

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brambles
Centre ID:	OSV-0001851
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Catherine Byrne
Lead inspector:	Carol Maricle
Support inspector(s):	Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 05 July 2016 08:15 To: 05 July 2016 14:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the Inspection:

The purpose of this inspection was a follow up on the previous registration inspection.

How we gathered our evidence:

As part of this inspection, the inspectors met with five children who were recipients of respite care on the day of this inspection, two children that had stayed overnight and three children that arrived for respite in the afternoon. The inspectors were introduced to two parents. They met a number of staff, the deputy children's services manager, the children's service manager (person in charge) and the person nominated by the provider who was the head of operations. In addition, the inspector also met briefly with the acting chief executive officer (CEO) of the organisation and the human resource manager. Inspectors observed staff members as they interacted with the children. They reviewed a sample of policies and procedures and a range of other documentation such as personal plans and incident and accident logs. The residents were unable to tell the inspectors of their experience of respite care but they presented as happy and content to be at the centre. The inspectors observed a good rapport between staff, children and their

parents.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service matched what was described in that document. There were 23 children in receipt of services at the time of the inspection. On the morning of the inspection, there were three staff attending to the needs of two children. The centre was located in a detached bungalow on the outskirts of a village. The centre comprised of four children's bedrooms, one staff bedroom, a kitchen, a sitting room, a playroom, a sensory room and two bathrooms. A small office was located at the centre of the house from which the sitting room could be viewed through a viewing panel. Parking facilities were available to the front of the house to which children did not have access. Children could access an enclosed garden and play area to the rear and side of the house. The centre had access to local villages.

Overall judgment of our findings:

This was the fifth inspection of this centre and it was completed to monitor the centre's adherence to the action plan that they submitted to HIQA following the previous inspection. Overall, there had been improvements in the centre since the previous inspection but there remained a small number of outstanding actions from the previous inspection. During the inspection, the provider was advised by the inspectors to seek written assurances from a competent person that the building was in compliance with all fire safety regulations. At the time of finalising this report, the head of operations submitted a report from a competent person that showed how the centre was not in compliance with all fire safety regulations. These findings have been incorporated into this report.

Actions in this report include:

- a written contract of service was still not in place (outcome 4)
- the annual report of 2015 was not fully completed (outcome 14)
- there were some gaps in training (outcome 17)
- the centre was not compliant with fire safety regulations (outcome 7)

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 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):

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

Findings:

At the previous inspection, children could not always retain control of their possessions. There was no nominated person to oversee the complaints process in line with the regulations.

Children were not always able to maintain control of their possessions at the previous inspection. The issue had occurred during school term as a child's belongings arrived at the centre while they were at school and an inventory was then completed by a staff member prior to the arrival of the child to the centre. At this inspection, a protocol had since been developed by the deputy children's services manager which addressed this issue. This protocol stated that during school term the children's belongings were not to be opened while they were at school. Rather, staff waited until the children arrived at the centre and then completed their inventory. Outside of school term, the children arrived with their parents or representatives and brought their bags and other possessions with them.

Since the previous inspection, the provider had revised the complaints policy. The policy stated that a senior services manager would act as a complaints review officer. The policy also confirmed the role of the local complaints officer (the person in charge) and the organisational complaints lead (the head of operations).

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:

At the last inspection, a written contract for the provision of services was not provided for each resident on admission to the centre.

Inspectors found that progress had been made in relation to this deficit although written contracts signed by the child and/or representatives of the child were still not in place. The inspectors were shown a copy of the contract and were told by the person in charge that the contract was approved at senior level, it was being populated with the necessary data, and would be issued to families shortly. The deputy children's services manager confirmed that she had in the days prior to this inspection been populating each contract with the relevant information.

Since the last inspection, the deputy children's services manager showed the inspectors how she had revised the booking system at the centre. She had completed an analysis of the needs of each child including their medical needs, support needs and other variables such as the friendships that they had developed at the centre over time. She then used all this information to help inform her of the staff ratio needs for each child and how best to group children with each other.

It was noted in particular by the inspector how she took into account the friendships that each child had developed through the years of attending for respite and how these friendships were facilitated by her in decisions regarding bookings. The decision making process was both child centred and risk based.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

At the previous inspection, comprehensive assessments were not always completed prior to a child's admission. Personal plan reviews were not always multi-disciplinary. Personal plan reviews did not always assess the effectiveness of each plan.

A formal assessment was completed prior to children arriving for respite in line with the regulations. The deputy children's services manager showed an inspector the assessment tool that was now used by her for new admissions. The inspector reviewed a completed assessment for a child recently admitted to the centre for the first time. The assessment process was comprehensive and involved the person in charge liaising with a number of healthcare professionals to ensure that they had the most up-to-date information on the child's needs. A policy on admissions, transfers and discharges had been reviewed but it was not yet finalised on the day of inspection. The person in charge told inspectors that he expected it to be approved by the board of management in July 2016.

A personal planning system was in place. Children had personal plans developed by staff at the centre and these were entitled 'my personal plan'. These plans would be reviewed annually through the 'team around the child' (TAC) meetings arranged by the person in charge and deputy children's services manager. The deputy children's services manager told inspectors that the TAC meetings would ensure that personal plan reviews were multi-disciplinary and included the voice of the child and parent. She showed the inspector an example of how she incorporated the views of the child in a TAC meeting held recently. A key-worker and a child had completed a review of their personal plan prior to the meeting and the child was then invited to join the meeting and give their views. The deputy children's services manager hoped to roll out this process to all children where suitable. Staff had created a social story to help children understand what their personal plan was all about.

Following the previous inspection, the provider committed to ensuring that identified goals in the personal plans would be tracked for progression by the key-workers. At this inspection, the deputy children's services manager showed the inspector an example of a goal record sheet and it showed that the key-worker had completed regular updates

on goals to show their progression.

Staff were observed planning for the arrival of children to the centre. They consulted a range of data such as positive behavioural support plans and risk assessments in order to write written notes that would then be shared amongst them at a daily team meeting prior to the arrival of each child. The inspectors observed children attending for and leaving from respite. Staff were observed making parents feel welcome and they took the time to welcome and say goodbye to each child in an individualised manner.

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):

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

Findings:

At the previous inspection, the risk management policy did not describe the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The risk management policy did not describe the arrangements to ensure that risk control measures were proportionate to the risk identified and that any adverse impact measures might have on a resident's quality of life have been considered. The systems in place to identify, assess and manage risks within the centre were ineffective. One of the emergency exits in the centre did not ensure that all persons were brought to a safe location. Not all staff had received refresher training in fire safety.

At this inspection, there were systems in place to identify, assess and manage risk. The risk management policy had been updated and it now included a description of the arrangements for the identification and investigation of, and learning from, serious incidents or adverse events involving residents. The policy also took into consideration the adverse impact that risk control measures might have on the resident's quality of life. There was a separate policy to guide staff on serious incidents and adverse events.

An inspector viewed a sample of individualised risk assessments for children. These were found to be up-to-date and had the required information such as an assessment of the risk and identification of controls. Staff were aware of risk management in their day-to-day work. There were daily team meeting held at the centre and at these meetings the individualised risks for each child arriving for respite were discussed.

An inspector observed a staff member preparing the written notes for the daily team meeting. The staff member described to the inspector how they accessed this information for each child from their individual files and it was also contained in a collated risk folder.

Not all staff had completed training in risk management but they had an appropriate knowledge of risk in their day-to-day practice. However, the statement of purpose outlined that all staff would attend training in risk management. This is included under outcome 17.

Incidents and accidents were recorded and reviewed. An inspector viewed the system for the recording of incidents and accidents. All staff were required to complete incident forms where necessary. The accidents and incidents that had taken place at the centre included issues such as challenging behaviour, physical aggression and self-injurious behaviour. The form that staff used to record these events prompted them to think about antecedents to the event. Incidents and accidents were reviewed by the person in charge and a behavioural specialist where necessary.

The centre was not fully in compliance with the necessary fire safety regulations. Staff were trained in fire safety, an inspector viewed training records and these showed that all but one staff had completed the required training in fire safety including refresher training. The remaining staff member was scheduled to attend training in this area. An inspector met with a new member of staff who confirmed that they had received training since their appointment.

Inspectors viewed a number of fire extinguishers throughout the centre and a fire blanket in the kitchen. These had been serviced within the previous 12 months. Fire safety evacuation plans were posted throughout the centre. Regular fire drills had taken place prior to the inspection. There were systems in place for daily, monthly and quarterly checks of fire precautions.

Despite these measures, the inspectors requested that the provider seek assurances from a competent person that the centre was fully in compliance with the necessary fire safety regulations. An oil tank was located near a fire escape and this had been identified at the last inspection as a potential hazard. This oil tank remained in the same location but was now surrounded by fencing.

The inspectors were not assured that the location of the oil tank was in compliance with fire safety regulations. There was only one emergency light at the centre. The inspectors were not assured that the centre had the required number of fire doors. During the inspection, the person in charge and the person nominated by the provider agreed to arrange for a competent person to complete an assessment of the building in order to check compliance with all fire safety regulations.

At the time of finalising this report, the written assessment report was submitted to HIQA. This showed that a number of actions were necessary in order to ensure that the centre was fully compliant with all fire safety regulations. Actions were recommended in a number of areas such as emergency lighting and door closers or swing free door closers were recommended to be fitted to a number of doors.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the last inspection, not all staff had received training in relation to behaviour that was challenging. The practice in place for reporting concerns of child abuse did not always protect residents from all forms of abuse. The child protection and welfare policy guidelines on peer abuse did not always protect residents from all forms of abuse.

At this inspection, the deputy children's services manager showed inspectors training records that confirmed that the majority of staff had attended training in the management of actual and potential aggression. In addition, nine staff members were trained in positive behavioural support. The inspectors observed staff being mindful of the most up-to-date guidance issued by specialists for each child who had an individualised behavioural support plan. The guidance was contained both in the child's file and also in a folder that helped staff to quickly access the guidance. Staff referred to this information during their daily team meetings.

There were policies and procedures in place regarding child protection. The child protection and welfare policy had been reviewed in May 2016. The person in charge showed an inspector a written record confirming that staff had received a child protection induction in May 2016. However, the policy did not make reference to the health service executive (HSE) policy on the National Safeguarding of Vulnerable Persons at Risk of Abuse (2014). This was relevant as there were young people who were 18 years old in receipt of services from the centre. There was separate guidance in place for staff on peer abuse; however, this guidance stated that the organisation defined peer-to-peer abuse as bullying. This might be confusing for staff to follow as not all forms of peer-to-peer aggression can be described as bullying.

Judgment:

Substantially 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):

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

Findings:

At the last inspection, children were not always supported to access opportunities for education, training and employment.

At this inspection, children were supported to access education but this was not yet supported by a policy. The deputy children's services manager told the inspectors that the policy had been revised but it was not adequately suited to respite services. She had submitted suggested amendments to the head of operations. In the interim, the deputy children's services manager was confident that the TAC process captured important information such as education and training opportunities for older children and this was progressed during the year through the key-working system and goal setting. An inspector viewed an individualised education plan on file for a child and this was cross-referenced with a related educational goal in their personal plan. During interview, staff were aware of the role that they played in the child's education, for example in helping the child complete their homework if they had come from school on the day of their respite.

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):

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

Findings:

At the last inspection, there was little evidence to suggest that children were encouraged to make healthy choices.

At this inspection, there was evidence that children were encouraged to make healthy choices. An inspector viewed pictures of the food choices that were available to children daily at the centre. There was a mix of fresh fruit and vegetables. The deputy children's services manager outlined to the inspectors the progress in this area following the last inspection. She had contacted the parents of all the children in receipt of services regarding their child's food preferences. She then sought information on the foods that parents would like to see their children try while at the centre. This was described as 'food sampling'. This information was then analysed by her and a shopping plan was devised. Staff did their weekly shopping based on a shopping protocol that incorporated the foods that children liked to eat and also what they and their parents were encouraging children to try.

The deputy children's services manager also sought a plan from the behavioural specialist on food sampling in general to act as a guide for her and the staff. This ensured that the way in which they were encouraging children to eat healthier foods was based on a plan devised by a behavioural specialist. During discussions with inspectors, it was clear that staff were aware of these plans. Some parents brought food into the centre for their children to eat and staff were observed facilitating these arrangements.

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:

At the last inspection, the statement of purpose did not specify the care and support needs that the centre intended to meet and the arrangements for the supervision of children during contact with family required clarification. The criteria for admission to the centre were not specific enough to ensure that children were admitted for periods of respite only in keeping with the centre's statement of purpose.

At this inspection, the deputy children's services manager told the inspector that these non-compliances had been addressed in full following the last inspection. An inspector viewed the most recent version of the statement of purpose. This statement met the requirements of the regulations.

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):

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

Findings:

At the previous inspection, some management systems were not effective or sufficiently developed to ensure the service provided was safe, appropriate to the children's needs, consistent and effectively monitored. A staff performance management system was not in place.

At this inspection, management systems were effective and well developed to ensure that the service provided was safe and appropriate to the needs of the children. Appropriate monitoring systems were in place. However, a formal staff performance management system was still not in place at the centre.

There was a clear management structure at the centre. At the time of the inspection, the children's services manager (person in charge) was on long-term leave and there was an interim person in charge who was a senior manager working within the organisation. He was not based in the centre full-time. However, a deputy children's services manager was at the centre and she reported to the interim person in charge. The inspectors were informed that on the day following the inspection, the deputy children's services manager would be officially appointed as the person in charge at this centre. The inspectors met this deputy children's services manager throughout the inspection. She had a very good knowledge of the regulations and standards. She was already involved in the governance and management of the centre in her role as deputy children's services manager. She had introduced changes and developments to how the centre operated since her appointment to the role of deputy children's services manager

in January 2016. She was observed interacting with the children and parents in a positive way and it was clear that they all knew her well. She was based full-time at the centre, was supernumerary to the roster and would continue in this manner upon her appointment to the role of the person in charge.

Staff received supervision from the deputy children's services manager. She had attended formal training in this area a number of months prior to this inspection and since then had rolled out supervision in a formal manner to all staff. A staff performance management appraisal system was not in place at organisational level.

Regular audits took place in the centre and these, along with the six-monthly unannounced provider inspections, meant that there was oversight of the centre. The person in charge showed an inspector a tracking system that was now in place that helped him to track all findings and recommendations made at audits and at six monthly unannounced inspections carried out by the provider. In addition, the deputy children's services manager and person in charge had documented the progress that they had made since the previous HIQA inspection in a report, a copy of which was shown to an inspector.

The annual report of 2015 was forwarded to HIQA following the inspection. This report was written based on the findings of the two unannounced six-monthly visits by a person nominated by the provider. Some aspects of the report were still in draft format despite the report being described as finalised, for example there were no findings under the section described as governance and management. It was not clear from the report that the provider had ascertained the views of the children and their parents or representatives.

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

Findings:

At the previous inspection, a full employment history was not retained on file for all staff members. Job descriptions and contracts of employments were sometimes contradictory and it was not always clear how many hours per week a person was employed to work. Staff members were in need of refresher training across several mandatory training courses. Some staff members had not received communication training relevant to the needs of the children. An efficient continuous professional development programme was not in place to ensure that staff training needs were identified and met.

At this inspection, an inspector viewed a sample of personnel files and found that the information matched the requirements of Schedule 2 of the regulations.

A training programme was in place at the centre and an inspector viewed the training matrix for all staff. This recorded the date that staff members completed training, the due date for refresher training and the actual date that the staff member was booked in to attend the refresher training. The matrix showed that almost all staff completed training in core areas such as first aid, fire safety training, medicines management, the management of actual and potential aggression, manual handling and child protection. Where a staff member had not yet completed training, a training date was confirmed.

A number of staff were identified as requiring refresher training in child protection but a date had not yet been confirmed for this training. According to the statement of purpose, risk management was described as a core training however, this was not completed by all staff. Only three staff had completed training in this area.

There were other training courses that some staff attended and these were described in the statement of purpose as additional courses, for example training in restrictive practice, risk, report writing, positive behavioural support and communication. Following the last inspection, the provider had committed to ensuring that some staff would be trained in LAMH in early 2016. At this inspection, no staff were recorded as having completed this training, although four staff in total were recorded as having completed this training a number of years earlier. Nine staff members had attended training in positive behavioural support.

Inspectors noted that some residents who attended on respite received enteral nutrition via percutaneous endoscopic gastrostomy (PEG). Inspectors observed that adequate controls were in place to manage the risk associated with the administration of nutrition via PEG feeding including an enteral feeding care plan and a record sheet that documented the observation by staff of the feeding process.

The deputy children's services manager with whom inspectors spoke with was knowledgeable in relation to the routine management and associated complications of PEG feeding. An inspector reviewed the training that staff had received in this area. There were only four staff in the staff team who had completed training. This was concerning to the inspector given the risks involved with this type of feeding. The deputy children's services manager accepted that staff required training in this area and she showed an inspector the efforts she was undertaking to ascertain the level of training and refresher training required by staff records in this area.

Judgment: Non Compliant - Moderate
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Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Carol Maricle
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:	Brambles
Centre ID:	OSV-0001851
Date of Inspection:	05 July 2016
Date of response:	26 August 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:

A signed written contract between the provider and the child/child's representative was not yet in place.

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

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

- 1) Agreements for the Provision of Care have been circulated to resident's representatives for signing for all children in the designated centre as of 25th August 2016.
- 2) Any new referrals will have a signed Agreement for the Provision of Care in place prior to admission to the designated centre as of 12th August 2016.

Proposed Timescale: 25/08/2016

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:

There was insufficient emergency lighting at the centre.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- 1) A review of the emergency lighting in the designated centre was conducted by a competent person and report outlining recommendations provided as of 22nd July 2016.
- 2) The recommended changes in the emergency lighting system have been made as of 16th August 2016 in order to ensure compliance with relevant fire safety regulations.

Proposed Timescale: 16/08/2016

Theme: Effective Services

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

The provider did not ensure that effective fire safety management systems were in place at the centre.

3. 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:

- 1) A review of the fire safety management systems in the designated centre was conducted by a competent person and report outlining recommendations provided as of

22nd July 2016.

2) The recommended changes in the fire management system will be made by 9th September 2016 in order to ensure compliance with relevant fire safety regulations.

Proposed Timescale: 09/09/2016

Theme: Effective Services

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

The provider did not ensure that there were adequate arrangements in place for containment of a fire.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1) A review of the fire safety management systems including arrangements in place for the containment of a fire in the designated centre was conducted by a competent person and report outlining recommendations provided as of 22nd July 2016.

2) The recommended changes to the arrangements in place for the containment of a fire in the designated centre will be implemented by 9th September 2016 in order to ensure compliance with relevant fire safety regulations.

Proposed Timescale: 09/09/2016

Theme: Effective Services

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

The provider did not ensure that sufficient precautionary measures were in place to address the risk that an oil tanker posed to the centre.

5. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

1) A review of the centres compliance with relevant fire safety regulations conducted by a competent person and report outlining recommendations provided as of 22nd July 2016. This report considered the position of the oil tank and the risk that it posed to the centre.

2) The recommended changes to the oil tank will be made by 9th September 2016 in order to mitigate the risk to the designated centre and ensure compliance with relevant fire safety regulations.

Proposed Timescale: 09/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The guidance on peer to peer abuse only referred to bullying. It did not reference other types of peer to peer aggression. The child protection and welfare policy required updating to ensure that the most recent guidance issued by the HSE on persons with a disability was referenced in the policy.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- 1) The Child Protection and Welfare Policy will be reviewed to reflect the most recent guidance issued by the HSE on persons with a disability. 30th September 2016
- 2) The Peer to Peer Guidelines will be revised to reflect other forms of peer to peer aggression, including bullying. 30th October 2016

Proposed Timescale: 30/10/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was a risk that staff may not fully support children in accessing opportunities for education due to the lack of a policy that guided them in this regard and was specific to respite services.

7. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The Education Policy has been revised to provide specific guidance in supporting children's education where they are availing of short-break supports in a designated centre. This policy will be forwarded to the Board of Directors for approval at the next scheduled meeting on 12th September 2016.

Proposed Timescale: 12/09/2016

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:

It was not clear from the annual review that the provider had ascertained the views of the children and their parents/representatives

8. 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:

- 1) The annual review of quality and safety of care for 2015 included consultation with residents and their representatives. The Family Liaison Co-Ordinator drafted a report based on responses to questionnaires in October 2015. This report has been included in the revised annual review as of 25th August 2016.
- 2) As of January 2016, the organisation has developed a comprehensive and robust internal audit structure which takes into account the effectiveness of management structures and systems in ensuring the quality and safety of care in the centre. These audits are completed by the Quality and Compliance team.
- 3) Under the revised audit structure, the annual review of quality and safety of care in the designated centre for 2016 will be informed by two unannounced six monthly audits, feedback from residents and their representatives and an audit of progress towards completion of actions identified throughout the year. 31st January 2017

Proposed Timescale: 31/01/2017

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 was not a complete document.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Annual Review for 2015 submitted to the Regulator has been revised to address the identified gaps as of 25th August 2016 and is available in the designated centre.

Proposed Timescale: 25/08/2016

Theme: Leadership, Governance and Management

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

A formal performance management appraisal system was not in place.

10. 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:

- 1) The Children's Services Manager completed Performance Management Training with the Human Resources Department on 11th August 2016.
- 2) The Children's Services Manager will commence the roll-out of Performance Management by 30th October 2016, and will be supported by the Human Resource Department where appropriate.

Proposed Timescale: 30/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff members had received training in communication methods used by children. Not all staff had the required training in PEG feeding. Not all staff had attended risk management training, which was not in line with the centre statement of purpose.

11. Action Required:

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

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

- 1) Since inspection and as of 25th August 2016, 14 staff have received training in PEG feeding. Five outstanding staff will complete this training by 9th September 2016.
- 2) The training calendar is currently being revised to include further courses in Responsive Communication and Lámh in 2016. Staff will be scheduled to attend in order to ensure that appropriate support in communication is provided to children in the designated centre. 23rd December 2016
- 3) The Quality Compliance and Training Manager has delivered a Risk Management Workshop at a staff team meeting on 20th July 2016.
- 4) The Statement of Purpose has been revised to clarify that the Risk Management Workshop is mandatory for the Children's Services Manager of the designated centre, their Deputy, the Health and Safety Representative, and Keyworkers. 12th August 2016

Proposed Timescale: 23/12/2016