

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0005121
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Jennifer Healy
<b>Support inspector(s):</b>	Sharron Austin
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 22 September 2015 11:00 To: 22 September 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

The centre provided a short term residential respite service for children with disabilities. It was set in a rural area in close proximity to nearby towns and services. While the centre comprised two units (bungalows) with separate entrances only one unit was in use at the time of inspection. Inspectors were told that the other unit was closed. There was an afterschool service attached to the building that operated independently.

The service was in the process of amalgamating the two residential units (bungalows), which had previously been used for separate functions, with one other centre located some distance away. The proposed new centre will comprise one unit with a singular purpose and function to provide short term respite to children up to the age of 18. The centre inspected on this occasion was the proposed base for the new service.

On the day of this inspection the centre had maximum capacity for four children because the adjoining unit (bungalow) was not in use. All children attending the

centre were engaged in educational programmes in nearby schools. The centre catered for 21 children at the time of inspection but plans were in place for an additional 34 children to attend the centre once the amalgamation was complete.

This was the second monitoring inspection of the centre by the Health Information and Quality Authority (the Authority). As part of the process inspectors met with the person in charge, two staff members and while some parents were offered the opportunity to speak to inspectors this was declined. Inspectors observed care practices and the children attending the centre at the time of this inspection. Inspectors also reviewed documentation, including children's files, personal plans, meeting minutes, health and safety records, training records and policies and procedures.

The care provided to the children was found to be of a high standard. The children appeared happy and management and staff were child-centred. All interactions between children and staff were notably warm and respectful. Children and their representatives were involved as much as possible in the development of personal plans. The centre maintained close communication with the children's families and schools to ensure continuity of care. Good communication systems were also in place to facilitate children to communicate to the best of their abilities.

While care practices were found to be generally good a number of non-compliances were identified, primarily in relation to the maintenance of records, children's dignity and rights and healthcare. Inspectors also found that a number of actions from the previous inspection had not been addressed. These related to health and safety and risk management, medication management and workforce. Inspectors had concerns about the governance of the centre, given the number of outstanding actions to be completed and the questionable management of the impending amalgamation.

Findings in relation to all aspects of the service that were inspected on this occasion are contained within this report and non-compliances are addressed in the action plan at the end of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Staff were warm and respectful towards children and children were consulted in relation to their daily plans. Some aspects of care planning however did not ensure that care practices were respectful of children's dignity and privacy. The mechanisms in place to provide children with information and facilitate them to exercise their rights were insufficient.

When developing personal plans keyworkers sought information from children and their representatives to ensure that children's culture, beliefs and individuality were observed and respected during their respite stay. The personal information gathered to inform personal plans was comprehensive in this respect. Children could decorate their rooms to their liking and they could spend time on their own within the centre (under staff supervision) if required.

During this inspection staff were observed to be kind and patient and they engaged with children in positive and effective ways appropriate to their needs. Some aspects of care planning and certain care practices however did not always ensure that children's dignity was respected, specifically, in relation to their intimate care and privacy. Staff carried out two hourly night checks, for example, on all children resident in the centre overnight. These night checks sometimes required a staff member to open a child's bedroom door to visually check that they were alright. Staff could not explain why they carried out such checks particularly for children who did not have an identified medical need. The checks were not carried out on the recommendation of a risk assessment and the centre manager acknowledged that in some cases there was no medical need to check on children throughout the night but she confirmed that it had always been centre practice to do so.

While intimate care policies and procedures were in place intimate care plans required improvement and they did not always reflect policy. Intimate care plans did not always describe how children should be encouraged to participate in their own personal care for example. While all children had intimate care plans they were not always sufficiently detailed to provide staff with the information and guidance necessary to ensure their protection and dignity. Some intimate care plans stated, "needs full support" for example but they did not describe what that entailed.

Children were consulted in relation to their daily plans and they were afforded choice in terms of meals and activities. Children had their own bedrooms and they retained possession of their personal belongings. If children attended with money this was managed appropriately.

Clear policies and procedures were in place in relation to the management of complaints and there was a designated complaints officer. The centre had complaint boxes in various locations around the building. These boxes were discreet and were not well sign posted. Management acknowledged that the complaint boxes were insufficient and there was no evidence to suggest that a child had ever made a complaint. There were no alternative mechanisms in place however to support children to make a complaint. Parents and carers were provided with information about how to make a complaint in an easy to read pamphlet. This guide was intended for service users, families and advocates but it was not child friendly and inspectors were told that it was typically given to parents and not children. Complaints procedures were discussed with children when personal plans were being developed but children were not provided with sufficient mechanisms thereafter to make a complaint.

Children did not have individual keyworker sessions, resident's meetings were not held and children were not provided with appropriate information about how to access advocacy services. Children were therefore not afforded opportunities to participate in decision making about their care or the running of the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was a comprehensive policy on communication in place and it was evident that significant efforts had been made to ensure that children were supported to communicate to their full potential.

While the policy on communication was not centre specific it provided detailed information on a range of communication methods and aids relevant to the needs of the children attending the service. Staff used various methods of communication with children such as Lámh, Picture Exchange Communication Systems (PECS) and Objects of Reference. The policy provided details of where additional information and supports could be sought to enable staff to communicate as effectively as possible with children with additional communication needs and to encourage children to communicate to the best of their abilities. Staff were provided with appropriate communication training and children had access to assistive technology and aids during respite.

All children had a section in their personal plans that described their communication needs and any supports necessary. The plans reviewed were child centred and indicated, for example, if a child liked to be included in chats even though they could not actively participate.

The centre linked in with parents, carers and children's individual schools to learn more about their communication needs prior to admission. When children were linked in with speech and language therapists the centre consulted with them as necessary to prepare story books to assist children with certain life stages, for example, when transitioning to adult services.

Staff were familiar with children's individual communication needs and it was evident that efforts had been made to address those needs throughout the centre. There was a visual roster in place for the children on respite during the inspection so that they could easily identify who was on duty. There was also a visual menu book in use to enable the children to make choices at mealtimes. The centre was in the process of developing a menu board so that children would know what meals they had chosen for that particular day. Signage around the centre was child friendly and pictures were strategically placed to identify rooms and functional spaces, for example, where coats were hung and possessions stored.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Children's families were actively involved in their care and positive relationships between children and their families were encouraged and supported.

Personal plans took into account the significant relationships in a child's life; for older teenagers this included intimate relationships, for example boyfriends and girlfriends outside of the centre. Children were encouraged to maintain contact with their significant others during respite and families were invited to contact the centre as often as they liked. Staff provided parents and carers with updates about children's wellbeing during periods of respite. Inspectors reviewed telephone records between staff and parents and found communication to be good. There was a visitor's policy in place and there was sufficient space in the centre for children to receive visitors but given the short term nature of the care provided to children at the time of inspection this was rarely necessary.

Children were supported, when possible, to engage in activities within the community. Because some children presented with behaviour that was challenging certain activities had to be curtailed but efforts were made to provide children with similar opportunities to their peers.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

While the design and layout of the centre was unconventional the centre was suitably accessible, clean, decorated and well-maintained. There was sufficient communal space for social activities but there was limited storage space and toileting facilities. The premises provided a secure environment for children with additional needs but improvements could be made in relation to light and ventilation. The systems in place to ensure that maintenance and repairs were carried out in a timely manner were insufficient. One blind in need of repair in the centre posed a potential choke hazard to children.



The majority of communal living space in each unit was bright and inviting. The dining and living areas received good day light and the rooms were clean, comfortable and well furnished. There were sufficient fixtures and furnishings within the centre to meet the needs of children at the time of inspection.

The corridor space between both units received little natural light however and some sections of the centre were completely enclosed and had no windows. The person in charge told inspectors that efforts were currently underway to address this issue. Engineers had inspected the building and light tunnels were being considered to introduce natural light to the corridors.

All of the children's bedrooms had windows but the blinds in all rooms were inadequate and needed to be replaced. The person in charge assured inspectors on the day of inspection that new blinds had been ordered. There was evidence that black plastic bags had been taped to some windows (externally) to block out light. A pull cord on one blind in the dining room had come loose from the safety fixture in place to mitigate the risk of a choke hazard for children. Inspectors were satisfied that this did not pose a significant risk to children given that the window was low to the ground and the new blinds were due to arrive within the week. The blinds in children's bedrooms had a safer pull down integrated mechanism which did not require a pull cord. Staff had been raising the subject of blinds for some time at team meetings and it was unclear why it took so long for the issue to be addressed. Inspectors queried the system in place in relation to maintenance and repairs. The person in charge said that the current system made it difficult to track progress when requests for repairs were made.

In each unit there was one communal bathroom for children. Each bathroom was wheelchair accessible and contained a toilet, sink, shower and a bath. None of the children's bedrooms were en-suite. The centre was deemed to have sufficient toileting facilities at the time of inspection because one unit was closed and respite was being provided for a maximum of four children at the time of inspection.

The kitchen in each unit was small and only one had a window which caused problems with ventilation in the kitchen that did not have a window. Poor ventilation in the kitchen frequently caused the fire alarm to trigger which could impact negatively on children, particularly those with sensory sensitivity.

The storage space in one child's bedroom was insufficient but in general children had space in their bedrooms for personal belongings. General household storage space was however poor. The person in charge told inspectors that measures were being taken to move all laundry facilities to one designated room within the centre because a washing machine was needlessly taking up space in a hall cupboard. There was sufficient space outside the premises for children to play safely but again storage was an issue for outdoor equipment. The person in charge told inspectors that two sheds had been requested to address this.

Suitable arrangements were in place for the safe disposal of waste.

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Effective Services

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

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

**Findings:**

A full inspection of outcome 7: Health and Safety and Risk management was not carried out during this inspection however the centre's response to the action plan from the previous inspection was followed up to monitor progress.

Inspectors found that an updated policy on risk management was put in place since the previous inspection. The centre also had a policy and procedures in place in the event that a resident went missing. Some children's client identification records however needed to be updated. Some records did not have recent photographs attached for example and some of the information was no longer relevant because the child had aged since the record was completed. This could delay staff in notifying the relevant authorities should a child ever go missing from the centre.

The servicing of fire alarms and fire safety equipment was up to date and staff were trained and knew what to do in the event of a fire. Vehicles used to transport children were roadworthy but they were not equipped with emergency equipment such as triangles, torches, high visibility vests, fire extinguishers and first aid kits.

An accessible version of the fire evacuation plan was available for children, and staff discussed fire evacuation procedures with children on admission. Some children's Personal Emergency Evacuation Plans (PEEPS) however lacked detail in that they did not always reflect the individual needs of children and the supports necessary to ensure their safe evacuation.

A Health and Safety Hazard Assessment register was in place and having reviewed the health and safety statement inspectors found that not all hazards had been identified. While the majority of appliances and household cleaning products were appropriately stored some household cleaning products were not appropriately recorded in the register.

A review of the centre's risk register had been undertaken since the previous inspection and improvements had been made. Work was ongoing at the time of this inspection to amalgamate the risk register and the emergency folder. The broken pull cord on the blind in the dining room was not taken into consideration in terms of health and safety

and it had not been risk assessed.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of incidents occurring within the centre was maintained and incidents were appropriately notified to the Authority.

The systems in place to record incidents and significant events were generally good and notifiable events were dealt with appropriately. The person in charge was aware of what constituted a notifiable event and all such events were notified to the Chief Inspector within the statutory timeframes. The centre maintained a copy of all incidents notified to the Authority and inspectors verified that all notifications were up-to-date at the time of inspection.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children were provided with appropriate care and support relative to their individual needs. The appropriate education policies were in place and children were facilitated to

access education. The educational achievements of residents were valued and efforts were made to support children to achieve their educational goals.

The centre maintained close links with children's individual schools in an effort to improve outcomes for children. Children's educational goals were incorporated into their personal plans and staff supported children in whatever way they could to achieve their goals. The person in charge told inspectors that staff were currently working with one child to encourage him/her to sit for short periods of time. This was also being encouraged in the child's home and at school which demonstrated that the centre made efforts to ensure that the child experienced continuity in the care that they received.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children's health care needs were generally met but improvements were necessary in relation to how records were maintained.

Because children attended the centre for short periods of respite, inspectors were told that parents and carers were primarily responsible for ensuring that the health care needs of children were met. Each child's keyworker contacted relevant healthcare professionals prior to a child attending for respite. A record of who was contacted and what information was gathered was maintained in the child's personal plan but not all reports from healthcare professionals were sought and kept on file.

Personal plans contained emergency contact details should a child require medical attention while on respite and it was centre policy to discharge children in the event of illness. Apart from medical contact details some personal plans contained little or no additional detail in relation to children's health and the information that was contained in personal plans was not always accurate because it was not up to date. One child for example had been diagnosed with epilepsy and his/her personal plan indicated that there were no medical issues. While details about the child's diagnosis, condition and treatment were kept on the child's main file these records were unlikely to be discovered unless the file was read in full.

Individual children were discussed in fortnightly staff meetings following discharge or

prior to admission. Updates on children's health were discussed in this forum but team meeting minutes were not always complete meaning that this was not a reliable method of recording and communicating updates to staff who were not in attendance. While any member of the core staff team could update a child's personal plan to reflect changes in circumstances the responsibility was not assigned to any particular staff member at staff meetings. The mechanisms in place for updating personal plans therefore was not sufficiently robust.

Children had access to outdoor play facilities and they were provided with appropriate opportunities to exercise. Children were offered a balanced diet while on respite but it was not possible to determine whether children's individual diets were sufficiently wholesome because individual records of food intake were not maintained for each child. Staff occasionally recorded what a child had to eat in their daily logs but this was done on an ad-hoc basis and was therefore unreliable. Children had access to snacks and drinks throughout the day and prescribed and specialised diets were observed when children attended for respite. Parents typically advised centre staff if children were on special diets and some children brought their own food with them on respite. The person in charge told inspectors that it was primarily the child's parents' responsibility for linking in with dieticians because the centre provided short term respite only.

**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):**

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

**Findings:**

A full inspection of outcome 12: Medication Management was not carried out during this inspection however the centre's response to the action plan from the previous inspection was followed up to monitor progress.

While practices had improved since the previous inspection some actions had yet to be implemented. Some safeguards had been put in place to prevent medication errors however further improvements were necessary to ensure safe practice.

Inspectors found on this inspection that there was an updated medication management policy in place. Each child's medication was stored in a locked cabinet in the staff office. One trained staff member was tasked with administering medication on each shift and

that person took responsibility for the keys to the locked cabinets. Each cabinet had a picture of the child to whom the medication was to be administered as did the internal box in which the medication was stored. Administration sheets were clear and legible and there were systems in place to ensure that administration sheets were signed and up to date. Medication was not administered to children without a prescription.

Some aspects of medication management required further improvement. The system in place for administering medication to children did not require a witness to verify and co-sign that the correct dosage was given. Weekly monitoring audits were not being carried out as per the previously agreed action plan and while a log was maintained of medication entering and leaving the centre, drug counts did not routinely take place. This meant that medication errors were unlikely to be detected in a timely fashion. The person in charge carried out medication audits on a monthly basis which was contrary to the previously agreed action plan.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A full inspection of outcome 14: Governance and Management was not carried out during this inspection however the centre's response to the action plan from the previous inspection was followed up to monitor progress.

Since the last inspection the person in charge was now based primarily on-site within the centre. She previously managed three centres in total but this had reduced to two and with the impending amalgamation would further reduce to one. At the time of this inspection the person in charge visited the other centre, for which she had responsibility, on a weekly basis. The person in charge had part-time administrative support and was deemed to have sufficient supernumerary hours to oversee the running of the centre.

Since the centre was last inspected an annual review of the quality and safety of care had taken place and a copy of this review was provided to inspectors. While it appeared from the annual review that there had been some consultation with residents and their representatives, that process was not transparent from the report. It was also unclear whether a copy of the review had been made available to residents and their representatives.

Inspectors found that a number of actions from the previous inspection in 2014 had not been fully completed, for example, actions in relation to health and safety and risk management, medication management and governance and management. Given that some actions had yet to be completed, in light of the length of time that has elapsed since these actions were due to be completed, inspectors were concerned about the effectiveness of the governance of the centre.

Inspectors also had concerns in relation to management and governance at an organisational level in light of the amalgamation process that appeared to be underway. The person in charge told inspectors that open days were scheduled for the additional 34 children intending to transfer to the centre. Given that such a large expansion to the service was imminent the strategy in place to support staff and ensure that the service was fully prepared for this expansion was insufficient. The person in charge told inspectors that while plans to expand the service had been in place for some time she received confirmation of this approximately two weeks prior to this inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were adequate systems in place to ensure the effective management of the centre in the absence of the person in charge.

The person in charge was aware of her obligations to notify the authority in the event that she expected to be absent for a period of 28 days or more. In such circumstances the sector manager would deputise as the person in charge. For shorter absences the social care leaders managed the day-to-day running of the centre and provided updates for the person in charge on her return. The person in charge typically worked office

hours and she received weekly reports each Monday updating her on any incidents or issues that occurred in her absence over the weekend. In the event that the person in charge could not be contacted out of hours a 'night contact' was available in a nearby centre in case of emergencies.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

At the time of inspection the open unit in the centre was sufficiently resourced to ensure the effective delivery of care and support to children attending the service for short term respite.

Because the centre was in the process of reconfiguring with plans to amalgamate with other services the statement of purpose was being revised and was not available for inspectors to review on the day of inspection. It was not possible to determine therefore if the centre had sufficient facilities and resources to meet the needs of service users in accordance with their statement of purpose. This will be inspected during their registration inspection.

Inspectors found that the unit was equipped to meet the individual needs of the children attending the service at the time of inspection in accordance with their personal plans. There was ample communal space and facilities in the centre and staff had use of two vehicles to take children on trips and social outings. Children could access IT facilities in the centre if necessary but the majority of children brought their own technology.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and*



*recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

A full inspection covering outcome 17: Workforce was not carried out during this inspection however the centre's response to the action plan from the previous inspection was followed up to monitor progress.

Inspectors found on this inspection that staff were still not receiving adequate supervision. Staff were unsure if a supervision policy was in place and they received supervision in a group setting. Staff did not receive one-to-one supervision and formal methods of performance appraisal were not in place.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Jennifer Healy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0005121
<b>Date of Inspection:</b>	22 September 2015
<b>Date of response:</b>	20 October 2015

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

The practice of carrying out night checks on every child did not ensure that children's personal space and privacy was respected.

Intimate and personal care plans were not sufficiently detailed to ensure that children's dignity and privacy was respected.

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

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The current 2 hourly night observation procedures will be reviewed. An individual risk profile will be undertaken for each child to assess their specific needs in relation to their individual requirement for staff monitoring during the night. Their individual needs, the regularity and mechanism of their required monitoring will be agreed with the children where possible and their families in advance of the respite dates offered. This risk assessment will be recorded in the children's Personal Plans.

A review of the children's intimate care needs will be updated as required to reflect their levels of assistance, to include how this is recorded, delivered and communicated in their individual Personal Plan.

**Proposed Timescale:** 14/12/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Children were not provided with appropriate information to enable them to access advocacy services or to inform them about their rights.

**2. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Information Posters on Children's Rights have been placed in the Respite Centre.

Currently there is no state advocacy available for children availing of voluntary support services and we recognise parents as the children's advocates.

We continue to liaise with parents in relation to independent advocacy.

We will liaise with the National Advocacy Service regarding their current and future role in providing Advocacy Support for children availing of respite services.

Rights will be discussed with the children in consideration of their level of understanding, and their short stay in the respite centre.

**Proposed Timescale:** 31/12/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Children were not consulted or afforded opportunities to participate in the organisation of the centre.

**3. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

At each respite visit the staff on duty/keyworker will discuss with the children how they can participate in the organisation of the Centre. This will have an emphasis on the practical day to day routines and choices to include e.g. the organising of the shopping, social outings, routine activities, decoration and celebrations within the centre etc.

**Proposed Timescale:** 04/12/2015

**Theme:** Individualised Supports and Care

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

The systems in place for children to make a complaint were not effective.

**4. 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:**

A new complaints poster outlining the complaints process has been placed in a prominent position in the respite centre.

An accessible format of the Complaints brochure "I'm Not Happy" is available in the Centre, and has been circulated to all families.

Respite staff on duty will explain the process of making a complaint to the children to the levels of their understanding.

At each visit discussions will take place on changes that the children would like to see happen. The children will be assisted by the respite staff to make a complaint if they so wish.

We will reposition the complaints boxes in the Respite Centre to more prominent positions to enable the children post any complaints to the services.

**Proposed Timescale:** 13/11/2015

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

One child's bedroom did not have sufficient storage space.

Insufficient ventilation in one of the kitchens was repeatedly triggering the fire alarm which could have negative implications for children.

**5. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A storage unit suitable for the children's personal belongings will be provided in the identified bedroom.

The ventilation of the kitchen areas and the triggering of the fire alarm is currently being assessed by the centre's maintenance service and the necessary remedial action will be taken.

An electrician has been consulted on the installing of a new extractor fan to the kitchen area and this is currently being installed.

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

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

A broken blind in the centre presented a potential choke hazard for children and the blinds in all rooms were inadequate.

The maintenance systems in place did not ensure that repairs and replacements were carried out in a timely manner.

**6. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

All blinds in the centre have been reviewed, repaired and replaced where necessary. All blinds are compliant with the manufacturers' safety specifications.

The maintenance system:- Maintenance lists, where applicable, are submitted by the respite staff to the Person in Charge's office each Monday morning and are forwarded

from there to the relevant maintenance personnel. Any urgent maintenance concerns are notified for priority attention.  
A maintenance book with priority ratings which tracks completion dates is currently being introduced.

**Proposed Timescale:** 30/11/2015

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

**Theme:** Effective Services

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

Vehicles used to transport children were not fully equipped with all necessary safety equipment.

**7. Action Required:**

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

The missing triangle, torch and high visibility vest were replaced in the vehicles.

**Proposed Timescale:** 23/09/2015

**Theme:** Effective Services

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

The mechanisms in place to ensure that all hazards were identified and assessed were insufficient.

**8. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The respite staff will undertake a daily visual check in the Centre for all hazards. From this the Hazard Log will then be updated immediately. This is reviewed by the Person in Charge who will address any issues not resolved locally.

**Proposed Timescale:** 23/09/2015

**Theme:** Effective Services

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

The systems in place to respond in the event that a child goes missing from the centre required improvement.

**9. 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:**

In consultation with the children's families, the respite staff are currently updating all photographs of the children and their individual profiles. Thereafter, these will be updated annually.

**Proposed Timescale:** 31/12/2015

**Theme:** Effective Services

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

Some children's Personal Emergency Evacuation Plans (PEEPS) were insufficient and in need of review.

**10. Action Required:**

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

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

To ensure the children's safe and effective evacuation from the centre, the Respite staff will review and update all children's Personal Emergency Evacuation Plans (PEEPS). The updated PEEPS will be filed in the children's Personal Plan, and will be easily accessible to staff in the centre's emergency folder.

**Proposed Timescale:** 13/11/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The mechanism in place for updating personal plans in relation to health care was not sufficiently robust.

**11. 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:**

Prior to the respite visit the keyworker/social care leader at the respite centre will consult with the children's families on any relevant health care needs, diagnostic information, treatments, specific support programmes, behaviour support plans, etc. which will be required for inclusion in the review and update of the children's Personal Plans.

During the visit the staff on duty will consult with families as necessary.

Gathering information in relation to the children's medical profiles, medications will be prioritised prior the children's next scheduled respite stay.

**Proposed Timescale:** 31/12/2015

**Theme:** Health and Development

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

It was not possible to determine whether children were provided with adequate quantities of wholesome and nutritious food and drink.

**12. Action Required:**

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

A food intake diary is introduced in the respite centre which will be completed by the respite staff for all children attending respite. Any concerns noted will also be included in the Children's Individual Daily report book and reported to families.

**Proposed Timescale:** 25/09/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Appropriate and suitable practices were not in place to ensure that medication was administered to children as prescribed.

**13. 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:**

A weekly monitoring audit tool of the Medication Administration Record System will be implemented immediately for each child / group of children prior to their planned stay

The medications received are counted and logged in a medication log book specific for this purpose in the respite centre. These drug counts will be signed by 2 respite staff.

The witnessing of the administration of medications to the children by a second staff will be recorded in the children's individual daily report book

Refresher training for respite staff in the administration of medication will be provided as and when required by the Services' Policy (currently being reviewed).

A respite-visit only supply of medication will be sought from parents to avoid surplus amounts of medications being provided to the Respite Centre.

**Proposed Timescale:** 13/11/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The management systems in place in the centre did not ensure that the service provided was safe and effectively monitored. The strategy in place to support staff and ensure safe service provision was not sufficiently clear given the imminent expansion of the service.

**14. 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:**

Information on the relocation was provided to staff teams at a special team meeting and individual consultation sessions were offered to staff if they wished to avail of same. This commenced in August, and was agreed in September. Individual staff as required were also met by the Sector Manager and the Person in Charge. Further ongoing consultations are taking place with the Person in Charge and the Social Care Leaders regarding the transfer of the incoming respite staff team to the new setting.

A Planning and Operational tracking document for the amalgamation and streamlining of systems and services at the Bawnleigh Children's Respite Centre has been introduced to manage all areas of the change process. This template includes areas requiring change management in relation to the needs of Children; formatting of Children's plans;

consultations with families; all documentation pertaining to planning of respite; the Centre's communication book; daily report book; staff team meetings; all records pertaining to the Centre; social care meetings; meetings with the Person in Charge; meetings with the Sector manager; accommodation/facilities, staff roster/payroll records; risks relating to the amalgamation, other miscellaneous issues; etc. This template will be expanded or adjusted as required to manage the process of amalgamation. Actions indicated in this template may require extended time frames. The template will be completed by the time frame indicated below.

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

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

The level of consultation that took place with residents and their representatives in relation to the annual review was unclear.

**15. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The process included letter to families, questionnaire, and invitation for call back to the Services Quality Department as required or preferred by families. A children's questionnaire was completed by a sample of children using respite services at the time of the Annual review. This was facilitated by respite staff as appropriate to the individual children's levels of understanding.

A record of the process of consultation with children and their parents in relation to the annual review will be filed in the respite centre for further inspections.

**Proposed Timescale:** 13/11/2015

**Theme:** Leadership, Governance and Management

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

It was unclear whether a copy of the annual review was made available to residents or their representatives.

**16. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The process of feedback to families was included in a letter issued to families. A feedback sheet will be issued to all families and children in consideration of their levels of understanding, giving a summarised report of the Annual Review. Families will be advised that a copy of the Annual Report is available on request.

**Proposed Timescale:** 13/11/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff were not appropriately supervised.

**17. 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:**

One-to-one supervision for staff incorporating performance management is currently being introduced for all respite staff. Training for line managers and staff is currently being prioritised.

**Proposed Timescale:** 31/12/2015