

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cliff House
Centre ID:	OSV-0003257
Centre county:	Dublin 3
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stepping Stones Residential Care Limited
Provider Nominee:	Steven Wrenn
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 July 2016 09:30 To: 07 July 2016 16:00

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 13: Statement of Purpose
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The designated centre was registered in December 2015 and had four inspections in total. The last follow up inspection in this centre was undertaken in April 2016. Subsequently, the provider applied to vary its registration to include an additional house, which it was proposed would offer residential care to two additional children. If granted this would bring the total placements between both houses up to five young people. The purpose of this inspection was to inform a decision regarding the application to vary.

How we gathered our evidence:

As part of the inspection, the inspector spent a day in the new house and four outcomes were inspected against. The original house was not visited as part of this inspection. The inspector assessed the premises, met with the provider nominee and the provider's quality and assurance monitor who was engaged as an external consultant. The person in charge of the designated centre was not available for interview on the day of inspection. The inspector reviewed documentation and templates such as care plans, medical records, accident logs and reviewed policies and procedures in place which were the same as those being used in the registered centre.

Description of the service:

The service proposed was described in the providers statement of purpose, dated March 2016. It stated that the centre would provide residential care for young people with intellectual disabilities and autistic spectrum disorders on a full-time basis across

two locations. One house would continue to provide residential care for three young people whilst the new house would provide residential care for two children. At the time of inspection, no children had yet been identified for the new centre. The statement of purpose outlined that both houses would provide medium to long term residential care to young people of mixed gender between the ages of 10 - 18 years, who require medium to high support. It was stated that the centre was not intended to meet the needs of those with mobility restrictions or those who required nursing care.

Overall judgement of our findings:

The inspector found that the premises was not fit for purpose and did not meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in a number of respects. Major non-compliances were identified in relation to the suitability of the premises (Outcome 6) and fire precaution arrangements (Outcome 7). These non-compliances are outlined in detail within the body of the report. The providers response to these non-compliances is detailed in the action plan at the end of the report, one of which was a decision taken by the provider to reduce its application to accommodation for one child instead of two. The action plan response informs the decision process of the registration panel in HIQA.

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 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the house was not considered appropriate for its stated purpose.

This meant that it was likely not to meet the individual and collective needs of a young person living there. The house was clean, suitably decorated and well maintained with suitable furnishings, fixtures and fittings in place. However, there was limited private and communal living space available.

The house consisted of two individual bedrooms in the upper floor of the cottage which was an attic conversion. The inspector noted that both rooms, but one in particular, had limited living space and storage facilities for the personal use of residents. There was also a small communal bathroom on the upper level. The ground level of the cottage consisted of a small hall way which led into an open planned small to medium sized sitting room, come dining/ kitchen area. There was no toilet facility available on this level. The basement level of the house consisted of a staff office and a room which was currently being used by the centre for the home tuition of a child from the other house. There was a bathroom facility in the basement level. The statement of purpose outlined that the house would provide residential care to young people of mixed gender between the ages of 10 - 18 years, who require medium to high support. The inspector considered that the limited space available in the centre would be further exacerbated by the number of staff required to meet the proposed young people's needs.

The garden to the rear of the centre was divided into two levels by seven cement steps in the middle and hence provided limited space for children to play in. In order to access the garden from the kitchen one needed to access a small wooden balcony and descend five small and steep wooden steps. The garden could also be accessed from the basement of the house but required stepping up five cement steps. The inspector

acknowledged that the statement of purpose stated that the centre was not intended to meet the needs of young people with mobility restrictions.

There were three steps at the front door of the house which did not promote accessibility for all. There were no parking facilities directly outside the centre. There was some street parking available on the opposite side of the street. However, on the day of inspection, these parking spaces were occupied. No parking space had been allocated to the house.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The precautions in place against the risk of fire were not adequate.

There was evidence that suitable fire equipment and a fire alarm system had been installed and serviced in the house. Templates were in place for personal emergency evacuation plans for young people which it was proposed would account for the mobility and cognitive understanding of the resident. A fire exit floor plan route was observed to be displayed on the back of each door in the centre. However, there were not adequate means of escape. The inspector observed the assembly point was identified in the back garden which was an enclosed space to the rear of the terraced cottage. Hence it did not provide a further route to safety in the event of fire in the house. The assembly point could only be accessed from the kitchen by crossing a small wooden balcony and down five steep narrow wooden steps or through the education room in the basement of the house by climbing up five cement steps. The front door of the centre had not been identified as an escape route.

The centre had policies and procedures in place for risk management and emergency planning. A number of risk assessments had been completed. However, some risks in the house had not been appropriately identified or assessed. The inspector noted that the house was located on a one-way street which had no parking directly outside. There was a small pathway outside the house and three steps to the front door of the cottage. The risk of injury to residents in relation to the close proximity of the house to the road and the risks associated with children being transported to and from the centre by car had not been identified or assessed.

There was a safety statement in place dated June 2016 which was specific to the house. The inspector noted that the provider nominee had been identified as the safety representative in the house.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose in place which met a number of the requirements of the regulations. However, the statement of purpose referred to the qualified, skilled and experience workforce in place but staff for the new house had not yet been recruited. It also referred to respite services but the centre was applying for registration for residential care.

Judgment:
Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The staffing complement for the centre was broadly outlined in the statement of purpose. However, the provider nominee reported that staff for the new house had not yet been recruited.

The provider had a policy and procedure for staff selection and recruitment in place, dated March 2016. The provider nominee reported that staff when recruited would receive training to assist them to meet the care needs of the children residing in the centre. There was a policy and procedure in place for staff training and development, dated March 2016. Templates for staff supervision were in place. The provider nominee confirmed that the person in charge would have responsibility for both houses.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
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:	Cliff House
Centre ID:	OSV-0003257
Date of Inspection:	07 July 2016
Date of response:	12 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 06: Safe and suitable premises

Theme: Effective Services

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

There was limited private and communal living space available.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

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

of residents.

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

The Person in Charge has made arrangements to have the multi-purpose room in the basements (currently laid out as an educational space) layout changed which will allow for additional living space and for private use. The PIC will add furniture and a television and will repaint after consultation with proposed service user should we get to that stage.

The PIC proposes that the property be used for one specific service user only which will alleviate the concerns about inadequate space in the property.

Proposed Timescale: 26/08/2016

Theme: Effective Services

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

The garden to the rear of the centre was divided into two levels by steps in the middle and hence provided limited space for children to play in.

2. Action Required:

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

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

An individual suitability assessment is being carried out by the PIC, Behaviour Analyst and the PPIM in relation to the suitability of the garden to one potential service user. PIC notes that given that the proposed service user has no mobility issues and would have access to the whole garden, the outdoor recreation area is appropriate to their specific needs.

Additional outdoor recreation facilities are available to all service users in the original centre in the form of the covered play area. There are also extensive community recreational areas available in the immediate area including a community centre at 300m, a park and playground at 800m and a swimming pool at 950m.

Proposed Timescale: 19/08/2016

Theme: Effective Services

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

Not all of the items outlined in Schedule 6 of the regulations as matters to be provided in a designated centre were in place.

3. Action Required:

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

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

The PIC and PPIM have assessed the matters addressed in Schedule 6 in relation to the needs of one possible service user and assess that the centre will adequately fulfilled the requirements of schedule 6 in relation to this single service user.

As the centre will only be used for one service user, the smaller of the two bedrooms can be used for additional storage space for the service user if necessary and space issues will be alleviated as the property will only have one service user and two staff members at any time.

Risk assessments have been carried out by the PIC and PPIM in relation to the proximity to the road and any parking issues. SOP's have been devised for parking issues. Visual prompts will be displayed in the centre to remind service users and staff of the proximity to the road.

Proposed Timescale: 09/09/2016

Theme: Effective Services

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

There were three steps at the front door of the house which did not promote accessibility for all.

4. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Person in Charge and PPIM have undertaken an assessment of the suitability of the front access of the property in relation to one possible service user and note that this access is suitable for that service user.

The Registered Provider will undertake an assessment of how the entrances accessibility can be improved with the provision of additional handrails. In addition, the Registered Provider will seek Occupational Therapists input into the suitability of a telescopic channel ramp to be used if needed on the steps in question. If this ramp is suitable, the Registered Provider will source this.

Proposed Timescale: 30/09/2016

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:

The risk of injury to residents in relation to the close proximity of the house to the road and the risks associated with children being transported to and from the centre by car had not been identified or assessed.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

An environmental risk assessment in relation to these issues has been undertaken by the PIC and PPIM and a Standard Operating Procedure has been completed. PIC will source required signage detailed in risk assessment and display in centre.

An individual suitability assessment carried out in relation to one possible service user in this regard has indicated that any risks in this area can be managed by staffing levels of 2:1.

There is adequate parking at the main centre situated 400m from the centre and as this service user has no mobility issues there would be no issues with transitioning this distance if necessary. Although there is no dedicated parking, there is parking available on the road.

The PIC contacted Dublin City Council in August 2016 to request that the centre be considered for a designated Disabled Parking space on the road. The Traffic Advisory Group of Dublin City Council have agreed to assess this but have the PIC a timeframe for the completion of this assessment.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

The precautions in place against the risk of fire were not adequate.

6. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Registered Provider engaged the services of a Fire Safety Consultant to review existing fire safety precautions. Following this consultation held on 19/08/2016, new

arrangements in line with the standards, regulations and comments of the inspector have been made.

The PIC and PPIM will update all relevant documentation including the Evacuation Plan, Safety Statement and Fire Guidance within the property in light of the new arrangements.

Proposed Timescale: 02/09/2016

Theme: Effective Services

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

There were not adequate means of escape. The inspector observed the assembly point was identified in the back garden which was an enclosed space to the rear of the terraced cottage. Hence it did not provide a further route to safety in the event of fire in the house.

7. 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:

The Registered Provider engaged the services of a Fire Safety Consultant to review existing fire safety precautions. Following this consultation held on 19/08/2016, new arrangements in line with the standards, regulations and comments of the inspector have been made.

The PIC and PPIM will update all relevant documentation including the Evacuation Plan, Safety Statement and Fire Guidance within the property in light of the new arrangements. The fire evacuation point is no longer in the back garden.

In the event of a fire or evacuation, staff and the service user will exit the premises through the front door and go to the right (Traffic on the road travels from left to right as the street is one way, emergency vehicles will normally come from the left) They will meet at the first corner on the same side of the road (outside the shop).

A count will be completed and when everyone is accounted for the second phase of the plan will then be instigated. If residents cannot be returned to the centre, alternative accommodation will be sought in line with the evacuation plan. If it is during day time hours, the service user will be brought to the other centre until suitable accommodation is sourced.

Proposed Timescale: 02/09/2016

Theme: Effective Services

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

The inspector observed the assembly point was identified in the back garden which was an enclosed space to the rear of the terraced cottage. Hence it did not provide a further route to safety in the event of fire in the house.

8. Action Required:

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

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

The Registered Provider engaged the services of a Fire Safety Consultant to review existing fire safety precautions. Following this consultation held on 19/08/2016, new arrangements in line with the standards, regulations and comments of the inspector have been made.

The PIC and PPIM will update all relevant documentation including the Evacuation Plan, Safety Statement and Fire Guidance within the property in light of the new arrangements. The fire evacuation point is no longer in the back garden

In the event of a fire or evacuation, staff and the service user will exit the premises through the front door and go to the right (Traffic on the road travels from left to right as the street is one way, emergency vehicles will normally come from the left) They will meet at the first corner on the same side of the road (outside the shop).

A count will be completed and when everyone is accounted for and the second phase of the plan will then be instigated. If residents cannot be returned to the centre, alternative accommodation will be sought in line with the evacuation plan. If it is during day time hours, the service user will be brought to the other centre until suitable accommodation is sourced.

Proposed Timescale: 02/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose referred to the qualified, skilled and experience workforce in place but staff for the new house had not yet been recruited. It also referred to respite services but the centre was applying for registration for residential care.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose and function has been updated by the PPIM to remove reference to respite services.

The PIC and PPIM are carrying out recruitment of required staff at present. Given that the property is being considered for one service user, an additional five staff members will be required. To date, three have been recruited. Recruitment is on-going and the writer will keep the inspector up to date.

Proposed Timescale: 02/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing complement for the centre was outlined in the statement of purpose. However, the provider nominee reported that staff for the new house had not yet been recruited.

10. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The PIC and PPIM are carrying out recruitment of required staff at present. Given that the property is being considered for one service users, an additional five staff members will be required. To date, three have been recruited.

We have also identified another PPIM for Bayview and the paperwork will be submitted by 2/10/16

Proposed Timescale: 02/10/2016