

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by ChildVision
Centre ID:	OSV-0002092
Centre county:	Dublin 9
Type of centre:	The Health Service Executive
Registered provider:	ChildVision
Provider Nominee:	James Forbes
Lead inspector:	Caroline Browne
Support inspector(s):	Eva Boyle
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
07 October 2015 10:00	07 October 2015 19:00
08 October 2015 09:30	08 October 2015 18:30
09 October 2015 09:00	09 October 2015 17:00

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

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

Summary of findings from this inspection

This was the second inspection of the centre and the purpose of the inspection was to inform the registration process. The centre was located in Dublin and provided care to six children aged 12 to 18. The centre operated Monday to Friday during school term with children resident in the centre from two to four nights a week. The service was provided by ChildVision which provided residential care services for children who were visually impaired and some children had a diagnosis of autism and or medical needs. As part of this inspection process, inspectors met with six children, reviewed policies, procedures and records, spoke to three staff members and observed the delivery of the services. Parents and children also completed

questionnaires.

Inspectors found that children enjoyed a good quality of life and were safe in the centre. Children were happy and viewed the centre staff and other residents as their 'second family'. The staff team provided a homely warm environment for the children. All children attended the local post primary school and enjoyed a range of extracurricular activities such as martial arts, music and football. Children's needs were being re assessed by a multidisciplinary team. Children had personal plans with long and short term goals.

There were good governance arrangements in place. Management systems were evolving. The head of care, team leader and staff team actioned and implemented changes in a timely manner in the service. The staff team had one vacancy and relief staff were used in order to have sufficient staffing levels in place.

Staff employed in the centre had the appropriate skills and experience to meet the assessed needs of the children and the safe delivery of services. Inspectors observed children receiving assistance, interventions and care in a respectful, timely and safe manner.

Areas for improvement included the review of care agreements to reflect requirements of regulations, multidisciplinary personal planning meetings, staff training in behaviour management and supervision. Improvements were also required through the review of the admissions policy, complaints policy, communication policy, and the intimate care policy. Further details of requirements are contained in the body of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

Findings:

Children were aware of their rights and were consulted in decisions about their care and about the organisation of the centre. There were student representative meetings and one child from this centre was elected by his peers to represent them at this meeting. The group met with the head of care on a monthly basis and the meeting was used to keep the children informed about what was happening in the organisation and they could put forward suggestions. A Halloween party had been organised as part of this group. Children told inspectors that they also held monthly meetings, facilitated by a staff member, where they discussed house issues, upcoming events, activities and chores.

Children were facilitated to exercise their religion. Children's religious beliefs were recorded on their files and staff told inspectors that the practice of religion would be facilitated but that children were not in the centre at weekends. There was a children's rights policy. Children were informed of their rights by the staff team and a handbook was provided to children outlining their rights. Four children shared twin rooms and they told inspectors that they chose who they would share their room with but also knew they could talk to staff if they no longer wanted to share a room. The team leader told inspectors that alternative accommodation would be sought if all children chose to have a room on their own.

Children's capacity to exercise personal independence was promoted. Children had daily routines which incorporated independent living skills. There were many programmes in place to encourage independent living skills for example, walking to the shop, laundry, cooking and washing. Inspectors saw a schedule for each day for a child was to do their own laundry.

All children attended activities in the evening in line with their own individual preferences for example, martial arts and music lessons. Children told inspectors about trips they went on with the staff and how they enjoyed this. Children were enabled to take risks on a daily basis. Staff recognised what risks were appropriate and proportionate in order to maintain the children's independence and quality of life.

Children had access to an external advocate who had recently met with the children. This advocate was independent of the service and was available to speak with children if they wished. Children were aware of the advocate and knew how to contact him as information was contained within the residents guide.

Complaints were well managed. There was a complaints policy and procedure for the management of complaints available in the centre. The complaints process was user friendly, accessible to all children and was displayed in a public place. Children told inspectors that they were made aware of the complaints procedure upon admission and were regularly reminded by staff. The head of care was the nominated complaints officer within the organisation. However, the complaints policy was not clear in outlining who the nominated person was to ensure that all complaints records were maintained as the policy referred to the CEO/senior management team. Inspectors reviewed the complaint log and found that there were four complaints logged from April 2014 to date. One was still under review and related to signage. Children were promptly made aware the outcomes of all complaints.

There was a policy relating to children's personal property, personal finances and possessions. Children's personal property including monies was kept safe through appropriate practices. Each child had their own storage space for clothes and personal belongings. Children's monies were kept securely and a recording system was in place to account for money belonging to the child. Inspectors saw children accessing their money to go to the shop and signing for this to encourage their responsibility.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

Findings:

Children's communication needs were adequately assessed and met. All of the children

could communicate verbally but as they were visually impaired required assistive aids when using for example, computers, kitchen equipment and signage. Staff were aware of individual communication supports required as outlined in personal plans. There was a policy relating to communication with children which was under review. Inspectors found that the policy did not sufficiently describe the assessment process and means of meeting children's communication needs.

Children's communication needs were assessed on admission by a speech and language therapist. Inspectors reviewed some assessments and recommendations made by multidisciplinary team and guidance provided to staff. Inspectors saw a poster on a child's bedroom wall which gave clear guidance for staff on how to talk to him/her.

Individual communication requirements were also highlighted in children's plans which were developed in line with recommendations from the child's initial assessment of need. Inspectors also observed how children's communication needs were implemented in practice. One child chose to have his care plan read to him at one to one meetings. Another child had his care plan formatted to large print. One child had a communication passport which detailed his/her profile, likes, dislikes and daily routines.

Children had access to the local community facilities, radio, television, and the internet. Children were assisted to access assistive technology to promote their full capabilities. For example, inspectors saw evidence on files that the team leader contacted the school in order to pursue an application for assistance technology. Inspectors also saw Braille machines in use by children. There was specialised computer with adaptive hardware and specialist software in order to assist children's usage.

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):

Findings:

Children were supported to develop and maintain personal relationships and links with the wider community. There was a visitor's policy which supported positive relationships between children and family members. Feedback from parents was very positive and inspectors observed this positive relationship when parents visited the centre on the day of inspection. There was sufficient space available for children to have visits both in private and communal and there were no restrictions on the visiting times. Inspectors

saw the visitor's handbook which recorded visits from family members.

Parent's opinions were sought at the assessment and care planning process. Staff told inspectors that they were in contact with families on a weekly basis by telephone and when they called to the centre and were notified of any incidents which occurred in the centre.

Children told inspectors of how they organised a Halloween party with other residents in a nearby centre. Staff also told inspectors that the children had friends visit the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

Findings:

There were policies and procedures in place for admissions including transfers, discharges and temporary absence of residents. The mix of children in the centre was suitable, safe and all children reported that they were happy in the centre. Children's admission to the centre was in line with the centre's statement of purpose and function. A multidisciplinary admissions panel was chaired by the head of care and included the team leader who reviewed the application and made a decision on admission. The admissions policy outlined that a multidisciplinary assessment would be completed prior to admission or within the twenty eight days of admission. However, as personal plans must be completed within twenty eight days of admission the policy requires review in order to reflect the requirements of the regulations. While the admission process considered the wishes, needs and safety of the proposed admission it was not clear how it considered the need to protect children from abuse by their peers.

There had been no discharges in the last 12 months.

The centre had a care agreement, but it was not in line with the requirements of the regulations as it did not outline all of the services that were provided to the children and did not reference any fees, if applicable. Some children and the head of care had signed their agreement but parents/guardians had not.

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):**Findings:**

Children had a good quality of life and their well being was maintained by a high standard of care and support. Comprehensive assessments were available for all children. At the time of inspection, children's needs were being reassessed by the multidisciplinary team. These included the children's education, assistive technology, orientation and mobility needs.

Personal plans were in place but had not been developed with the participation of all relevant professionals. The plans provided clear guidance to staff in relation to the children's needs. Personal plans were written with the participation of each child and reflected their assessed needs, individual interests and preferences. Parents also attended the care plan review. Inspectors reviewed minutes of placement plan reviews where children attended and contributed to identify goals they wanted to include. This review assessed the effectiveness of the plan, any proposed changes and those responsible for implementing those changes. Each child had a personal plan which included long and short term goals which had been identified through recommendations from professionals at the time of assessment. However, in the absence of multidisciplinary team involvement with parents and children agreeing goals, there was a risk that all parties may not be working on the same prioritised goals.

The goals set were in areas such as life skills, orientation and mobility training, sociability, behavioural support and planning for the future and were implemented by staff through one to one sessions and ongoing programmes with children. For example a long term goal identified was to support a child to identify their feelings with their behaviour. The corresponding short term goal was to support the child to recover from behavioural incidents. All children had goals in life skills such as independently walking to school, cooking dinner and doing their laundry. Inspectors observed children doing laundry, going to the shop and preparing a meal with staff for all children in the house. Children described to inspectors how this work provided them with more independence

and improved their quality of life. There were methods of measuring outcomes for children through periodic progress reports at the end of each year which reviewed what goals were met and what progress had been made. For example, one child's goal was to join a football club and this had been achieved.

Personal plans were made available to children in an accessible format such as large print and Braille versions. Children told inspectors that staff read the personal plan out to them as required.

Children were supported to transition between childhood and adulthood. Inspectors reviewed one to one sessions between children and their keyworker and saw that children were being made aware that there would be a need to transfer to other services once they reached a certain age. There had been no discharges since the last inspection.

Judgment:

Substantially 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):

Findings:

The layout of the centre was suitable for its stated purpose and function and met the needs of the children. The centre was clean, suitably decorated and well maintained with suitable heating, lighting and ventilation. It comprised of a two storey semi-detached house with four bedrooms, three toilets with shower facilities, one sitting room, a kitchen with an open plan dining area and a study room. There was space in the centre which could be used as private and communal space. It was located close to schools and community facilities.

Children's bedrooms were suitably decorated and the size and layout was suitable to the children's needs. Four of the children were sharing two bedrooms. This arrangement was in place with the agreement of the children. There was adequate storage space for children's belongings in their bedrooms. There were plenty of photos in the house of children on outings with staff and school.

The kitchen was equipped with enough cooking facilities and equipment. The centre was

equipped with assistive technological aids and appliances to support and promote the full capabilities and independence of residents. For example, assistive cooking equipment provided verbal direction to children. The laundry room was well equipped.

There was a record of maintenance available in the centre which showed that there was a prompt response to maintenance requests.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

Findings:

The health and safety of residents was promoted and protected. There was a suite of policies in relation of health, safety and risk management, for example, there was a health and safety policy, risk management policy, accidental injury and a policy in relation to the unexpected absence of children. There was a health and safety statement but it was dated 2012 and required updating. The majority of staff had received training in first aid and all staff were trained in manual handling.

The risk management system had been developed since the last inspection. The centre had a risk register which outlined the current risks such as children sharing bedrooms, accommodating children with a visual impairment, internet access and bullying. All risks had appropriate controls in place and were rated medium to low. The risk management policy had been revised since the last inspection. Inspectors saw evidence that certain risks were accepted by the organisation in order to promote the children's independence, for example, walking independently in the community. Therefore in practice staff did consider the proportionality of the controls to minimise the risk and the impact the measures had on the quality of each of the children's lives.

There was an effective process for reporting incidents and accidents in the centre. Inspectors reviewed and found that incidents were appropriately reported and included incidents such as behaviour that challenged and an accidental minor injury to a child. These incidents were risk rated appropriately by staff. Inspectors saw evidence of control measures being implemented by staff in order to reduce risk. The team leader reviewed these incident forms on a regular basis and the head of care completed a quarterly analysis of incidents to review any trends of incidents.

There were some infection prevention and control measures in place but improvements

were required. There was an infectious disease control policy which provided guidance to staff in order to prevent spread of disease. Nursing staff were available to provide guidance to staff if required. Inspectors observed some practices in relation to infection control such as hand sanitizers, individual mops for separate areas in the house and colour coded boards for meats and breads. There was a rota for staff to complete cleaning which was monitored by the centre manager. There was guidance on display in relation to hand washing in order to remind staff and the children of its importance. However, storage of cleaning equipment was not at an optimum.

There were measures in place in relation to fire prevention and a contingency plan in relation to the evacuation of the centre. There was suitable fire equipment available in the centre. All staff were trained in fire safety and the evacuation procedure was displayed in a prominent place. There was adequate means of escape including emergency lighting and fire exits were unobstructed.

The mobility and cognition of residents was accounted for in the evacuation plans. For example, inspectors saw personal evacuation plans for all children detailing the level of ability of each and the assistance required in the event of a fire. All fire equipment was serviced on an annual basis. Fire drills were carried out regularly and records outlined the time, date and names of children and staff who participated in the fire drill. All staff and children had participated in a fire drill including a night time drill. The fire drill record also outlined any difficulties encountered during the drill which allowed staff to improve the process and issues were addressed.

Inspectors found that the vehicle used by staff was appropriately taxed, insured and had a national car testing certificate.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

Findings:

Children were safe and were treated with dignity and respect. Inspectors observed staff

treating children with warmth and respect. There were policies in place relating to safeguarding and safety including a child protection policy, provision of personal care, bullying policy, safe practice and working alone and protected disclosure policy. Safeguarding measures included risk assessment, intimate care plans, management of children's monies and clear procedure in place when children were absent without authority. Children were assisted and supported through a programme to develop the knowledge, self awareness, understanding and skills needed for self care and protection.

Good quality intimate care plans were in place for the children who needed one. Staff had good knowledge of practices and safeguarding measures when providing intimate care to children. Plans provided guidance for staff on the required assistance in care areas such as bathing, showering, washing and toileting which were reflective of the children's wishes. Staff told inspectors of the intimate care practices which treated children with dignity and respect. Staff also told inspectors that they encouraged children to maintain their own privacy and dignity in line with children's intimate care plans. There was an intimate care policy in place.

Staff were clear on the child protection process. All staff had received training in child protection. They were aware of the types of abuse and described to inspectors what they would do in the event of a disclosure. All staff were aware of who the designated liaison person was and how to contact him. The designated liaison person regularly visited the centre unannounced. Staff were aware of Children First: National Guidance for the Protection and Welfare of Children (2011) and their responsibilities under this guidance. There were two appropriate referrals to the Child and Family Agency (the Agency) which had been closed off by the Agency.

Staff managed behaviour that challenged effectively. There was a policy in place for the provision of behavioural management including the use of physical, environmental and chemical restraint. There was one staff member who had received specialised training in a multi element behavioural support and this staff member drafted a programme for one resident. Other staff had not received training in any specific behavioural support practice.

There was good quality behaviour support plans in place for two children. These plans provided detailed guidance to staff in managing challenging behaviour, de-escalation and intervention techniques. Efforts were made to identify and alleviate the underlying cause of behaviour that was challenging. The service sought external therapeutic support for a child as part their personal planning process. The child identified this as a positive aspect to his care and staff noted a reduction in behaviour that challenged. It was also recognised in care plans that children use behaviour as a communication method. Behaviour plans were regularly reviewed and behaviour was monitored.

There were no restrictive practices used within the centre.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

There was a system in place to record all incidents which occurred in the centre. All incidents were appropriately recorded and information contained on the incident log matched the information reported to HIQA. All notifications were returned to HIQA within the identified timeframes.

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):**Findings:**

Children had opportunities for new experiences, social participation and education. Each child was receiving the appropriate care and support having regard to the extent of their assessed needs and their wishes.

The staff team valued education and children were supported in their educational placements. There was an education policy that complied with relevant legislation regarding education needs of children with disabilities and there was also a policy relating to access to education training and development. All children attended the local school. Junior certificate results, school reports and certificates were held in children's files. There was a study room available in which children could do their homework. Inspectors observed staff talking to children about school and subjects and comprehensive assessments included educational goals. Inspectors viewed notes of meetings held between staff and the school where staff advocated on behalf of the children in relation to different aspects of their education and educational plans.

One young person was attending a work placement and staff facilitated his/her care arrangements around the work placements. The head of care advised that training opportunities were available on the campus to students who wished to pursue training following school.

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):

Findings:

Children's health care needs were met through timely access to health care services, appropriate treatment and therapies. Each child's health needs were appropriately assessed on admission to the centre. Children could attend their own general practitioner (GP) and pharmacist if they wished or they could attend the centre's GP. Children had access to a range of professionals including nursing staff, occupational therapist and speech and language therapists who were all available within the service. Psychological and counselling services were sought externally for children as required.

Children's files contained information relating to medical conditions, allergies and medications. Staff raised awareness among children about healthcare matters. One staff member delivered programmes for children in relation to sexuality and relationships. Staff told inspectors that they ensured children were informed of the medication they were taking and the reasons for the medication to encourage them to take responsibility of same when they transition to adult services.

Children received a healthy nutritious diet. Inspectors viewed a weekly meal planner which showed that there was a varied diet available for the children. Children made healthy meal choices. Each child had a specific day which they cooked their chosen meals. This exercise formed part of their independent living skills. Inspectors observed that mealtimes were sociable events in which staff and children sat down together and talked about the day's events. The food was nutritious and plentiful. Children had access to healthy snacks as required. Daily logs recorded what children ate during the day. Staff and children told inspectors that children contributed to the shopping list in order to buy food for their chosen dishes and often went shopping.

One child was accessing the support of a dietician. Staff informed inspectors that they

received feedback from parents following each consultation with the dietician. Inspectors observed an eating plan in place for this child in line with recommendations from the dietician. This plan provided guidance to staff on the child's eating routine. Inspectors observed staff supporting this child at meal time in line with the child's care plans and assessments. This was carried out in a sensitive and appropriate way by staff.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

Findings:

Medication management practices were good. There was a medication management policy that staff were familiar with and it was fully implemented. All staff received training in safe administration of medication and had information available on all medications. Children's prescription sheets were signed and dated and were available on their file. All prescription sheets had the residents name, address, date of birth, general practitioner's (GP's) name, dosage, route of administration and GP's signature. There was also medication log outlining the child's medication and profiles with photo identification on the front.

There was an effective medication reconciliation process. Parents brought the medication to the nurse at the beginning of the week. Nursing staff filled blister packs with the exact amount of medication required for each child. This was double signed by nursing staff and provided to centre staff at the start of the week. The centre staff also checked medication to ensure the correct amount was in the blister pack. Medication plans were in place for each child. This plan gave detailed guidance on the medication the child was prescribed, the dosage and function. The medications for each child was pre-populated in the administration sheet (medication log) and staff filled in the time of administration and two staff signatures were in place for each administration. Children had their own as required (PRN) medication and staff consulted with nursing staff prior to administering PRN medications. There was a consent form on each child's file signed by parents for the use of PRN medication when required.

All medication was stored in a locked cabinet. Any liquid medication had the child's name and dosage labelled on the bottle and stored within a separated box within the cabinet. There were no controlled drugs used in the centre.

There was a system in place for the reviewing and monitoring safe medication management practices. There was also a policy in relation to procedure to follow in the case of drug errors. Nursing staff undertook a weekly medication audit, checking stock and recording sheets. All medication error forms were assessed by management and any learning was discussed at team meetings. One drug error was recorded for 2015. This error related to staff noticing that the blister pack did not contain a medication. This near miss was appropriately recorded on a medication error form and resulted in a change to the policy and procedures to improve.

Judgment:

Compliant

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):

Findings:

The statement of purpose met the requirements of Regulation 3. It had been reviewed in September 2015 and accurately described the service and facilities that were provided in the centre.

Children were aware of the statement of purpose and function and were provided with an accessible version. Inspectors saw evidence on children's files of parents being sent a copy of the statement of purpose and function.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

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

Findings:

There were effective governance systems in place that supported and promoted the delivery of safe quality services. There was a clear management structure that identified lines of authority and accountability for the service. Staff were clear about the management structure and their roles and responsibilities.

The centre was managed by a team leader who was the nominated person in charge. The team leader was employed on a full time basis and was suitably qualified, skilled and experienced. She demonstrated sufficient knowledge of the legislation, regulations and her statutory responsibilities. Children could easily identify her as the manager. The rota identified that there was a shift leader on each shift and there was an on call nurse available for staff in case of emergencies. Staff also identified that they would call the person in charge or the head of care if required out of hours.

Staff reported to the team leader who in turn was accountable to the head of care. The head of care reported to the CEO. The board met on a regular basis and the head of care attended board meetings as the designated liaison person for child protection. The head of care was a member of the senior management team and minutes reflected that children's residential services were discussed at a senior management level including action plans following inspections. The senior management team, through the chief executive, reported to the board if there were any issues of risk arising in regard to the centre. The head of care demonstrated a good knowledge of his responsibilities under the legislation, regulations and standards.

There were management systems in place to ensure that the services provided were safe and appropriate to the children's needs. The team leader told inspectors that she was scheduled on the staff rota, therefore she had a large presence within the centre and observed care practices. Weekly staff meeting were held in the centre which discussed issues such as the children, particular behaviours, house matters, staff development and risk management. While minutes were recorded timelines for actions were not always clear. There were two team leader meetings each week in which all team leaders reported to the head of care on issues arising within the relevant centres, the purpose of one meeting was house matters and the second meeting related to policies and procedures.

The organisation had a strategic plan for 2011- 2015, which included an overview of ChildVision's service goals and related objectives and the model of service delivery that was in place. Policies, procedures and guidelines were also in place to guide staff. Risk management systems were evolving and a risk register had been implemented since the last inspection that fed into the organisational risk register.

The quality management system remained in the early stages of development. There were some audits undertaken including medication audits and reviews of children's goals

at the end of the school year and a quarterly analysis of incidents. An annual review of the quality and safety of care had been completed in September 2015. This review included consultation with parents and children in relation to the care and support they were receiving. Recommendations made in this report related to the review of multidisciplinary assessments, training in management and in person centered planning. Children and staff told inspectors that the head of care visited the centre on a regular basis. Inspectors reviewed a six monthly report compiled to review the health, safety and quality of care and support provided in the centre. This review examined areas such as incident analysis, training, food safety and medication management.

While there was a protected disclosure policy in place, staff were unaware of the policy. However, staff were clear about the process if they had any concerns and who they would report the concern to.

There was a services level agreement with the HSE in place.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

Findings:

HIQA had been notified appropriately in relation to the absence of the person in charge and there were suitable arrangements made for their absence which were also notified to HIQA.

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):

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the centre statement of purpose and function. The team leader was provided with a monthly budget for the household costs. This was provided to cover the day to day cost of running the centre. The team leader told inspectors that they had sufficient budget for the running of the centre.

There was an effective system in place should more expensive items be required to meet the needs of the children. The team leader told inspectors that she had had no issues receiving funding for necessary items for the centre. Resources were regularly reviewed by the management and the internal financial auditor.

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):

Findings:

There were some gaps identified in the recruitment process. While most staff files were in line with the requirements of Schedule 2 there were some gaps identified in the recruitment process. Not all staff had been appropriately vetted in accordance with best recruitment practice.

Staff employed in the centre had the appropriate skills and experience to meet the assessed needs of the children and the safe delivery of services. Inspectors observed children receiving assistance, interventions and care in a respectful, timely and safe manner. The team leader told inspectors that staff with skills in different areas were scheduled to complete specific activities with the young people. For example, some staff were trained in technical skills, behavioural support, relationships and sexuality programmes.

There was an actual and planned staffing rota showing staff on duty that was properly maintained and easily accessible. The rota identified a person nominated to be shift leader on the day who was responsible for decisions on the shift and for leading fire evacuations. Two members of staff were scheduled to do an overnight shift with one person on the day shift. Regular relief staff were used when a shift vacancy arose. There were also nurses employed by the organisation which provided assistance when required.

There was a training needs analysis in place and staff had received training in a number of areas. Staff had received appropriate training in most areas including children first, medication management, manual handling and fire safety. Staff were in the process of receiving training on person centred planning. Staff received additional training in visual impairment and autism. However, not all staff were adequately trained in behaviour management techniques. In general, the training provided enabled staff to provide care that reflected up to date care and practice.

Supervision had begun to take place since the centre reopened after the holidays but the current team leader had not been trained on supervision. Supervision records reflected good discussion about each child and professional development which ensured accountability among the team. However, records did not reflect any agreed actions or timeframes for the actions to be implemented. There was a supervision policy and supervision agreements which identified that supervision should take place every four to six weeks.

There were copies of the regulations and standards available to staff in the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

Findings:

The records listed in the Schedule 4 and 5 of the regulations were maintained in the centre. Records were accurate and up to date and easily retrievable.

There was a record kept in respect to each resident in the directory of residents in line with Schedule 3 of the regulations. There was a resident's guide provided to children on admission outlining information and details about the service. Children's records were held in the centre for one year and were then archived in a secure location.

Staff understood policies and inspectors observed policies and procedures being implemented in practice. However, the intimate care policy did not provide sufficient guidance for staff and the communication policy did not outline how children communication needs would be assessed. Not all policies were dated and signed by management.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Browne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by ChildVision
Centre ID:	OSV-0002092
Date of Inspection:	07 October 2015
Date of response:	

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 complaints policy was not clear in who the nominated person was to ensure that all complaints were appropriately responded to or that all complaint records were maintained, as the policy referred to the CEO/senior management team.

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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

nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints policy will be amended to enlarge the role of ChildVision's external visitor, allowing this person take on a formal role in addition to the complaints officer in ensuring all complaints are appropriately responded to and that a record of all complaints is maintained.

Proposed Timescale: 30/11/2015

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:

The admissions policy did not take into consideration the need to protect residents from abuse by their peers.

2. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The policy will be amended to bring it into conformity on this point with regulation 24 (1) (b).

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The care agreement did not outline all services that were provided to a child and did not reference any fees, if applicable.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The agreement for the provision of services will be amended to reflect the many services provided to young people. Although no fees exist for ChildVision's residential

services, this will be made explicit in the agreement. Further, the possibility of small occasional costs to cover specific recreational activities, if any, will be referenced.

Proposed Timescale: 30/11/2015

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:

Care plan reviews did not always include the multidisciplinary team.

4. Action Required:

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

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

Those people involved in the implementation of the personal plan (e.g. nursing, technical skills, professionals and therapists) will be invited to a review meeting with social care staff, parents/guardians and the young person. If attendance is not possible formal comment will be requested and documented as part of the review.

Proposed Timescale: 26/11/2015

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:

Cleaning equipment systems were not in line with good practice.

5. 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:

Mops are now being stored at a distance from each other to prevent cross contamination.

All food stored in the fridge or freezer will be labelled appropriately.

Proposed Timescale: 26/11/2015

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:

Not all staff were aware of the protected disclosure policy.

6. 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:

Staff have now again read the protected disclosures policy and are confident of their knowledge in this area.

Proposed Timescale: 26/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre manager was not trained in supervision.

Supervision records did not reflect agreed actions and timeframes.

7. 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:

A suitable supervision training course is being sourced for the person in charge

The staff supervision form will be amended to ensure clarity as to decisions taken and timely follow through.

Proposed Timescale: 01/12/2015

Theme: Responsive Workforce

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

Not all staff had access to behaviour management training.

8. 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:

A comprehensive training needs analysis was in place (2014 to 2016) at the time of the inspection and much of it has already been delivered on. A member of the children's social care team had completed training as a MAPA instructor just prior to the inspection and appropriate in house training in behaviour management utilising the MAPA model is being scheduled. In addition, a current member of staff is trained in multi element behaviour support.

Proposed Timescale: 01/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies did not provide sufficient guidance for staff and were not all signed off by the management team in line with policy.

9. 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:

Identified policies will be reviewed to provide more comprehensive guidance for staff and all policies will be signed off by the management team.

Proposed Timescale: 15/01/2016