

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Mhuire
<b>Centre ID:</b>	OSV-0001824
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Joseph's Foundation
<b>Provider Nominee:</b>	David Doyle
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 22 July 2016 09:10 To: 22 July 2016 18:30

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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was a monitoring inspection carried out to monitor the compliance of the centre with the regulations and standards. This centre was a designated centre for children with disabilities that offered a residential service.

**How we gathered our evidence**

As part of the inspection, inspectors met four children and a number of staff that included the social care leader (person in charge), a social care worker who acted as the deputy social care leader and a number of care assistants. The inspector also met with the residential services manager (person nominated by the provider) and the assistant manager of residential services (a person involved in the management of the centre). The inspector spent time with and observed the children on the day of the inspection. The children were unable to tell the inspector about their views of the quality of the service they received, but the inspector observed staff interacting with them throughout the day and they appeared content and well. The inspectors

read documentation such as a sample of children's care files, incident and accident records and medication records.

#### Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations which described the service provided. Inspectors found that the service matched what was described in that document. The statement of purpose identified that the centre catered for four children with a diagnosis of an intellectual disability and/or autism. The maximum number of children that the centre could cater for was four children of both male and female gender. The centre was a spacious, detached bungalow with a rear garden that was fenced in. There were five bedrooms at this centre, a bathroom and a shower room, two sitting rooms and a kitchen. A recreation room was being refurbished on the day of the inspection. The centre was located outside a town and the children had access to local recreational services.

#### Overall judgment of our findings

The inspector was satisfied that the provider had put systems in place to ensure that adequate governance arrangements were in place. The children received an individualised service that was age appropriate and tailored to their needs. The service was led by a committed person in charge, she had the relevant qualifications and was very knowledgeable about the standards and regulations.

There were some areas of non-compliance that required improvement:

- a contract did not have all the required information on fees (outcome four)
- some aspects of healthcare required improvement (outcome 11)
- staffing arrangements during term-time required review (outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in how children were consulted with and participated in the organisation of the centre.

At this inspection, improvements had been made in how children were consulted with and participated in the organisation of the centre. The inspector viewed a sample of weekly house meetings that had been organised by staff with the children. These showed how the children were consulted about the week ahead and the choices that they made with regard to activities. At the monthly staff team meetings, there was reference made under 'advocacy' whereby any decisions or discussions at the children's weekly house meetings would then feature at these staff meetings.

**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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, an analysis of the children's ability to use assistive technology to promote their full capabilities had not been conducted.

At this inspection, there was WIFI available at the centre and there were two tablets available for children to use. The person in charge told the inspector that there were facilities available on these tablets for children to communicate with their families as 'apps' had been downloaded however these services had not yet been taken up by the families. Since the previous inspection, two staff members were recorded as to have completed training in how to use these tablets.

**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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the arrangements for fees and additional charges were not set out in the terms and conditions of residency.

At this inspection, the inspector found evidence that arrangements were mostly in place for all residents with regard to contracts and fees however the arrangements in relation to fees for one child were not confirmed in their contract. This was noted to the person in charge who undertook to address this following the inspection.

**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:**

Systems were in place at the centre to ensure that the welfare and well-being of children who lived at the centre was promoted by an on-going assessment of need that included multi-disciplinary input. Personal plans were in place for all children and drawn up in consultation with family members. There were systems in place to support transitions of children between childhood and adulthood.

Each personal plan was based on an assessment of need. There was evidence that the needs of children were continually discussed at bi-monthly multi-disciplinary meetings. Copies of reports from professionals were kept on the child's file for example positive behavioural plans and occupational therapy reports.

Personal plans were in place for all children. These plans were written in a child friendly manner. There was a system in place for the formal review of personal plans. The representatives of the children were invited to these reviews.

Short-term and long-term goals were set for children. The goals did not reflect all that was being achieved with the child, for example there was little cross reference between goals identified in the personal plan with the goals that staff discussed with the inspector. Given that all four children at the centre at the time of this inspection were in their adolescent years, there was insufficient evidence to show that the children were supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection. There was little reference in goal setting to these skills and their understanding of same.

There were systems in place to ensure that children would be supported in transitioning to adult services however some improvements were necessary in the documentation of these arrangements. At this time of this inspection, one child was transitioning to adult services. The transition was planned and incorporated a staged timeline that would ensure that the child would settle well into their adult placement. Overall, however, the documentation required improvement as there was no written plan that documented all that was being done with the child to prepare them for their move.

**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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the last inspection, some of the furnishings and fittings throughout the centre were in need of replacement.

At this inspection, there was a significant amount of refurbishment taking place on the day of the inspection as part of what was described by the person in charge as a rolling refurbishment plan for all centres. Some of the floors were being replaced and new wardrobes had fitted in the children's bedrooms. Most rooms had or were in the process of being freshly painted. There was fitted furniture removed in some of the communal spaces that gave a more spacious and modern feel to the centre. The kitchen had been replaced following the prior inspection. A third communal space described as a recreation room was being refurbished for the children.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

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

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



**Findings:**

At the last inspection, measures and actions in place to identify and assess the risk of self-harm were not set out in the risk register. Improvements were required in cleaning systems. The procedure for staff to follow in the event of a fire was not displayed in a prominent place. At this inspection there were systems in place to protect the health and safety of children, staff and visitors in the centre. The actions from the previous inspection were addressed.

Policies and procedures were in place regarding health and safety. At an organisational level there was a corporate risk management policy in place which contained reference to the hazards identified in regulation 26. There was training scheduled by the organisation on manual handling, first aid and fire safety for the year ahead. A risk register was attached to the health and safety statement and additional hazards were added to this register by the person in charge in conjunction with the health and safety officer. All hazards were regularly reviewed by her and the health and safety officer.

Each child had a set of individualised risk assessments in place and these were within their review date and were created as events arose. The controls in place for one child to deal with behaviours of concern required further review. Furthermore, the inspector found that there was insufficient risk analysis of weight management at the centre, be that weight loss or weight gain.

There were clear procedures for staff to follow in the event of an incident or accident and these events were recorded on a log book, a duplicate of which was forwarded to and reviewed by the co-ordinator of residential services and the health and safety officer. There was regular communication between the person in charge and the health and safety officer and they met once a month to review all incidents and accidents at the centre and together they identified patterns and made notes on their analysis of the incidents. The inspector reviewed a sample of incidents that had taken place at the centre in the 12 months prior to this inspection and these related mostly to incidents of challenging behaviour and peer to peer aggression. The person in charge was aware of the trends and confirmed that where necessary referrals had been made to multi-disciplinary professionals in an effort to assess the root cause of some of the behaviours, evidence of which was seen by the inspector. The inspector noted that a recent health and safety check identified an issue with one of the fire doors not closing as it should. This matter was still outstanding. Following the inspection, the person in charge confirmed in writing to HIQA that this issue had been resolved and all of the fire doors had been re-checked by the maintenance team.

Satisfactory procedures were in place regarding infection control but a mopping arrangement required standardisation. The centre used health service executive (HSE) guidance to guide their practice in this area. Posters on hand washing were clearly displayed in the bathrooms at the centre. Soap dispensers and paper towels were available for staff and children to use. Staff had access to separate hand-washing facilities. The centre was clean. Cleaning equipment was stored in the laundry room. A cleaning schedule was in place however the cleaning records completed by the night-staff were not always reviewed by the person in charge. The person in charge described to the inspector the arrangements in place for mopping but this arrangement was not written down nor displayed clearly for all staff to see.

Fire safety precautions were in place at the centre. A fire safety policy was in place. Suitable fire equipment was provided and serviced within the previous 12 months. Fire exits were unobstructed. All staff on the core team had been trained in fire safety and refresher training was booked in for later in the year. Quarterly inspections of the fire management alarm system had taken place by a contracted company. Emergency lighting was serviced quarterly. Each child had a personal emergency egress plan (PEEP). Staff performed daily checks on fire safety precautions. Regular fire drills took place at the centre and comments regarding each drill were recorded by staff. The names of children that took part in fire drills were recorded. The procedure for children, staff and visitors to follow in the event of an emergency evacuation were set out in the hallway.

The centre vehicle was in use at the time of the inspection but a copy of the tax and insurance was viewed by the inspector. The vehicle was not yet due for an NCT.

**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):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional, behavioural and therapeutic support that promoted positive behaviour. A restraint free environment was promoted in the centre however there were improvements necessary in the identification of practices that were restrictive.

Measures to protect children from being harmed or suffering abuse were in place at the centre. An organisational policy on child protection was in place. Staff were trained in Children First (2011): Guidance for the Protection and Welfare of Children. Staff members were observed treating children with respect and warmth. During interview, staff had a good awareness of what constituted abuse and what to do in the event of them having a concern about a child. Staff were also aware of the designated liaison

person within the organisation and a photograph of this staff member was clearly displayed in the hallway of the centre. Where appropriate, concerns had been forwarded to the designated liaison person and on to the child and family agency, Tusla. The person in charge told the inspector that she assured herself of the safety of the children on a day to day basis through a review of records written by staff, observation of their practice by working on the floor alongside them and regular staff team meetings and supervision. The inspector viewed a range of documentation that confirmed these processes. Intimate care policies were in place at the centre and plans were contained in each of the children's files.

The person in charge was cognisant of the children in her care who were in the care of the State. The system ensured that there was regular contact between staff at the centre and the appointed Tusla social worker. The person in charge attended statutory child in care meetings, she also organised review meetings outside of the statutory meetings to which she asked the social worker to attend. Social workers, where appointed by Tusla visited children at the centre. The person in charge initiated contact with Tusla social workers and was pro-active in this role. Despite these arrangements in place, a statutory care plan for a child was not up-to-date. The person in charge addressed this immediately during the inspection and confirmed receipt of the up-dated care plan to the inspector following the inspection.

Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. A restraint-free environment was promoted at the centre. All staff were recorded as to have completed training in the management of behaviour that challenged. During interview, staff described appropriate pro-active strategies to deal with behaviour that challenged. Despite these positive systems in place, not all children had a behavioural plan that reflected all of their current behaviours and the associated risks. The way in which staff supported one of the children through close supervision was not sufficiently documented nor identified as a restrictive practice.

**Judgment:**  
Substantially Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

**Findings:**

Children were supported on an individual basis to achieve the best possible health but improvements were required.

The day to day healthcare needs of the children were met through healthcare professionals such as speech and language therapists, behavioural specialists and their general practitioner. Staff facilitated children to attend their healthcare appointments and kept records of same. The inspector viewed individualised guidance to staff on the attendance to healthcare needs whereupon the child was refusing same and this was found to be suitable. One of the children had been referred to child and adolescent mental health services and had been prioritised for assessment which was appropriate given the circumstances.

The inspector found that the medical attention given by staff to an open wound on the leg of one of the children was not supported by a wound care plan. At the close of the inspection, the person in charge showed the inspector the wound care plan she had put in place and also confirmed that an appointment had been made with a general practitioner following the inspection.

There were insufficient systems in place to monitor the weight of the children. The inspector found that three of the four children had gained considerable weight in the previous 18 months and asked the person in charge for assurances in this regard. The person in charge addressed this immediately during the inspection and arranged for a general practitioner to review the weight of the children, following which she confirmed to HIQA that all three children were placed on weight management programmes.

Children had access to healthy snacks outside of meal times and they each had their own individual lunch box in a fridge that they could open throughout the day. The record of nutritional intake viewed by the inspector contained information of choice being offered but did not contain sufficient information to help the person inspecting the record determine whether the diet was satisfactory. The inspector viewed a range of healthy food available for children.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children were protected by the centre's safe systems of medication management.

Policies and procedures were in place for the management of medication. There were three members of staff that were trained in medication administration, the person in charge and two social care workers. All staff were trained in the administration of buccal midazolam. All but one staff were trained in occupational first aid.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicine to children. Medication was kept locked in a medication press in the staff office. Each child had a separate area for their medications in the medication storage system. At the time of the inspection, only over the counter and prescribed medication was kept in the centre and no child was prescribed controlled drugs.

Medication management was audited by the co-ordinator of the service. An audit had been completed in January 2016. The person in charge discussed the findings of the audit with the inspector and discussed the progress of actions recommended arising from this audit. Staff also completed regular in-house checks of medication that included medication counts. There were appropriate procedures in place for the handling and disposal of unused and out-of-date medications and no medications were found in the storage compartment of this nature. A system was in place for the documenting of medical errors and the person in charge showed the inspector the error logbook. There were a small number of errors that were clearly documented and signed and dated.

A sample of prescription records were viewed by the inspector and these were found to be up-to-date and they contained information such as a photograph of the child along with their name and address and contact details of the general practitioner (GP).

The inspector viewed a sample of administration records and these confirmed that medicine was administered in the way they were prescribed. Administration records contained the signature of the person administering the medication, a signature sheet was in place to compare signatures to, there was sufficient space to record comments on and the times of administration matched the prescription record in the samples viewed by the inspector.

**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):**

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

**Findings:**

This outcome was not inspected in full but the actions arising from the previous inspection were commented on.

At the last inspection, not all of the requirements of Schedule 1 of the regulations were contained in the statement of purpose. The staffing ratio was not confirmed and the staffing arrangements at night-time were not set out. The statement had not yet been made available to the child and/or their representatives.

The inspector viewed the statement of purpose. This had been revised by the person nominated by the provider in the 12 months previous to the inspection. The statement now set out the staffing ratio and confirmed the numbers of staff that worked at night-time.

The inspector saw evidence that a copy of the statement of purpose was sent out to parents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Management systems were in place at the centre and these supported and promoted the delivery of safe, quality care services. An annual review system was in place however this was being revised at the time of this inspection following guidance issued by HIQA to providers on regulation 23. A system of internal audits was in place. The centre was managed by a person in charge who had relevant qualifications and was experienced in working for the organisation.

Management systems were in place to ensure that the service was safe, appropriate to the needs of the children, consistent and monitored. During interview, the person in charge and social care worker (who was responsible for the centre in her absence) described to the inspector the ways in which they reviewed practice such as the day to day supervision of staff, they reviewed incidents and accidents, they read daily progress records and unit day reports. A copy of the unit day report and incidents and accidents was also forwarded to the co-ordinator of the service for her review.

Arrangements were in place for the annual review of the service and unannounced inspections by the person nominated by the provider. A series of audits were also in place. The inspector viewed a copy of the annual review and the previous six month unannounced inspection and these did not adequately meet the requirements of the regulations. The manager and assistant manager of residential services confirmed that they were revising both documents at the time of the inspection in line with guidance set out by HIQA and would be using the revised templates going forward.

The person in charge alongside the co-ordinator of the service had put in place a system of audits at the centre and in the 12 months prior to this inspection a number of audits had been completed in areas such as medication management and finance. Records of audits were available in the centre and the person in charge discussed the results of some of these audits with the inspector. The social inclusion of children with the community had been audited in December 2015 by a person not directly employed at this centre and the activities that the children participated in had been reviewed as part of this audit and these were found to be appropriate. However, the personal plans had however not been reviewed since 2014. There was insufficient evidence of the person in charge reviewing the daily night records completed by night staff.

Arrangements were in place for staff to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. Formal supervision was in place and the inspector reviewed a sample of these records. A range of issues were covered with the dates of the next supervision were clearly set out. Staff team meetings took place and a wide range of issues were discussed at these meetings. Performance management development systems were not yet in place at the centre.

The person in charge had been appointed to the post in May 2014 and displayed a very good knowledge of the requirements of the regulations and the standards. She was qualified in the area and experienced in working in the organisation. She displayed an appropriate commitment to her own continuing professional development. She presented as very passionate about the rights of the children and their entitlement to a fulfilled life comparable to their peers. She and other staff had organised and participated in a fundraising event that resulted in a child enjoying a holiday abroad.

**Judgment:**  
Substantially 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):**

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

**Findings:**

There was sufficient staffing numbers and appropriate skill mix to meet the needs of the children. There were clear management systems in place. Children received continuity of care from a core staff team complemented by relief staff where needed. Staff had access to a continuous programme of on-going training provided to them by the organisation. They were supervised in a formal manner. At the previous inspection, some relief staff had not received supervision. The person in charge had not received written assurances that vetting was in place for the volunteers involved in capital works at the centre. Since the previous inspection, all staff including relief staff received supervision. There had been no use of volunteers at the centre.

There were appropriate numbers of staff on duty and a skill mix within the team to meet the assessed needs of the children in a safe manner. A social care model was in place at the centre and social care workers and care assistants were employed. Children received continuity of care from a core group of eight staff. Staffing rosters were maintained by the person in charge. There was a staff ratio of one social care worker and two care staff for the four children living at the centre during the day. During the night-time there was one member of staff who remained awake and one staff member (social care worker) on sleep-over. Proposed staff rosters were adequate in terms of skill-mix and numbers. An on-call roster was displayed in the staff office and this clearly showed who to call when it was out of hours. Children were observed receiving interventions and care in a respectful, timely and safe manner. A split shift system was in place at the centre meaning that during term time, there were no staff rostered to work at the centre during school hours. The person in charge told the inspector that she had commenced a review of these arrangements alongside the management team in order to assess whether this arrangement fully met the needs of the children.

Staff were supervised on a day to day basis and in a formal capacity. A formal supervision system was in place and the inspector viewed a sample of these records and these indicated that a range of issues were discussed at each supervision such as practice issues and training needs.

Continuing professional development was provided to all staff and there was documentary evidence of same. During interview staff confirmed that they had taken part in a variety of training in the 12 months prior to the inspection. Training schedules



were devised for the year and clearly showed the names of staff that were due to attend training and names of staff that had completed training.

There were effective recruitment procedures in place. A sample of staff personnel files were viewed by the inspector and these met the requirements of Schedule two of the regulations.

There had been no use of volunteers involved in capital works at the centre in the 12 months prior to the inspection. The person in charge was aware that she needed to be assured of the background of all volunteers. She would be assisted in this regard by a volunteer coordinator.

**Judgment:**

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):**

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

**Findings:**

This outcome was not inspected in full but the actions arising from the previous inspection were commented on.

At the last inspection, not all of the records of Schedule 5 were in place. The directory of residence did not state the location of all of the information as listed in Schedule 3 of the regulations, if not recorded in the directory.

At this inspection, the inspector viewed the directory of residence. This guided the reader to the location of the information that was set out in Schedule 3 of the regulations.

Records were kept and maintained at the centre and these mostly met the requirements of Schedule 5 of the regulations. The record of the food provided for residents were not however set out in sufficient detail to enable a person inspecting the record to

determine whether the diet was satisfactory in relation to nutrition.

**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:***

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Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	Teach Mhuire
<b>Centre ID:</b>	OSV-0001824
<b>Date of Inspection:</b>	22 July 2016
<b>Date of response:</b>	23 September 2016

### 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 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 arrangements for fees and additional charges were not adequately set out for all children.

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

**1. Action Required:**

Under Regulation 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:**

Under Regulation 24 (4) (a) the Registered Provider will 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.

**Proposed Timescale:** 01/10/2016

**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:**

The effectiveness of the personal plan was not sufficiently documented in writing.

**2. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in Charge will ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments as is required under Regulation 05 (6) (c) and (d).

**Proposed Timescale:** 30/10/2016

**Theme:** Effective Services

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

The goals set for children in their personal plans did not sufficiently take into account the onset of adolescence and the child's understanding of this.

**3. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Under Regulation 05 (4) (a) the Person in Charge will ensure that the Personal Plans will be reviewed and the goals set for the children will more accurately reflect their changing needs and circumstances.

**Proposed Timescale: 30/10/2016**

**Theme: Effective Services**

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

The expected discharge of a resident was not sufficiently documented in order to show the planning that was taking place.

**4. Action Required:**

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

Under Regulation 25 (4) (b) the Person in Charge will ensure that the discharge of a resident is planned and documented.

**Proposed Timescale: 01/10/2016**

**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:**

Not all hazards were identified and risk assessed.

**5. Action Required:**

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

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

Under Regulation 26 (1) (a) the Registered Provider will ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Proposed Timescale: 01/10/2016**

**Theme:** Effective Services

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

The arrangements for the mopping system were not standardised.

**6. 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:**

Under Regulation 27 the Registered Provider will ensure that residents who may be at risk of a healthcare associated infection are protected by adopting a more robust and standardised cleaning procedures.

**Proposed Timescale:** 01/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

A restrictive practice was in place at the centre at the time of the inspection which was not identified as such and not applied in accordance with national policy and evidence based practice.

**7. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Under Regulation 07 (4) the Registered Provider will ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Proposed Timescale:** 01/10/2016

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

The monitoring of weight was not sufficiently set out in the healthcare section of the personal plan. Weight was measured but there was no evidence that an analysis of weight gain or loss was performed by an appropriate staff member or healthcare professional.

**8. Action Required:**

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

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

Under Regulation 06 (1) the Registered Provider will ensure that appropriate health care for each resident is provided, having regard to each resident's personal plan.

**Proposed Timescale:** 01/10/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

There were some gaps in the auditing system at the centre. The personal plans had not been reviewed as scheduled.

**9. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Under Regulation 23 (1) (c) the Registered Provider will put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Proposed Timescale:** 30/10/2016

**Theme:** Leadership, Governance and Management

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

The annual review of 2015 did not contain reference to the views of the child and/or their family/representatives.

**10. Action Required:**

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

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

Under Regulation 23 (1) (e) the Registered Provider will ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Proposed Timescale:** 30/10/2016

**Theme:** Leadership, Governance and Management

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

The report following the six month unannounced inspection by the provider did not contain adequate reference to the safety and quality of care and support provided in the centre.

**11. Action Required:**

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

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

Under Regulation 23 (2) (a) the Registered Provider will ensure that a written report is completed which will reflect on the safety and quality of care and support provided in the centre following unannounced visits to the designated visit. The Registered Provider will ensure that a plan will be put in place to address any concerns arising regarding the standard of care and support.

**Proposed Timescale:** 30/10/2016

**Theme:** Leadership, Governance and Management

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

A performance management development system was not yet in place at the centre.

**12. 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:**

Under Regulation 23 (3) (a) the Registered Provider will 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.

**Proposed Timescale:** 31/03/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The record of the food provided for residents were not set out in sufficient detail to enable a person inspecting the record to determine whether the diet was satisfactory in relation to nutrition.

**13. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**

Under Regulation 21 (1) (c) the Registered Provider will ensure that the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 will be maintained and made available for inspection by the chief inspector.

**Proposed Timescale:** 30/10/2016