<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
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<td>Centre ID:</td>
<td>OSV-0005335</td>
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<td>Centre county:</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Resilience Healthcare Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Martin McCarthy</td>
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<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 06 May 2016 09:15  To: 06 May 2016 17:00

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

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

**Summary of findings from this inspection**
Background to the inspection
This was an inspection carried out to inform a registration decision.

How we gathered our evidence
As part of this inspection, the inspector met with the person in charge and the disability and social care manager acting on behalf of the provider. There were no residents met with as the centre had not yet opened. The new staff team was being trained on the day of the inspection at a different location. The inspector reviewed policies and procedures and the suite of documentation that would be used by staff in areas such as personal planning, health and safety and medication management.
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. The centre was a newly renovated five bedroom house and it would provide planned residential and respite care to four children at any one time. Each resident would have their own bedroom and there was sufficient communal space in the building both indoors and outdoors. The centre was based in a rural area but the children would have transport available to them to bring them to school and their activities. At the time of the inspection, there were two children who were due to move into the centre following its opening.

Overall findings
The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and that adequate governance arrangements were in place. There were sufficient arrangements in place to ensure that the person in charge was suitably supported to manage this centre given his other managerial responsibilities to a second centre.

Good practice was identified in areas such as:
- appropriate procedures in place to ensure that personal plans would be created and reviewed regularly (outcome five)
- appropriate policies and procedures in place regarding health and safety which would ensure that the safety of residents was promoted (outcome seven)
- a comprehensive system of induction training provided to all new staff at this centre (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.

Following this registration inspection, there will be a follow up inspection scheduled that will give the opportunity for the inspector to meet with children, their representatives and staff based at the centre.
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):
This was the centre’s first inspection by the Authority.

Findings:
There were systems in place to support children's rights, their dignity, their right to make a complaint and their right to be consulted on their care.

There were systems in place to ensure that children would be consulted about how the centre would be planned and run. The person in charge showed the inspector the record sheet that staff would use to document the weekly house meetings at the centre. A proposed agenda was shown to the inspector and this included standard items such as asking the children what activities they would like to be involved in, what food they would like to eat and other choices that could they could make. There was no prompt in this record for staff to assign responsibilities to staff who could address the suggestions and/or bring them to a resolution. The person in charge told the inspector that he would review the record to ensure that staff were aware of the process that should be followed.

Children would have access to advocacy services whilst living at the centre. There were posters displayed around the centre informing children of a national advocacy service. The new staff team were trained in advocacy as part of their induction training.

There were adequate policies and procedures in place to address complaints. There was a complaints procedure which outlined the process to be followed for both informal and formal complaints. There was a child-friendly version of the complaint process contained within the resident guide. A complaints logging system was ready for staff to use and this included a record of whether the complainant was satisfied or not following the outcome and where applicable if they had been referred to the appeals process. There
was a nominated person employed by the organisation to deal with complaints. As the centre was not yet in operation, there were no complaints available for the inspector to review.

There were systems in place to ensure that children would be treated with respect and dignity. There was an intimate care policy that would guide staff on how to care for children when they needed assistance in this area and the statement of purpose also confirmed the arrangements that were in place for respecting the privacy and dignity of children. Individualised intimate care plans would be developed where needed for children.

There was sufficient space for the children to play inside and outside. They had access to a sensory room, a combined kitchen and living area and the back entrance hallway was large and could be used as a third communal space as it had double doors that could be closed.

The possessions of children would be kept safe. Staff were guided by a policy on the personal property of service users. The person in charge showed the inspector the inventory sheet that would be completed for each child that came to live at the centre and this would be added to as the need arose. There was sufficient space in each of the bedrooms for children to store their possessions.

At the time of the inspection, there were no plans to give children pocket money for their own use, however, the person in charge confirmed to the inspector that petty cash could be used by staff when purchasing items requested by the child at visits to the shops. The person in charge committed to reviewing the need to allocate pocket money following the inspection. There was a log book available for staff to use to record the logging of monies given to the child by family members and/or others however the system was quite basic and there was a risk that staff might record the information in different ways.

Children would be given choices when living at this centre. The processes in place at the centre promoted choice, for example, children would have choice in what they were involved in after school and at weekends. The personal planning system was individualised and this meant that each child would be assessed individually and their daily routine would be based around their individual preferences and choice. There were facilities based in the local villages that children would be able to access and these were described in the resident guide for children.

There was no closed circuit television (CCTV) system in use at the centre at the time of this inspection.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were sufficient systems in place to ensure that children would be supported to communicate effectively.

There was a policy in place to guide staff in the area of communication dated 2015. The new staff team appointed to this centre were also trained in communication as part of their induction. The assessment of the needs of children in this area would be completed as part of the formal assessment conducted with 28 days of their admission to the centre. The policy on communication referred to communication methods but a communication passport was not at the time of the inspection an established tool that would be developed for all children. The person in charge acknowledged that this may be necessary and undertook to assess the need for this tool to be compiled for each child that lived at the centre. There was evidence that staff would be expected to use a total communication approach with residents. A collection of pictures had been prepared by the person in charge ready for staff to use with children as part of a picture exchange communication system.

On the day of the inspection, the television in a communal area did not have any channels but could be used for playing dvds. The person in charge acknowledged that there was a need to install a signal to receive channels. There was no internet facilities at the centre and the person in charge acknowledged that these facilities would be sought following the inspection. The communication policy did not set out whether the provider would ensure that children were facilitated and supported to access assistive technology, although the person in charge confirmed that tablets would be made available for children where necessary.

**Judgment:**
Substantially Compliant

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**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were sufficient systems in place for children to develop and maintain relationships and links with friends, family and the wider community.

A policy on visitors was in place at the centre and this confirmed appropriate arrangements for family members and/or representatives to visit children. The arrangements were also set out in the statement of purpose and in the resident guide. The person in charge discussed how this would work in practice and gave examples of conversations that he already had with family members about their right to visit their child/sibling whenever they wished and when it suited them. He was aware of the responsibilities he had for children who were in the care of the state and the necessity of the Tusla (Child and Family Agency) social worker to visit the child at the centre. There was sufficient space at the centre for children to meet with their friends and family in private.

Children would have opportunities to attend local activities in the nearby villages as confirmed in the resident guide and in the statement of purpose. The person in charge had a good knowledge of local facilities in the area that would be available for the children and staff.

Judgment:
Compliant

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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):
This was the centre’s first inspection by the Authority.

Findings:
There were systems in place for the admission, discharge and temporary discharge of children to and from the centre.

There was a policy in place regarding admissions, discharges and transfers to and from the service. The policy was specific to the centre and included reference to the mixed service the provider was planning to provide. All admissions were described as planned admissions only including respite and this meant that that the impact that a new
resident may have on the residents already living at the centre would be assessed.

At pre-admission a transition plan would be formed and the inspector saw evidence of transitions plans already in place for the children that were expected to move to the centre following its opening. These transition plans were individualised to each child and involved a series of planned visits to the centre increasing gradually the child's exposure to the centre. Staff already familiar to the children played a significant role in their transition.

A sample contract for the provision of care was provided to the inspector and this would be signed by the parent and/or representative. The inspector asked the disability and social care manager to review a minor element of this contract to do with personal care as it did not match what happened in practice. This was reviewed and revised by the manager during the inspection.

**Judgment:**
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):**
This was the centre's first inspection by the Authority.

**Findings:**
The wellbeing and welfare of each child would be maintained by a good standard of care and support. Children would have opportunities to participate in activities. The arrangements to meet the needs of children were set out in personal plans that would reflect their needs. Children would be supported when moving between childhood and adulthood.

The health, personal, social care and supports needs of children would be assessed through a comprehensive assessment carried out the person in charge who would in turn seek the appropriate information from relevant healthcare professionals. This information would then form the basis of the person plan. The arrangements in place for personal planning were comprehensive. A template personal planning document was viewed by the inspector. This set out in a child friendly way a range of information about
the child such as their basic details, family details, their needs in areas such as medical, general health, social and transport needs. There was a clear system for the recording of goals and the achievement of same. The version date on the personal plan was not clear therefore it was difficult to see when a plan had been developed. This would be an issue when there may be a time delay between formulation of the plan and the date that those responsible signed the plan. The personal plan contained a section for staff to record any changes made to the plan but it was not clear if this was meant for minor changes or whether this was the way in which staff recorded the actual yearly review of the personal plan. The person in charge committed to reviewing aspects of the plan to ensure that this information was more clear. The policy did not specifically state the way in which the personal plan was to be reviewed by the children, their representatives and staff. This has been actioned under outcome 18.

As this was a new centre there had not been any discharges or admission yet to the centre. The policy on admissions and discharges guided staff on how a child was to be discharged from the service. This policy also contained guidelines on the transfer of clients within the service. The inspector saw written evidence of the way in which two children were being prepared to move to this centre from another service under the auspices of the same provider. These children were being supported by staff and their family in this move and there were comprehensive plans in place.

There were systems in place for preparing children for adulthood. The person centred planning process would ensure that staff and children set short term and long term goals. The policy on admissions and discharges stated that children would commence preparing for adulthood following their sixteenth birthday.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The design and layout of the centre was suitable for its stated purpose.

The design of the centre was in line with the statement and purpose. The centre was suitably decorated and well-maintained. Rooms were of a suitable size and there was
enough private space for children when they wanted to be alone. There was a large fenced in back garden for children to play in. The premises had suitable light, heating and ventilation. The premises was free from any major dangers which could cause injury. The centre was very homely in appearance both from the outside and inside. There were colourful wall stickers and decals throughout the centre which lent itself to a child friendly appearance. There were age appropriate posters and framed pictures that were safely secured to the walls. Two of the bedrooms were not yet furnished in full however the disability and social care manager gave written assurances to the inspector that bedrooms would be adequately furnished prior to each child's admission in conjunction with their taste and preferences and in consultation with their families. Two children were due to move into the centre shortly after its opening and their bedrooms had been decorated to their individual taste and preferences. One of the showers in the bathrooms did not have a shower door or panel, this meant their privacy may not be maintained when they were using this room. There was appropriate storage facilities.

There was a colourful sensory room for children to spend time in that had a range of sensory equipment.

The rear entrance to the centre was a spacious hallway that could be used as a communal space by children as there was a set of double doors that could be closed to allow for privacy. This area was bright and colourful but did not have yet the required furniture that would render it fully suitable as a communal space for a child. The disability and social care manager confirmed that he had not yet finished the furnishing this area to enable it to be fully used as a place of play and/or rest for a child.

The rear garden which was fully fenced was not yet ready for children to play in as the grass had not yet grown, therefore the outdoor play facilities as set out in the resident guide were not yet erected and installed. The disability and social care manager told the inspector that the garden would be ready in approximately three to four weeks and showed the inspector confirmation of funding for the outdoor play facilities.

There was no specialist assistive equipment in use at the centre at the time of this inspection which required maintenance and testing.

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):
This was the centre's first inspection by the Authority.
**Findings:**
The health and safety of children, visitors and staff was promoted and protected through appropriate systems.

There were systems in place for risk management. The risk management policy met the requirements of the regulations as it included the risk of accidental injury, self harm, unexpected absences and aggression and violence. There was a centre specific health and safety statement and this was complemented by a number of centre specific hazards identified by the person in charge which were in turn risk assessed and placed on the centre risk register. The child’s personal file also contained risk assessments that were specific to the child. The new staff team had completed training in risk assessment as part of their induction.

Staff were trained in the reporting of incidents as part of their induction. There were recording systems in place for staff to document all incidents, accidents and near misses at the centre which were then reviewed by the person in charge.

There was a policy for staff to follow in the event of a child going missing, however the person in charge did not create absence management plans for each child. This meant that in the unexpected absence of a child a pre-populated record of important information about the child was not readily available to give to emergency services. The person in charge told the inspector that he would review the need for these plans following the inspection.

Staff would be expected to log maintenance issues on a maintenance log. The temperature in some of the taps on the day of the inspection was too hot and this was addressed immediately by the person in charge. The person in charge provided written confirmation to HIQA that the temperature had been corrected following the inspection.

The systems in place regarding fire precautions were satisfactory. The person in charge had written confirmation from a competent person that the centre was in compliance with fire safety regulations. There was a new fire alarm system installed at the centre and a contract signed with a company for the servicing of the system. There were also contracts in place for the servicing of the emergency lighting and smoke detectors. The extinguishers had been serviced prior to the inspection with a contract in place for regular services of same. The staff whose personnel files the inspector viewed all had training in fire safety and the disability and social care manager confirmed that the entire staff team had completed training in this area. A suite of paperwork was developed by the provider to ensure that the centre operated safely. A fire register was in place. Personal emergency egress forms would be completed for all children, the templates of which were viewed by the inspector and these would be individualised to each child. The information on these forms would guide staff on where to bring the child in the event that an evacuation was needed. Fire drills would be conducted by staff at regular intervals. Staff would conduct checklists each day on aspects of the fire safety arrangements. Fire exits were kept clear. Evacuation notices were displayed around the building. There were signs to guide children and staff on the nearest emergency exit although the inspector noted that children and visitors were not prompted to egress through a hallway door to reach a fire exit.
There were systems in place for hygiene and infection control. Staff were trained in infection control and food safety as part of their induction. There were posters in the bathrooms encouraging hand hygiene. The centre had paper towels and soap dispensers. Some aspects of the centre were dusty on account of the renovations that had taken place at the centre. The person in charge told the inspector that he would attend to this following the inspection.

A vehicle would be used at the centre to transport the children and this would be arranged through a car hire service. This vehicle was not yet in place at the centre but the disability and social care manager showed the inspector written evidence that confirmed that the funding was available.

**Judgment:**
Substantially Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**

Measures were in place to safeguard children and protect them from abuse. The system in place for the management of child protection concerns was appropriate.

There was a policy in place for the prevention, detection and response to abuse. There was a designated person in the organisation appointed to deal with concerns of this nature. The person in charge had a very good knowledge of the guidance regarding child protection concerns and the processes to be followed in line with Children First: National Guidance for the Protection and Welfare of Children (2011). Staff were trained in child protection. There were procedures in place to guide staff in attending to the intimate care needs of children.

All visitors to the centre were required to sign in. The statement of purpose confirmed that children would be facilitated to meet with their Tusla social worker. There were processes in place for the forwarding of concerns to Tusla.
There were appropriate systems in place to address any behaviours that challenged. There was a policy that guided staff in this regard. The person in charge was trained as a trainer in a particular brand of behaviour management. There was guidance in place to guide staff on pro-active, active and reactive strategies to use with children who exhibited challenging behaviour. The person in charge was very clear about the ethos of the centre in this regard and the expectations that he had of staff to pro-actively address behaviours in the first instance with the expectation that reactive strategies are only used after all other methods have been exhausted. A suite of paperwork would be used by staff to record incidents and staff were prompted in the record to reflect on the incident and assess the antecedents, behaviours and consequences to each incident. Staff would also be supported by a behavioural specialist who was employed by the company. There was evidence of involvement by this specialist in the transition plans of children that were due to move to the centre following its opening.

The use of restrictive procedures would be monitored by the person in charge. The person in charge told the inspector that he would monitor the use of restrictive practices in a range of ways, such as in his day to day supervision of staff on the floor and through a review of daily reports written by staff and accompanying incident records. He would also discuss the use of restrictive practices at team meetings. He himself was a trainer in a particular brand of training used by the provider which placed emphasis on staff using pro-active and active strategies to respond to children who engaged in behaviours that challenged. He was clear about the need for staff to exhaust these strategies (where appropriate) before they responded in a reactive way.

During the inspection, inspectors observed locks placed on most of the kitchen cupboards. The person in charge explained that these would be locked only if it was deemed a hazard to children. He was aware of the impact that this may have on children where this restriction was not required and confirmed that if the decision was taken to lock the cupboards the impact that this would have on each child would be assessed.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**
_A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector._

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
A recording system for incidents that occurred in the centre was in place and the person in charge was knowledgeable of the events that required notification to HIQA.

There were systems in place for the identification and recording of incidents, accidents and near misses and some of the documentation required the staff to consider the need to report the incident where appropriate to HIQA and other appropriate organisations. The person in charge demonstrated appropriate knowledge of his responsibilities in relation to recording and reporting such incidents.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The right of children to have an education and to socialise and participate in the community were supported by policies and practices at the centre.

There was a centre specific policy on access to education which included reference to how children would be facilitated by staff to access education. The statement of purpose also confirmed that staff would transport the children to their place of education. The person in charge showed the inspector the communication notebook that would accompany the child to school each day and staff would ask the teacher to write a note in this booklet each day letting staff know how the child's day at school went. The policy made sufficient reference to the importance of education for children but it did not state the assessment process that was in place at the centre to establish the education goals of the children, nor the arrangements that would be in place in the event that the child was not in full time education. This has been actioned under outcome 18.

Children would be involved in individual leisure activities outside of the centre. The person in charge told the inspector that it would be expected that children go on individual and group outings to the local community and they would be facilitated by staff in this regard. The inspector viewed a sample daily report for the children and this recorded whether the children participated in the activities. The resident guide and statement of purpose set out a sample of activities available to children. These daily reports would be signed off by the person in charge.
**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The healthcare needs of the children would be addressed by staff but the policy required some minor improvement.

There was a comprehensive section in the personal file for each of the children dedicated for healthcare matters entitled the health action plan. The healthcare needs of the child would be assessed prior to and following their admission. This health action plan set out their health and nutritional needs. Each child would have a healthcare passport that would accompany the child in the event that they needed to go to hospital. Children would be facilitated in attending healthcare appointments with public services. The statement of purpose confirmed that where access to these services was limited the organisation as a provider were open to contract services in. The policy on how children would access healthcare required improvement as it was not in congruence with the statement of purpose. The policy stated that the staff and management would not take responsibility in ensuring access to health care services for residents, only in exceptional circumstances. The wording of the policy required revision in this aspect as it did not meet the requirements of the regulations. This has been actioned in outcome 18.

As there were no children living at the centre the centre did not have all of the food that would generally be expected for a centre that could cater for four children. The person in charge told the inspector that menu planning will be done on an individualised basis catering for any diet or nutritional needs of the children. The inspector viewed training records which showed that the new staff team had received training in food safety and nutrition. There were food safety guidance posters displayed in the kitchen.

**Judgment:**  
Compliant
Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Systems were in place for the safe management of medication in order to protect children.

There was a centre specific policy on the ordering, prescribing, storing and administration of medication. The new staff team were trained in medicine management and the administration of buccal midazolam as part of their induction training. There were processes in place for a drug error and near misses and these would be recorded as incidents and processed accordingly. A separate fridge was available for the storage of medicines where necessary. Medication would be stored safely in a locked safe in each of the child's bedroom. There was reference in the personal care plan to the need for staff to assess the ability of the child to be responsible for their own medication. The medication needs of children would be assessed as part of their overall assessment upon admission and their personal planning. The person in charge told the inspector that individualised medication management plans would be developed for children where needed.

As there were no children living at the centre there were no current medicine prescription or administration records for the inspector to review. The person in charge showed the inspector a sample medicine prescription and administration record. This record contained the relevant sections for the required information to be recorded such as the name of the child, their date of birth, the name of the medication, the route and dose. There was sufficient space for the staff member to record the refusal or withholding of medication. The person in charge was aware that a signature sheet needed to be compiled.

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):
This was the centre’s first inspection by the Authority.

Findings:
The written statement of purpose met the requirements of the regulations.

A written statement of purpose was submitted to the Authority prior to the inspection and this mostly met the requirements of the regulations with a few exceptions. These were addressed prior to the inspection and a revised statement of purpose was given to the inspector during the inspection which was fully compliant with the regulations. There was a child friendly version of the statement of purpose also available for children.

The statement of purpose outlined that the centre provided planned respite and residential care for up to four children that were diagnosed with an intellectual disability and/or autism. The document set out the care needs of the children that it catered for, the facilities and services available and contained all of the information required by the regulations.

The statement was version controlled and reviewed annually or more often as required.

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):
This was the centre’s first inspection by the Authority.

Findings:
Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre was managed by a suitably qualified, skilled and experienced person.

A clear management system was in place at the centre. Staff would report to a deputy who in turn would report to the person in charge. The person in charge was accountable to the disability and social care manager. The management organogram was clearly
outlined in the statement of purpose. On-call arrangements were in place and each week a manager working in the organisation would be responsible for supporting staff after office hours.

There was an appropriate system in place for the annual review of the centre. The inspector viewed the documentation record that would be used by the nominated person(s) to record the six month unannounced inspections and the disability and social care manager confirmed that the annual review would be written based on these findings. The inspector viewed an evaluation form that would be given to the families as part of this process in order to seek their feedback on the service.

Auditing systems separate to the six month unannounced inspection were also in place at the centre. The person in charge showed the inspector the medication management audit process and an audit for hand hygiene that would be implemented at the centre. A number of personnel files were given to the inspector for their review and staff at the human resources office had audited the personnel files in accordance with the requirements of Schedule 2 of the regulations.

The person in charge was suitably qualified and experienced. He demonstrated sufficient knowledge of the regulations and standards. He was committed to his own professional development and was a trainer in the particular brand of training that the provider used when responding to behaviour that challenged. He engaged in the governance and management of the centre and worked closely with the disability and social care manager. He was already appointed as person in charge of an existing designated centre for children and would be managing both centres however, he was supernumary to the rosters in both centres. He was confident that he could manage both centres and described to the inspector adequate deputising arrangements that would be in place at both centres in his absence. The deputy that would report directly to him was not yet appointed to the role at the time of the inspection but interviews were scheduled to take place following the inspection. The deputy would be supernumerary to the roster for 0.5 of his/her working week.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Arrangements were in place in the event of the absence of the person in charge for more than 28 days.

The person in charge and the disability social care manager were both aware of the requirement to notify HIQA in the event of the absence of the person in charge for 28 days or more. The disability and social care manager would assume this role. He was a person already involved in the management of the centre and knew the prospective new residents very well. He was involved in the training of the new staff team. The deputy team leader would assume the role in the event of shorter absences.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre was resourced sufficiently to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources at the centre to support the children achieving their personal plans. The facilities and services available to the children that were set out in the statement of purpose were available to them. There was sufficient communal space for the four children that would live at the centre. The person in charge had the authority to organise relief staff where needed. The rear garden was not yet ready for playing in as the grass had not yet grown but the person in charge was confident that the garden would be ready within weeks. The centre vehicle had not yet arrived at the centre but paperwork was shown to the inspector confirming the approval of funds for the lease of the vehicle.

Judgment:
Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were appropriate staff numbers and a skill mix to meet the needs of children. Children would receive continuity of care from a core staff team. Training and development systems were in place at an organisational level. There were appropriate systems in place for the supervision of staff. Personnel files were in compliance with the regulations.

There were appropriate staff numbers and skill mix to meet the needs of children. As the centre was not yet operational, the details of the proposed staff team were shown to the inspector and this would initially meet the needs of two children. There was a team of six staff, five of whom were permanent staff and one of whom was a relief staff member. As the centre would grow in capacity to a maximum of four, the person in charge told the inspector that the team would expand. The inspector reviewed a planned roster that was proposed to meet the needs of two children, who were due to come to live at the centre shortly after it opened. The inspector was confident that the arrangements in place demonstrated the capacity of the person in charge to plan and roster adequate staff to meet the needs of four children. The person in charge gave consideration to staff ratio based on the individualised needs of the children and had scheduled the staff appropriately in this regard. He told the inspector he would use relief staff only when needed and these staff would be sourced through the company internal relief panel. The deputy team leader post-holder, although not yet recruited would be based solely at this centre.

A comprehensive system of continuing professional development was in place at the centre. On the day of the inspection the new staff team were based off site at a training event. The inspector viewed evidence of a wide range of courses completed by staff as part of their induction. Certificates of the completion of courses attended were held in their personnel files. The new staff team had been or were to due attend training in medicine management, advocacy, disability awareness, policies and procedures, incident reporting and child protection. The person in charge had individual training records for each member of staff that highlighted their training completed to date.

There were sufficient arrangements in place to ensure that staff exercised their personal and professional responsibilities. Professional supervision would be given to all staff every three months or every four to six weeks depending on their post. This was in
addition to day to day supervision from the person in charge and their deputy. Regular staff team meetings would take place and the proposed template for this meeting was viewed by the inspector and found to consider a wide range of issues.

There was a recruitment policy in place and the inspector viewed a sample of personnel files. The personnel files view met the requirements of the Regulations.

There were no current plans for volunteers to work at the centre.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre had appropriate policies to match most of the requirements of Schedule 5. Arrangements were in place to ensure that appropriate records would be kept. The centre was adequately insured.

The policies in place at the centre mostly matched the requirements of the regulations. The new staff team had been trained in policies and procedures as part of their formal induction and each staff member was required to sign each policy to confirm that they had read and understood the policy. There was no policy on education however the provider did compile a statement. A policy needed to be developed in order to meet the requirements of Schedule 5. The statement did not set out the procedure for staff to follow in the event that the child was not in full time education nor did it confirm that the educational needs of the child would be assessed as part of their formal assessment. The policy on how children would access healthcare required review as it was not in congruence with the statement of purpose. The policy on personal centred planning did not specifically state the way in which the personal plan was to be reviewed by the children, their representatives and staff.
The systems for record keeping were appropriate. The inspector viewed a suite of records that would be used by staff. This included records kept of all matters relevant to the child and also the operation of the centre.

The resident guide contained all of the information required by the regulations. The guide outlined the complaints process, how to access inspection reports and arrangements for visits. It set out the terms and conditions of residency and the arrangements for children to be involved in the running of the centre.

A directory of residence was in place at the centre and would be in operation following the opening of the centre.

There were adequate insurance arrangements in place.

**Judgment:**
Substantially Compliant

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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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005335</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 May 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 July 2016</td>
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</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The television did not have any channels for children to view and there were no internet facilities at the centre.
1. **Action Required:**  
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:  
Telephone Land line in place, Television including channels in place, Radio and internet in place.

**Proposed Timescale:** 10/05/2016

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no emergency sign alerting children and visitors to egress through a hallway door in order to reach a designated fire exit.

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:  
On review of the fire exit signage an inclusion of an extra emergency sign to enhance our current emergency evacuation procedure was put in place in the appropriate location.

**Proposed Timescale:** 10/05/2016

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The statement on education was not an education policy that met the requirements of Schedule 5. The statement made reference to the child's individualised education plan at the school but it did not make reference to any assessment of needs in this area. The policy entitled access to healthcare services required revision. The policy on personal centred planning did not specifically state the way in which the personal plan was to be reviewed by the children, their representatives and staff.

3. **Action Required:**  
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care
Please state the actions you have taken or are planning to take:
On review of the Education Statement an Education Policy was developed to ensure all regulations set out in Schedule 5 have been met.

The access to health services policy has been amended to outline the supports and provision in the accessing of health services as indicated in the statement of purpose and function.

The Person Centred Plans review process has been reviewed to specifically state the way in which the personal plan is to be reviewed by the children, representatives and Keyworkers / Staff.

Proposed Timescale: 27/07/2016