

**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 Brothers of Charity Southern Services
Centre ID:	OSV-0005135
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Patricia Sheehan
Support inspector(s):	Ruadhan Hogan
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2015 09:00	11 November 2015 17:30
12 November 2015 09:00	12 November 2015 16:30

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

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

Summary of findings from this inspection

This inspection was the third inspection of the centre carried out by the Authority and its purpose was to inform a decision to register the centre.

The centre was in existence for three years and was located in one section of a single-storey premises, the other section of which was used as a centre for adults with disabilities. The centre was one of several centres in a congregated setting in the suburbs of a city.

According to its statement of purpose, the centre provided residential care to two children with intellectual disabilities/autism and the centre had capacity for a

maximum of two children. Each of the two children had their own separate apartment within the centre and their own secure garden to the rear and side.

As part of this inspection, the inspector met with the provider nominee, sector manager, the acting area manager, who was the person in charge, the social care leader and three other members of staff. Inspectors met briefly with the two children and observed practices and reviewed documentation such as children's personal plans, medical records, incident logs, policies and procedures and staff records. Inspectors also spoke with two parents on the telephone and received two questionnaires completed by staff on behalf of the children.

Inspectors found that the children were well cared by a consistent staff group. The centre was well managed and the service provided person-centred. A particular aspect of that person-centred approach was the plan that children would not have to move when they became adults. The provider and person in charge had made a number of improvements in response to the findings of the previous inspection and the findings of this inspection demonstrated compliance across a number of key outcomes. These included the maintenance of family relationships and links with the community, social care needs, healthcare needs and safeguarding. Improvements were required in the following areas: fire safety, more regular staff supervision and the premises did not completely meet children's needs. These and other areas for improvement are detailed in the body of the report and included 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:

Inspectors found that children's rights were protected and their dignity promoted by staff.

Information was displayed about the rights of children and parents told inspectors that they had received information about the centre. Parents also said they were aware of their children's rights and felt supported to be an advocate for their children. There was evidence that the child's key worker had an advocacy role. The national advocacy service was referenced in the statement of purpose and resident's guide for those children and families who required an independent advocacy services.

Inspectors found that there were a number of ways in which individual consultation with the children took place, which were cognisant of the abilities of the children. Although the children did not communicate verbally, there was evidence that changes to their care were explained to them by their key-worker and that the children were presented with preferences and offered choices appropriate to them. Child friendly information, such as the residents guide, had been developed and was available to children.

The preferences and choices of children in relation to, for example, the food they liked and the activities they wanted to participate in, were set out in their personal plans. Inspectors observed that children were supported to express choice in ways that were individual to them (using methods of non-verbal communication). Staff sought responses or feedback from children, in ways that were appropriate to each individual child. Parents confirmed that seeking the preferences of their children was actively sought by staff.

There was a policy and procedures for the management of complaints with a named complaints officer and an independent appeals process in the event of a complainant not being satisfied with the outcome. The complaint procedure was displayed in a child friendly format and contained a photograph of the designated complaints officer who was the social care leader. Parents told inspectors that they knew how to make a complaint. Inspectors viewed the complaints log and found that one complaint had been recently received and was being appropriately dealt with.

Inspectors found that overall staff ensured that their practices protected the privacy and dignity of children. Staff told inspectors that they were conscious of preserving the children's privacy and dignity while providing personal care in line with the centre's policy on intimate care. Each child had an intimate care plan and individual toiletries. Each child was afforded the privacy of a single bedroom and parents told inspectors that their children were treated with dignity and respect. At the time of inspection there was no use of closed-circuit television.

Systems were in place to ensure that personal possessions were protected and there was adequate storage for the personal possessions of each of the children. Inspectors reviewed children's financial records which were up to date, accurate and signed by two staff members.

Staff respected the children's right to exercise choice regarding their activities and routines. The personal plans outlined the likes and dislikes for each child and were structured with a large number of pictures individual to each child. Children has opportunities to engage in activities that they enjoyed. Records reviewed by inspectors showed the extent of leisure activities and participation in the community. For example, there were outings to playgrounds and swimming and walks and picnics took place often. The children were engaged in specific activities outside of the centre, for example, weekly equine therapy. While children had opportunities to participate in play, aspects of the premises required improvement to facilitate greater opportunities. This is covered under Outcome Six, Safe and Suitable Premises.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:

The communication needs of children were assessed and assistance was provided to children to communicate effectively. However, improvements were required in the level of staff training in communication methods.

There was a policy on communication and the communication passports on the children's files were comprehensive. They clearly outlined the children's communication needs and abilities and specific behavioural scenarios should the child need to interact with a person outside of the centre. Staff demonstrated through their practices and via conversations with inspectors that they were aware of the different communication needs of the residents. Inspectors observed the interaction of staff and the children and saw that different communications methods were used according to the child's needs. Visual schedules were displayed and there was evidence that signs, symbols and pictures were used to communicate with children. A speech and language therapist (SLT) was responsible for the assessment of communication needs and an individualised communication approach was developed and used in practice. The children's personal files had daily transitioning plans with simple and clear instructions for day-to-day communication. While there was evidence that the SLT had delivered a training session to staff covering non verbal communication techniques, not all staff interviewed considered themselves sufficiently trained in the use of the picture exchange system method. This had the potential to compromise staff's ability to fully address children's needs in this regard.

Children had access to television and wireless internet was available in the centre to enable access to assistive technology and to promote children's full capabilities. Additional plans on the personal files were in place for the use of IPADs in communication but staff told inspectors that this system was in place in school and not yet fully implemented in the children's home environment where the children used IPADs for entertainment and listening to music primarily.

Judgment:

Substantially 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):

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

Findings:

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

Positive relationships between the children and their families were actively supported. Alongside the display of family trees in the living areas for each child there were many other photo displays of family members which included pictures of the children themselves. Parents told inspectors that they were invited to annual meetings and were aware of their children's personal plans and were fully involved in any review of their plans. They also said that they were kept informed of the wellbeing of their children and any significant events.

The centre had a policy on visitors which encouraged family members and friends to visit regularly and this policy had been amended since the last inspection to address circumstances where restrictions might be necessary. The centre was proactive in facilitating family visits to the centre and transport was provided for visits home. Parents confirmed that they were free to visit at any time and made to feel welcome and there was evidence of this contact between parents and their children.

Children were encouraged and facilitated to use community facilities in a proactive manner. Records and staff interviews showed that the extent of use of community facilities was extremely good and parents confirmed that they were very satisfied with their child's participation in the wider community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were contracts in place for the provision of services and admissions were in line with the centre's statement of purpose.

The person in charge stated that children eligible to receive a service were from fifteen to nineteen years of age with severe intellectual disability, autism, and challenging behaviour. Inspectors found that children using the service met these criteria and admissions were in line with the centre's statement of purpose. However, the policy and procedures in place for admissions, including transfers, discharges and temporary absence, related to adults and were not specific to children. This meant that the criteria for admission of children was not transparent.

Each resident had a written contract for the provision of service in the centre which were signed by the child's parents/guardians and a representative of the service. Upon review by inspectors they were found to be in compliance with the regulations as they outlined the service to be provided. No charges would be applied until children reached their eighteenth birthday.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Children's wellbeing and welfare were maintained by a high standard of care and support and children had opportunities to take part in appropriate activities.

Inspectors examined the files of the two children and found that multidisciplinary assessments informed the development of personal plans. The files evidenced assessments undertaken by various professionals, for example, a dentist, a speech and language therapist, a psychiatrist and a behaviour specialist. There were communication passports which had been compiled by a speech and language therapist and a personal profile maintained of detailed personal information. Intimate care plans and a range of risk assessments were also in place.

The personal plan for each child was person-centred, reflected their preferences and choices, and included all aspects of the children's lives such as health, dietary requirements, personal care, communication and activities. Individual personal outcomes were established in terms of goals and activities and how achievement of these could be supported. The plans were in an accessible format for the children. Parents confirmed to inspectors that they were involved with the development of plans and participated in reviews.

Inspectors found that the personal plans were implemented and subject to multidisciplinary review. Staff who were interviewed were very familiar with them and

parents said that they considered their children had made a lot of progress since coming to live in the centre.

There was evidence that children were supported in managing transitions and in preparing for adulthood. The person in charge informed inspectors that when the children turned 18 and left school they would not need to move from the house and experience different living arrangements. Inspectors reviewed the personal plans for the children who had reached the age of 17 years and found that planning for a suitable adult day service when they turned 18 was proceeding in a timely manner and supported the child. This was confirmed by parents who felt very much part of the consultation process. Inspectors also found that there was a focus on life-skills to enable the children to have as much independence as possible given their complex needs. There was evidence of staff encouraged them to prepare meals with staff and be involved in general household tasks according to their abilities and wishes.

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):

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

Findings:

The premises were very well maintained but required some improvements to ensure it met children's needs and was suitable for its stated purpose.

The house was located on a 30 acre campus outside an urban area. The centre was divided into two separate areas, referred to as apartment one and apartment two, which were linked by a central corridor. The two children were able to access their respective areas. Each child had a bedroom, bathroom, a living room, and a relaxation room. One child had a kitchen/dining room and a seclusion room while the other had a small dining room with some kitchen appliances, such as a microwave. There were two outdoor garden areas, one of which contained some outdoor play equipment.

The rooms were of adequate size and there was enough storage space for personal use. There was enough private communal areas with several spaces for children to engage in activities that they liked. The two relaxation rooms provided for a quiet space to help the children explore their sensory world. One of these relaxation rooms had a more

stimulating environment than the other and the social care leader told inspectors that a less stimulating room was gradually being developed. The kitchen/dining room had adequate cooking equipment and looked out onto a garden which was part of an adult residential service. Since the previous inspection, this lack of privacy for the children had been satisfactorily rectified. The practice of seclusion had stopped for one child but the room continued to be used by the child who could enter and leave the room without any restrictions.

Each child had access to their own bathroom but one bathroom only had a shower and the other one only had a bath. This meant that the children did not have a choice in how their personal care was delivered. Inspectors noted that the child with a bath only did use a shower at swimming. Since the previous inspection, the toilet for one child had been changed to accommodate his toileting needs.

One child did not have any access to the laundry room which did not support long term plans for independence. In addition, this child did not have access to a full kitchen. Inspectors noted that due to dietary needs the personal goals for the child included a gradual process of introduction to kitchen equipment with the long term plan to incorporate a small kitchen within the dining room. This process had begun as the dining room in that part of the centre had a small fridge and microwave introduced but it was not clear when the process would be finished.

While the central linking corridor and main hallway in one part of the house did not have any natural light, the rest of the rooms and corridors were well lit and personalised. The child's parent told inspectors that the child liked having doors closed and lack of natural light on the corridor and hallway did not have any negative impact. Storage within the centre was limited resulting in cleaning equipment being kept in a locked cupboard in one of the sensory rooms and some equipment required for emergency evacuation stored in an outside garden shed.

An action from the previous inspection was to improve the outdoor recreational areas to ensure age-appropriate play and recreational facilities. There was evidence that plans for one of the outside areas had progressed since the last inspection and this was confirmed by one of the parents. A date of the end of November 2015 had been established for a retaining wall to be started with an all weather surface and play equipment to be phased in at a later date. However, a finish date for the centre to have an appropriate outdoor recreational area with age-appropriate recreational facilities was not established. The person in charge and sector manager told inspectors that there were playground facilities on campus but it was acknowledged that this arrangement did not suit the child. The other outside area had some play equipment but a large area of grass which did not facilitate access during wet weather. The perimeter wall of this outside area was low in some places and required a risk assessment to ensure it did not present any safety issues.

The premises were clean, free from hazards and suitably decorated and furnished. Assistive equipment was not required for any child at the time of inspection. Suitable arrangements were in place for the disposal of waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the health and safety of children, staff and visitors was promoted and protected but appropriate door closures on some fire doors had not yet been installed.

There was a centre-specific health and safety statement in place. Suitable procedures were in place for the prevention and control of infection and staff had received training in infection control and hand hygiene. There were sufficient facilities and materials available for hand washing. There were hand hygiene procedures in place and hand gel dispensers located around the premises. Colour-coded cleaning materials were used.

The risk management policy, dated November 2015, had been revised since the previous inspection and in general now met the requirements of the regulations but omitted to outline the arrangements for the identification, recording and investigation of, and learning from, serious incidents.

Inspectors found that the risk management policy was implemented in the centre. There was a risk register which contained risks within the centre and identified the measures in place to control them. Staff interviewed were familiar with the hazard notification forms and how they were used. The risk management policy clearly set out the responsibilities for managing risk from staff and managers up to the Board of Directors and how risk was escalated. Inspectors viewed annual safety audits with accompanying action plans. The sector manager and provider nominee described the governance at senior management level which met regularly to review quality and risk management data. Risk assessments were carried out on each of the children and the measures put in place to control any risks identified were specific to each child and were set out in their personal plans.

Arrangements were in place for recording serious incidents. Inspectors viewed the records of incidents which were signed off by the person in charge. There was evidence of analysis of incidents and review by managers and members of the behaviour support team. A computerised system generated reports on incidents, which the health and safety representative and person in charge accessed. In this way significant trends could be discussed and used for planning and learning. Inspectors examined how summary data was compiled and discussed with the sector manager on a quarterly basis. Staff

told inspectors that learning from incidents was discussed in staff team meetings.

Fire safety management systems were in place and an annual fire risk assessment was completed. The fire alarm was serviced quarterly and suitable fire equipment was available and had been routinely serviced. Emergency lighting was in place and fire exits were unobstructed. A child friendly fire evacuation notice was displayed in a prominent place. Records of daily, weekly and monthly checks on the fire equipment, fire precautions and on the means of escape were completed by staff. All staff had received training in fire safety in and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. Planned fire drills were carried out regularly and personal emergency evacuation plans were in place for children.

A major non-compliance from the previous inspection was the removal of self closing mechanisms from the fire doors in one section of the centre, namely apartment one. The person in charge had explained during that inspection that this was due to safety concerns arising from challenging behaviour of the child. Since the previous inspection, an independent review of fire safety procedures had been completed which was provided to the inspectors. The recommendation arising from that review was to install swing-free closer devices for the bedroom doors only. During this inspection the person in charge told inspectors that this recommendation was being actively progressed as the devices had been ordered and would be installed in the next few weeks. In the interim inspectors viewed the risk assessments in place to mitigate the risk caused by fire door closures being removed. Inspectors sought advice from a fire safety specialist within the Authority who advised that all fire doors should be fitted with a self-closing device capable of closing the door. Upon giving this information to the person in charge, he submitted correspondence that swing-free closer devices would be installed on all fire doors in apartment one. However, a timeframe for completion of this work was not provided.

A system was in place for recording and responding to maintenance issues and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies. The centre had vehicles for transporting the children and there was evidence of safety equipment and appropriate tax and insurance in place.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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

There was a policy and procedures on child protection in place which was comprehensive. Staff interviewed were aware of the designated liaison person within the organisation and her role to report allegations or suspicions of abuse in accordance with national guidance. There had been no child protection concerns since the previous inspection. The person in charge and house leader were aware of their responsibilities in relation to child protection and the person in charge outlined the steps he would take in the event of an allegation of abuse or neglect by a staff member. Inspectors reviewed the outcome of an internal investigation by the centre which had taken place in December 2014 and found appropriate action had been taken.

There were various safeguards in place to protect children. All staff members had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) and training records confirmed this. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. An Garda Síochána vetting was in place for all staff. Parents commented that their children were very safe in the centre. There was a policy and procedures on the provision of personal and intimate care and each child had an intimate care support plan.

Efforts were made to identify, understand and alleviate the underlying causes of behaviour that was challenging for each child. Behavioural support plans were comprehensive and there was evidence of multidisciplinary input into these plans and the input of the behaviour specialist therapist. Comprehensive training in positive behavioural support had been provided to staff with a number of staff scheduled for refresher training. Where a child engaged in behaviour that was challenging, detailed records were maintained of the behaviour and the circumstances surrounding it, and the pro-active strategies employed to ensure that incidences of behaviour that challenged were lessened.

Some restrictive practices were used in the centre and were governed by a comprehensive policy. These included a key pad on the front door, a harness used during transport, and PRN (to be administered as required medication). The use of a seclusion room for one child to ensure their safety had not been necessary for 18 months but inspectors reviewed the protocol governing its former use and found it to be detailed and well monitored. Use of restrictive practices were recorded and monitored by a multidisciplinary behaviour standards committee who met monthly. Signed protocols were in place for the use of chemical restraint which were signed by a psychiatrist, and inspectors saw that the use of chemical restraint had reduced significantly over time and that it was used as a last resort.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector according to the time frames laid down. Quarterly reports were provided as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications.

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 supported to participate in school and they were provided with opportunities to socialise with their peers.

The school provided transport to take both children to and from school. Inspectors observed one of the children leaving for school and the flexible staff response taken to ensure the child attended school that day. There were systems in place to ensure effective communication between the school and centre staff, including the use of communication books and completion of daily records, as appropriate to the child. Staff told inspectors that they met regularly with the school and this was evidenced in

children's records.

The children's files contained Individual Education Plans (IEP). These outlined what supports were available in school including psychology, nurse and speech and language therapist (SLT). The education assessment had summaries of the child's strengths and needs and included appropriate short term learning objectives that mostly focused on integration with peers in addition to other social skills. These objectives were linked with the goals in the personal plans and were in line with the education policy which complied with relevant legislation. The children attended a day programme during the summer months to maintain some routine in their lives.

Records and interviews with staff and parents evidenced that children participated in activities both inside and outside the centre and were supported to engage in new experiences. Daily activity logs were reviewed and a range of activities were seen on file including sensory activities and sensory toys. Alongside details of activities taken were also kept of when the children did not wish to participate in line with their right to choice.

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 had access to healthcare services and their healthcare needs, as set out in their personal plans, were met.

The children's files contained comprehensive assessments of the children's healthcare needs and the actions to meet those needs were set out in the personal plans. There were records of general practitioner (GP) visits, specialist appointments, referrals to various professionals and records covering allergies, medical card numbers, management plans for physical or mental health concerns, consultant, audiology and dental information. An out of hours GP service was available if required. Hospital passports were in place for the children which ensured that all relevant information about the child and how they communicated accompanied them if a hospital admission was required.

Inspectors found that there was evidence of timely and frequent access to the GP and

other medical professionals. Records of referrals and reports were maintained in children's files. Children had good access to a multidisciplinary team, including occupational therapy (OT), speech and language therapy (SLT), psychology and psychiatry.

Training records showed that staff had received training in first aid. Children's diets were closely monitored and they were encouraged to take part in physical exercise such as swimming and walking. There was a policy on food and nutrition which was in line with the regulations. The nutritional needs of children were assessed and support plans were in place in relation to their nutrition, eating and drinking. Daily food and fluid charts were maintained and the food and drink consumed by the children at all mealtimes was recorded. Staff used pictures sequences to assist children at mealtimes in making choices about the food they would like.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Overall children were protected by safe medication management policies and practices.

There was a comprehensive policy and procedures in place on medication management. While the policy was generic to the entire service it did guide staff practice in the centre.

Inspectors found that staff followed appropriate medication management practices. Medication was stored in a locked safe in the staff office and was clearly labelled for each child. All medications were individually prescribed and overall prescription and administration charts were completed in line with relevant professional guidelines and legislation. The maximum dosage of PRN (to be administered as required) medications were recorded which was an action from the previous inspection. There was a procedure for disposal of out-of-date or no longer used medication. None of the children were able to self-administer medication. Medication was administered by support staff who had undertaken a course in the safe administration of medication and inspectors saw evidence of this training. There were no prescribed controlled medications and no medications requiring refrigeration at the time of inspection.

The inspector reviewed the medication folders for each child and found that individual

medication plans were appropriately implemented and reviewed.

Medication was occasionally used as a chemical restraint. Inspectors reviewed a detailed protocol for the administration of PRN (to be administered as required) medication for one child. This had been developed by the medical professionals as part of the therapeutic response to challenging behaviour and was linked to a positive behaviour management programme. Inspectors found all alternative measure were considered before the use of PRN medication and that the behaviour programme supported staff to manage the behaviour at an early stage of escalation and reduce the need for PRN medication to be administered. Records showed its use was for the shortest duration and was carefully monitored and reviewed.

Some processes were in place to monitor medication practices and ensure the medication management system was protecting children. There was evidence of routine drug counts and inspectors examined three audits of medication management practices which had taken place in 2015. The night supervising nurse who completed the audits told inspectors that she reviewed medication security and administration and ensured actions were completed as required. A process was in place for the recording and review of medication errors which were managed in line with other serious incidents. Inspectors viewed the report on medication errors and saw that a number of errors had occurred while the children were in school. One medication administration chart was shared between the centre and the school with the intention of reducing errors and there was a protocol in place with the school. However, inspectors found that this protocol needed review to ensure each child's well being.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose which was available to children and their families but it did not contain all the information required by the regulations.

The Statement of Purpose, dated May 2015, described the aims and objectives of the centre and the facilities and services which were to be provided for children. It was available in a format that was acceptable to children and their families and contained

most but not all of the information required by Schedule 1 of the Regulations. More specific information was required with respect to the following: details of the admission criteria, the behavioural supports provided to support children with challenging behaviour; the arrangements for consultation with children about the operation of the centre. In addition, the statement was not accurate as regards the organisational structure and the layout of the house and the floor plans reflected these inaccuracies. For example, it incorrectly referred to two living rooms and two television rooms which was incorrect as there were only two living rooms that doubled as television rooms and there was an utility area but not a separate utility room. The statement referenced that at holiday times there could be another child facilitated at the centre which was not possible.

Inspectors found that staff were familiar with the statement of purpose and it was clearly implemented in practice. For example, the manner and delivery of care was respectful and there was evidence that children were provided with social activities to build relationships and friendships.

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):

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

Findings:

There were effective management systems in place to support the delivery of care with routine monitoring of the quality of care and an annual review of the quality and safety of care provided.

The management structure identified the lines of authority and accountability in the centre. Day support staff reported to a social care leader and night support staff to a night supervisor. The social care leader and night supervisor reported to the acting area manager who was the person in charge. The acting area manager reported to a sector manager who in turn reported to the director of services who was the provider nominee. The latter reported to the Chief Executive Officer (CEO) who reported to the Board of Directors. Staff were clear about the relevant reporting mechanisms and told the

inspector that the person in charge and the sector manager were available to them as required.

Systems to review the safety and quality of care and support to children were in place. There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents as outlined in Outcome 07: Health and Safety and Risk Management. The risk register was comprehensive and up to date as were individual risk assessments for the children. Regular line management meetings up to the director of services level provided a forum for on going review of the service and the achievement of its objectives. However, arrangements were not adequate to ensure that staff exercised their personal responsibilities for the quality and safety of care as a performance management system was not in place.

There was evidence of oversight of the children's records and audits to monitor the quality and safety of the service in the centre which was an action from the previous inspection. The person in charge signed off on HIQA notifications, quality assured records and completed a quarterly compliance checklist of key documentation required. Inspectors viewed the monthly significant events reports sent to the sector manager and found them to be comprehensive. Audits took place of medication management, health and safety, fire safety and restrictive practices were monitored by the behavioural standards committee.

Notifications had been made within the appropriate time-frames by the person in charge to the Authority. An on-call arrangement was in place so that staff could contact a manager within the company for advice or support at any time of the day.

The provider nominee had a good knowledge of the regulations and standards. She had put in place a formal system for carrying out a six monthly unannounced visit to the centre by sector managers. Inspectors saw a completed report arising from these visits. The annual report on the safety and quality of the service was also made available to inspectors alongside the action plan to address any issues arising. Inspectors saw the survey results from parents as part of the formal consultation with them in relation to their experience of the service.

The person in charge had a degree in social care and had over 15 years of experience of working with people with intellectual disabilities within the organisation. He had undertaken management training and while his post was fulltime he was also the person in charge for other centres on the campus. He demonstrated that he managed all aspects of the centre though he was not based in the premises and knew the children well. He also knew the standards and regulations. Staff told inspectors that they were well supported by the person in charge. Inspectors viewed the records of team meetings and found that they were regularly held and were comprehensive. Parents considered the level of communication between the staff to be excellent.

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):

No actions were required from the previous inspection.

Findings:

Formal arrangements were in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. The person in charge was not based in the centre and the social care leader was on the staff roster and managed the centre effectively on a day-to-day basis.

There had not been any times when the person in charge had been absent from the designated centre for 28 days or more. The provider nominee was aware of the requirement to notify the Authority in such an event.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

While the premises required some improvements as outlined under Outcome 6: Safe and Suitable Premises, the facilities available in the centre were of a good standard and were monitored by a facilities manager. Children were afforded adequate space both inside and outside the centre. They also had access to a range of resources such as sensory rooms, toys and games and some outside play equipment. The centre had access to suitable vehicles for transporting children to and from community activities.

Resources were allocated for any repairs, for the maintenance and servicing of equipment and the upkeep of the centre.

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):

No actions were required from the previous inspection.

Findings:

At the time of inspection, the numbers and skill mix of staff were appropriate to the assessed needs of children. Good systems were in place for the induction of new staff and children were provided with continuity of care by staff who were qualified, experienced and trained.

The social care leader was responsible for the day-to day management of the centre and was included in the staff rota. The rota was planned one month in advance. The person in charge told inspectors that there was no formal assessment tool in use to determine the dependency level of a child and that staffing levels were determined in relation to the assessed needs of the children. A review of the staff rota provided evidence that the staffing levels took full account of the needs of the children. There were eight whole time equivalent staff members. While the children were in the centre, four staff were on duty with two staff assigned to each child. At night, there was one waking and one sleeping staff.

Inspectors spoke with staff who confirmed what training they had received and records showed that staff had received core training in Children First (2011), fire safety, manual handling, safeguarding, safe administration of medication, first aid and managing behaviour that challenges. Inspectors observed the interaction between staff and children and found that staff treated the children with warmth and respect and knew the children very well. They made efforts to ensure that the children were given opportunities to express themselves and exercise choices. Parents spoke very positively of the staff and the relationships they had with their children and that the staff continuity was a great strength of the centre. Staff who were interviewed were knowledgeable and competent and knew the policies and procedures, the legislation and standards.

There was a good induction process in place for new staff. Inspectors viewed the staff files of four staff members. The files were well-maintained and the documents required by Schedule 2 were easily accessible. All four files contained all the information and documents specified in the regulations. Inspectors viewed supervision records and found the sessions to be of good quality and the person in charge said that the social care leader was able to direct staff on a daily basis as she was part of the staff rota. Nevertheless, formal supervision sessions only took place every six months which was not sufficient and the social care leader had only received training in group supervision.

There were no volunteers involved in the centre at the time of inspection.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

No actions were required from the previous inspection.

Findings:

The majority of policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely and were generally accurate, up to date and well maintained.

A directory of residents was kept in the centre and this contained all of the items required by the Regulations. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage of archived files. The centre was adequately insured.

Policies and procedures required by the regulations were in place and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them and inspectors viewed staff signatures as evidence.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Patricia Sheehan
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 Brothers of Charity Southern Services
Centre ID:	OSV-0005135
Date of Inspection:	11 November 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 02: Communication

Theme: Individualised Supports and Care

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

Staff had not received sufficient training in the use of a picture exchange system.

1. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

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

Speech and Language Therapists will provide Total Communication Training to the staff team on communication strategies.

Proposed Timescale: 12/02/2016

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 criteria for admission of children was not transparent.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The criteria for admission, in accordance with the Statement of Purpose, will be detailed in the Admissions Transfer and Discharge Policy

Proposed Timescale: 12/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

While there was a plan to provide appropriate outdoor recreational equipment and age appropriate recreational facilities, there was no timeframe as to when this work would be completed.

3. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

Timeframe has now been finalised – Phase 1: January – February 2016 to prepare the ground work and make garden accessible during winter months; Phase 2: March 2016 purchase appropriate play equipment

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

One child only had access to a bath and not a shower and another child only had access to a shower and not a bath.

The laundry area was not accessible for one child and did not support their long term independence.

A timeframe were not established for a kitchen to be accessible to one child.

There was insufficient suitable storage.

The perimeter wall of one of the outside areas was low in some places and required a risk assessment to ensure it did not present any safety issues.

4. 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:

The bathroom and laundry areas will have a new access created the week commencing 11th January 2016.

Additional storage will be provided in the dining room in the week commencing 11th January 2016.

A plan has been developed to install a new kitchenette to provide for one child in accordance with behaviour support and occupational therapist recommendations and will be completed by 31st March 2016.

Risk Assessment on rear perimeter wall has now been completed and a risk management plan has been put in place

Proposed Timescale: 31/03/2016

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:

Arrangements for the identification, recording and investigation of, and learning from, serious incidents were not included within the overall risk management policy.

5. Action Required:

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

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

The Policy on Reporting and Management of Incidents and Accidents is currently being reviewed and will specify the procedures for the identification, recording and investigation of serious incidents or adverse events involving residents.

Proposed Timescale: 29/01/2016

Theme: Effective Services

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

A timeframe for installing appropriate door closer devices on all fire doors in the centre was not provided.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Door closer devices have been installed.

Proposed Timescale: 18/12/2015

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:

The protocol in place between the centre and the school regarding administration of medicines required review in order to reduce the number of medication errors.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge has organised a meeting with the school team The protocol between the centre and the school is written up and the school nurse is now implementing the Services Policy on the Safe Administration of Medication.

Proposed Timescale: 16/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations.

The statement of purpose was not accurate as regards the organisational structure and the layout of the house and the floor plans reflected these inaccuracies.

The statement referenced that at holiday times there could be another child facilitated at the centre which was not possible.

8. Action Required:

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

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

Statement of Purpose has been amended to ensure it contains all of the information required under Schedule 1 of the Regulations, to reflect changes in Governance Structures and other inaccuracies.

Proposed Timescale: 22/12/2015

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:

Arrangements were not adequate to ensure that staff exercised their personal responsibilities for the quality and safety of care as a performance management system was not in place.

9. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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 staff. Training for line managers and staff is currently being prioritised.

Proposed Timescale: 26/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not receive sufficient supervision to ensure effective support and the social care leader had only received training in group supervision.

10. 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:

The Services have a model on group supervision and one-to-one supervision for staff incorporating performance management is currently being introduced for all staff. Training for line managers and staff is currently being prioritised.

Proposed Timescale: 26/02/2016