identify children’s healthcare needs through the organisations clinical services, and to implement the necessary care to meet these during respite stays. However, there was insufficient information in place for some children. While children were involved in choosing their meals there was insufficient recording of the meals provided to the children.

The respite services manager told inspectors that the children referred to the service were in receipt of Enable Ireland clinical services, which referred children to the respite service. As a result, all children using the respite service would have undergone a clinical assessment of need that focussed on their health, mobility and any sensory or genetic conditions they may have. The inspectors found from an examination of care records that some children’s files held these assessments and their healthcare needs were identified through this, which in turn informed the personal plan. However, other
children's assessments were not in place, and while their personal plan identified some health needs, these were not recorded in sufficient detail given the absence of an assessment. Inspectors found that for children with restricted mobility there was insufficient emphasis in care plans regarding tissue care and viability. This meant there was a risk that not all health needs would be identified and subsequently addressed and treated in the child's personal plan.

Inspectors found from a review of care files and interviews with staff that the centre was intending to provide respite care to children with more complex health needs such as tracheotomy. Dependency needs of these children had been considered in relation to staffing numbers and resources for their stays. Staff training had been scheduled to provide staff with the appropriate skills in this area, and this was included in the training plan for the rest of the calendar year.

The managers and staff 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. Allied healthcare professionals were involved with children via the organisation's clinical services and locally in their own communities. Inspectors found that some children had input from occupational therapy, speech and language therapy and physiotherapy. The respite services manager informed inspectors that any supports needed by children that were identified by these practitioners were recorded in the children's care plan. Parents that spoke to inspectors said that they found that staff managed children's health needs well and had contacted them whenever their children were unwell.

The nutritional needs and preferences of children were considered in their personal plan and any assistance they required to eat meals was planned for. The centre had a policy on the management of feeding, eating, drinking and swallowing disorders. Inspectors found from a review of respite service user meeting minutes that on arrival to the centre, children discussed the meals they would like for their stay and these were recorded and implemented where possible. Choices of different meals were available to children in picture formats and through discussion and agreement within the group. However, the respite services manager informed inspectors that the actual meals eaten by children during their stay were not recorded separately, but were noted in children's daily logs. Inspectors found this was the case in some daily logs but not in others, and as such there was no clear way to determine that adequate nutritious food had been provided during each child's stay.

From the records of meals chosen by the children on admission to the centre, inspectors found that choices were balanced and varied and incorporated meals out, and treats such as fast food and ice creams to underpin the respite stay as a social occasion for the children. Inspectors found that children's food preferences and any food intolerance were recorded in their care files. Children and parents that spoke to the inspectors were very happy with the food choices provided at the centre.

Judgment:
Non Compliant - Moderate
Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were policies and procedures in place that supported staff to protect children in relation to medication management. The centre had written policies and procedures that guided the administration, prescribing, storage and transfer of medications. However, some guidance was insufficient. The processes in place for handling medication were mostly in line with current guidelines and legislation.

The centre's medication management policy and procedures document provided clear guidance for many aspects of medication administration. However, the guidance regarding procedures to deal with spilled or dropped medication and the disposal of unused or out of date medication was insufficient to guide staff appropriately.

The storage of medication was secure in the centre, and there were procedures in place for the receipt and return of medication to families. Inspectors examined the records and storage of medication and found that all medication was prescribed by a general practitioner and stored in a secure, locked cabinet in a locked room. As the centre offered respite stays only, children brought in their medication for their stay and it was returned home at the end of the stay. There were no medicines in the centre during the inspection as no children were staying in the centre overnight. Parents that spoke to inspectors said they were provided with information prior to their child’s admission to the centre on the administration of medications procedures. Parents said they were satisfied with the centre’s procedures for the receipt and return of medicines. Controlled drugs were permissible in the centre and there were systems in place to ensure the correct storage and administration of these.

The administration of medication was mostly robust but some aspects of practice were not at an optimum. A sample of care records were examined by inspectors and these showed that prescription sheets were in place for each child and there was a system to check received medication to ensure it was assigned to the correct resident. Administration sheets were in place for each resident and these were found to be up to date. In general these records were well maintained and photographs of residents were attached for easy identification and prevention of administration errors. Two staff administered and signed for medication and the exact times of administration were recorded on each administration sheet. However, inspectors found that there were some amendments to one administration sheet using white tape and not all medication was administered at the prescribed time. There had been two medication errors recorded in the months prior to this inspection and inspectors found that these had been
reported, addressed appropriately and systems put in place to mitigate against further errors.

There was a robust system in place for recording, reporting and reviewing medication. There was a nurse employed in the centre who took responsibility for overseeing medication management as part of their role. The nurse had developed a system of checking medication storage, administration and disposal of medications in the centre. However, this process had not been implemented at the time of the inspection. All staff had received training in the administration of medicines and had undergone competency assessments on a biannual basis to ensure their skills remained effective. A sample of staff files examined by the inspectors showed that these assessments had taken place.

**Judgment:**
Non Compliant - Minor

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There was a statement of purpose and function for the centre which contained most information as required by the regulations. The statement described the age range and gender of children it catered for, and it also described the ethos of the organisation and the services provided. The statement described the facilities and local area, the premises, policies and procedures of the centre. It also contained the staffing compliment, management arrangements for the centre and an organisational structure. It was up to date and the inspectors found that information within the statement was accurate. However, the arrangements for complaints, visits, emergency arrangements, religious practices and education were not explicitly outlined in the statement.

The statement was written in easy to read language and was accessible to families and professionals. The respite services manager informed inspectors that a service user guide had been distributed to all children and families that used the service. Parents that spoke to the inspectors confirmed they had received the guide. The statement of purpose was available in the centre's office.

The inspector found that staff and parents were aware of the statement of purpose for the service and the children it catered for, and the inspectors were assured that the children, their families, staff and the organisation had a clear understanding of the
specific purpose of the centre from the information contained within the statement.

**Judgment:**
Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The centre was effectively managed and some systems were in place to support this, including quality assurance of practices. However, the monitoring of the effectiveness of the service and of outcomes for children was not sufficiently robust, and facilities for staff to raise concerns were not adequate.

The centre had an effective management structure, and lines of accountability and authority were clear to all staff. The centre was managed by a respite services manager who was the designated person in charge. She/he reported to a director of services who in turn reported to a national director of adult services and safety standards. The national director was the provider nominee. The respite services manager managed the centre on a day to day basis, and was also responsible for a home care service for a small number of children who did not attend the centre for respite care. She/he informed inspectors that they were responsible for the quality and safety of care provided to children in the centre. The director of services informed inspectors that they visited the centre approximately monthly to attend meetings or carry out supervision. The management structure was clear to all staff and managers that spoke to inspectors were clear about their responsibilities within the organisational structure.

Inspectors found that the respite services manager was suitably qualified to run the centre. She/he worked on a full time basis and had managed this service for five years. She/he had a recognised qualification in social care and had undertaken a range of training for professional development throughout his/her time with the organisation. The respite services manager demonstrated sufficient knowledge regarding the legislation and their statutory responsibilities, their commitment to ongoing professional development and staff informed inspectors that she/he provided clear guidance and leadership in the centre.
Inspectors found that the day to day management of the centre was effective and both staff and managers were committed to providing a quality service to children and their families. Inspectors observed good communication between staff members and the respite services manager during the inspection. Many records, procedures and practices that were in place were good and inspectors found that the staff team and respite services manager were child centred in their approach to providing a respite care service. Parents that spoke to inspectors described the centre as being well run, and that the manager and staff were approachable and flexible. However, there were deficits in some records and procedures which are identified elsewhere in this report.

There were some monitoring systems in place to ensure the centre operated effectively, but formal monitoring was not at an optimum and the monitoring of outcomes for children was not robust. Managers informed inspectors that there were systems in place such as regular managers meetings, incident notifications and centre manager supervisions which were effective in identifying service risks and any issues affecting the quality of the service provided. In addition there was a formal quality assurance system subscribed to by the organisation which involved quarterly reviews and reports regarding key performance targets, which were submitted through the line management structure to the board of the organisation. Inspectors examined the two most recent quarterly reports and found that the system had identified and analysed the implementation of key tasks in the service plan. However, there was no system to formally review the quality and safety of care provided in the centre. No unannounced inspection of the quality and safety of care in the centre had been undertaken as required by the regulations.

Inspectors found that it was unclear how the outcomes for children using the service were monitored and assessed. While inspectors found there was some evidence in staff meeting minutes that the respite services manager did monitor the quality and safety of care delivered to children, and followed up on deficits, this was not formally reflected in regular reviews or other forms of monitoring. The respite services manager said that she/he ensured procedures were followed and safe care was implemented through staff supervision and regular staff meetings. She/he also informed inspectors that they conducted a daily review of daily logs for individual children. However, inspectors found that these reviews were not recorded. The respite services manager informed inspectors that annual questionnaires were issued to families to gather their views on the service provided and the feedback from these was positive.

Staff were facilitated to raise concerns about the quality and safety of care and support provided to the children. Staff told inspectors that the management team promoted an open disclosure culture but there was no formal policy in place.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were suitable arrangements in place for the absence of the person in charge of the centre.

The respite services manager was the person in charge of the centre. Inspectors were advised that in their absence the director of services was the designated person to manage the centre.

The respite services manager had not been absent for 28 days or more in the nine months prior to this inspection and therefore no notifications had been made to the Authority in this regard.

Inspectors found through interviews that the respite services manager and the national director of adult services and safety standards were aware of their responsibilities regarding notifications to the Authority regarding the absence of the person in charge.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre was well resourced, and a range of facilities and services were in place in the centre for children accessing respite care as described in the centre's statement of purpose and function.

The facilities and services provided in the centre reflected those described in the statement of purpose and function. Inspectors found that the centre provided a service
to a defined group of children whose ages ranged from 8 - 18 years with a primary physical or sensory disability. The range of needs catered for was described as low to high dependency. Inspectors found that children were invited to stay in the centre in specific groupings, dependent upon ages, friendships and dependency levels.

Inspectors found that the service provided to children in the centre was based on a balance of needs and resources, which was effective for children and their families. Inspectors reviewed staffing levels, and interviewed managers regarding the allocation of resources and how the needs of children were matched and met by the centre. For example, five children of low dependency may stay together for a period of respite; whereas two children of high dependency may stay together for a different period. This was planned in order to ensure staffing matched children's needs as effectively as possible. The information regarding group mixes and dependency levels was clearly outlined in the centre’s statement of purpose and function.

Inspectors found that the resources available provided adequate staffing, equipment and enabled children to maximise their participation in activities and events in the community. There was sufficient staff on duty to meet the needs of the children. There was sufficient equipment in the centre and there were two vehicles available to support children in attending activities and accessing the local and wider community. The centre funded activities and leisure pursuits for children using the service. The director of services informed inspectors that the centre’s budget was resourced through the overall budget for the region provided to Enable Ireland from the Health Service Executive (HSE), and the respite service was incorporated into the service level agreement for all Enable Ireland services in that region.

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):
This was the centre’s first inspection by the Authority.

Findings:
The number of staff required to deliver a safe and effective service was in place in the centre and staffing numbers were varied to meet the identified dependency levels of children. Staff recruitment practices were mostly robust and staff training was provided
in a range of areas.

The statement of purpose and function showed that the staff team consisted of a respite services manager, one nurse, and six social care worker posts filled by seven care workers. Two additional care workers were available on relief hours to cover any staff leave. The respite services manager told inspectors that staffing levels fluctuated in response to the dependency needs of children staying in the centre and the activities planned for particular groups. The staffing levels ranged from two to four staff on duty at any one time. Inspectors found that the dependency mix of children was considered when planning groupings of children to stay at the centre. As a result, once a group was planned to stay, the roster was planned to meet the needs of those children.

For children who had high dependency needs, they stayed in the centre in smaller groups with higher staffing levels. Usually, two staff stayed overnight in the centre with children during their stay. In some cases this would involve one waking night staff and one staff asleep on call in the centre. However, usually both staff were asleep and on call to support children during the night if needed. Additional staff were provided for one to one support if required, and for safety reasons for activities such as swimming.

There was a staff roster in place which showed there was adequate staff in place to meet the needs of children. The current four week period was examined by inspectors. The roster reflected that on both days of the inspection there was five staff on duty each day. This was to facilitate the youth group of six children who were attending the centre on both days to engage in outings. The four week roster reflected varied staff numbers on duty in response to children’s needs and planned activities. Parents that spoke to inspectors said that they felt there was always sufficient staff on duty to meet the needs of the children.

The centre had an adequate training plan in place. The respite services manager told inspectors that there was a training plan for the service which incorporated centre specific training and training that was held for the organisation as a whole. Inspectors found that there was no formal training needs analysis carried out for the staff team. However, there was some training put in place to meet the specific needs of some children, such as epilepsy medication administration, tracheostomy care and tube feeding. The centre manager said that core training such as fire safety, first aid, manual handling, medication administration and child protection was provided to the staff team at an organisational level. It was evident that these had been provided to all staff in the training records provided to inspectors. Staff recently employed in the centre had completed an induction programme with the organisation which was reflected in the records viewed by inspectors. Staff informed inspectors that they felt training provided was of a good quality and supported them to respond effectively to the needs of the children attending the centre. Managers informed inspectors that any identified training needs would be responded to and provided.

There were policies on clinical supervision, individual and team performance management, and training and development in place in the centre. The respite services manager informed inspectors that they supervised all care staff. They were in turn supervised by the director of services. A sample of supervision records was examined by inspectors and these were found to be held six weekly, which was in line with the
organisation's policy. Areas covered in supervision included continuing professional
development, training and caseloads for keyworking. Inspectors found that the quality
of supervision records examined was not at an optimum, and did not adequately reflect
care practices and accountability for care.

Overall, there was a safe recruitment policy and procedure in place. Inspectors reviewed
staff files and found that the required checks were made and vetting was appropriate.
Most staff files were found to contain the required information in accordance with
Schedule 2 of the regulations. However, there were gaps in some files such as a full and
complete history of employment and one job description were not in place.

There was a policy on use of volunteers for the organisation. However, there were no
volunteers in the centre at the time of the inspection.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The centre maintained records and had recording systems and procedures in place to
support the provision of a respite care service to children. These were reviewed by
inspectors and found in the most part to be in accordance with Schedules 3 and 4 of the
regulations. There were some minor deficits in policies and procedures, which were
mostly in place and guided practice.

Inspectors found that the centre had a comprehensive suite of up-to-date operational
policies in place that were a combination of local policies and procedures and national
policies which guided practice in the centre and organisation. The presence of a suite of
local procedures meant that areas of practice specific to respite care provision were
provided for. However, there were insufficient procedures in relation to education and
access to education and training as described in Schedule 5 of the regulations. Staff that
spoke to inspectors confirmed that policies and procedures were available to them on site, and that these were discussed periodically at staff meetings.

Inspectors found that the residents guide was of a good quality overall, but did not contain all of the required information in line with regulations. The majority of key information was contained within the service user guide. However, information regarding terms, arrangements for visits and complaints were not described adequately. The guide was available in the centre, in an easy read/pictorial version for resident’s that may require reading support.

Inspectors examined care records for a sample of children during the inspection. These showed that all information required in respect of each child were in place. For example, records included photographs of children, medical details, next of kin details, and correspondence relating to each child.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. There were a range of records maintained in relation to the care and support provided to children and in relation to the running of and upkeep of the centre. Some deficits in records were identified by inspectors and these are detailed elsewhere in this report.

Inspectors were provided with a copy of the centre’s insurance policy and found that the centre was adequately insured against injury to residents, staff and visitors, and insured against any damage or loss of property. This was confirmed in interviews with the director of services during the inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**

Orla Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of response:</td>
<td>14 October 2015</td>
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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 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not in a format that was accessible to children.

Action Required:
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:

**Proposed Timescale:**

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log did not clearly identify the nature of the complaints, or the satisfaction of the complainant.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

**Proposed Timescale:**

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

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no dedicated private area available in the centre for children to receive visits.

**Action Required:**
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

**Proposed Timescale:**

**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:
There were no contracts in place for children and families.

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

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

**Proposed Timescale:**

**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:**
There was insufficient evidence of comprehensive assessments of need for all children in the centre.

**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 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:**

**Proposed Timescale:**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Personal plans were not adequately monitored to inform progress in identified areas of needs.

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

**Please state the actions you have taken or are planning to take:**
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all areas of the centre were clean during the inspection.

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

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

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### 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:
Not all hazards were identified in the centre. Hot water temperatures and surface temperatures of radiators exceeded 43 degrees Celsius and the accessibility of latex gloves throughout the centre posed a risk to children.

**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:**
A risk assessment in relation to the use and storage of latex gloves has been completed, As of July 22nd all latex gloves are now stored out of reach of children.

A risk assessment has been completed for regulation of the hot water temperatures on the premises. Mixing valves have been retrofitted and calibrated to the main hot water cylinder, to ensure that water temperatures cannot exceed 43 degrees.

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<th>Proposed Timescale:</th>
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<td><strong>Theme:</strong></td>
<td>Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements to identify learning from adverse and significant events were not adequately described in the policy.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

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<tr>
<td><strong>Theme:</strong></td>
<td>Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not adequately describe the measures and actions in place to control accidental injury to residents, visitors or staff.

**Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
Proposed Timescale:
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not adequately describe the measures and actions in place to control aggression and violence

Action Required:
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

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Proposed Timescale:
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Pedal or sensor bins were not in place in the centre to promote good hand hygiene and prevent cross infection.

Cleaning practices/schedules were not documented to promote good practice

There was no clinical waste system in place for the appropriate disposal of clinical waste

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

---

Proposed Timescale:
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire precautions in the centre were inadequate, as some fire doors did not close upon the sounding of the fire alarm.
**Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
A risk assessment of the fire door closing mechanism has been completed. The additional safety measures undertaken are the following;

All closing mechanisms in the house will have a service and battery change. The engineer will sound test them to ensure they comply with Regulation 28(1). The engineer will email children@hiqa.ie to verify same.

A bi-annual service agreement has been put in place to ensure all fire door closing mechanisms are systematically serviced. Should a fire door malfunction between services the company will be called for a service inspection.

**Proposed Timescale:** 25/07/2014

<table>
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<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Restrictive equipment was in use for all children in the form of bed rails, and their use was not informed by an identified need or risk.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td><strong>Theme:</strong> Safe Services</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>There was no evidence that alternative measures were considered before a restrictive procedure was used or that it was the least restrictive procedure for the shortest duration necessary.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 07 (5) you are required to: Ensure that every effort to identify and</td>
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alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

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<tr>
<th>Proposed Timescale:</th>
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<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Not all staff were clear on the reporting procedure within the service for child protection and welfare concerns.</td>
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<td><strong>Action Required:</strong> Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The use of tablets and other web connected devices was not adequately risk assessed.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td><strong>Outcome 09: Notification of Incidents</strong></td>
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<td><strong>Theme:</strong> Safe Services</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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A child protection concern had not been notified to the Authority.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

**Proposed Timescale:**

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient focus on educational attainments in personal plans.

**Action Required:**
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

**Proposed Timescale:**

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Assessments of health needs were not in place for all residents and it was unclear what informed the personal plan in relation to health needs for all children.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The food provided to residents was not adequately recorded in order to determine its quality and adequacy to meet the nutritional needs of each child.

Action Required:
Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Proposed Timescale:

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 guidance in place for spilled or dropped medication, the disposal of medication and altering medication was insufficient.

Prescribed medication was not always administered at the prescribed time.

Amendments to an administration sheet was not in line with good practice

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:

Proposed Timescale:

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not outline the arrangements for complaints handling, visits to the centre, arrangements in the event of an emergency, to attend religious services and access education in line with Schedule 1 of the Regulations

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

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

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There had been no unannounced visit to the designated centre within the last six months or report prepared on the safety and quality of care and support provided in the centre

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate formal systems to monitor the quality and safety of care provided to residents.

**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:

**Proposed Timescale:**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy in place to support staff to raise concerns regarding the quality and safety of care provided to residents.

**Action Required:**
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

**Proposed Timescale:**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff files did not have some of the information required by Schedule 2 of the regulations.

**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.

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

**Proposed Timescale:**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no formal training needs analysis of the service undertaken to inform the
training plan.

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

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

**Proposed Timescale:**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Supervision records did not adequately reflect accountability for care and review of care practices.

**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:

**Proposed Timescale:**

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate procedures in place in relation to access to education, training and development.

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

Please state the actions you have taken or are planning to take:
Proposed Timescale:
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide did not set out the terms and conditions relating to residency

Action Required:
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

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Proposed Timescale:
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide did not set out the complaints process in sufficient detail

Action Required:
Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

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Proposed Timescale:
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide did not set out in sufficient detail the arrangements for visits

Action Required:
Under Regulation 20 (2) (f) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for visits.

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