

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0005338
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Theresa O'Loughlin
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:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 July 2016 09:30	05 July 2016 17:00
06 July 2016 09:30	06 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 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 the first inspection of the centre by HIQA as it was a new application to register a designated centre for children with a disability. It was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence

As part of the inspection, the inspector met with the children's services manager (person representing the provider) and the person in charge (clinical nurse manager). There were no children living in the centre at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files, transition plans for the three young people identified to live in the centre and a suite of templates which had been presented for use in the centre.

Description of the service

According to the providers statement of purpose, dated June 2016, the centre would be providing long term care for children and young people with moderate, severe and profound intellectual disabilities aged 9 to 18 years. The service had identified three young people to transition to the service who had been inappropriately placed in a respite house run by the service. The centre had been redesigned and refurbished into two separate living arrangements to meet the specific needs of the children.

The provider had applied to register the centre for four beds and this was assessed as part of this registration inspection, but not found to be suitable.

Overall Judgment of our findings

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations were being met. The service had completed an independent review to assess the appropriateness and needs of each of the three children identified to move to the centre. There were arrangements in place to promote children's rights and safety and to provide a good quality of life for the children whilst meeting their needs. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she was a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Arrangements were in place to uphold children's rights (Outcome 1)
- The admission of children was determined on the basis of transparent criteria in accordance with the statement of purpose and admission policy (Outcome 4)
- The design and layout of the centre was fit for purpose (Outcome 6)
- Planned arrangements to meet children's healthcare needs were adequate (Outcome 9)
- There was a clearly defined management structure (Outcome 14)

Areas of non-compliance with the regulations and national standards were identified in areas such as:

- The service had systems and processes in place to support and assist children to communicate effectively but some improvements were required in relation to the communication aids available (Outcome 2)
- Precautions in place against the risk of fire required improvement (Outcome 7)
- Arrangements in place for the storage of medicines required improvement (Outcome 12)

- Although, the statement of purpose contained the information required under schedule 1 of the Regulations, some of the information presented was incorrect (Outcome 13)
- The full staff complement for the centre had not yet been secured (Outcome 17)

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.

The inspector observed posters outlining children's rights on display in the centre. There was a booklet outlining a charter of children's rights and a separate child friendly version. There was a residents' guide in place which also provided information on children's rights. The inspector found that the admission process was focused on children's rights and needs. The person in charge demonstrated a satisfactory knowledge of children's rights and her responsibility to uphold them.

The three children identified to transition to the centre and their family representatives had been consulted with about how the centre was being planned. There was evidence that each of the children and their families had visited the centre on a number of occasions. The parents of the children had been consulted with and involved in the independent review undertaken to assess the appropriateness of each of the children's transition to the service and their individual needs. Pictures taken showed the young people choosing the paint colour and soft furnishings for their individual bedrooms. The inspector observed picture exchange communication systems and objects of reference in place which it was proposed would be used to assist the children to choose activities and food menu options.

Children had access to advocacy services. The provider had recently established an advocacy group whose membership included two staff members from the centre. There was evidence in transition plans reviewed that each of the children had access to an independent advocate. The inspector reviewed the minutes of the independent team

who undertook an individual review to assess the appropriateness of each of the children's transition to the centre. The membership of this independent team included an independent advocate.

There were appropriate procedures in place for the management of complaints. There was a compliant policy in place, dated February 2015, which included details of the appeal process. There was a child friendly version of the complaint procedure on display in the centre. There was a named complaint manager within the organisation. The inspector reviewed the complaint log template which was in line with the centres policy and provided a space to detail the outcome of a complaint.

There were arrangements in place to promote children being treated with dignity and respect. There was an induction template and checklist in place for new staff which included providing them with an outline of what was expected of them in terms of treating the children with dignity and respect. There was an intimate care policy in place and templates for the provision of intimate care. There was ample space in the centre for children to have time on their own, or to have private contact with family and significant others as required. The centre comprised of two separate living arrangements. One of the areas facilitated two children living together and provided each of the children with their own bedroom, a sitting room, dining room and a separate visitor room. The second living area was for one child and consisted of a bedroom, separate sitting room and kitchen come dining room area.

There were appropriate arrangements in place to keep children's personal belongings, including monies, safe. The service had a private property accounts policy, dated May 2014 and a local policy on finance dated July 2016. The inspector found that proposed practices were in line with the centres policy. There was a secure press in the staff office which the person in charge reported would be used to store children's pocket money within individual envelopes. The inspector reviewed template money ledgers in place for each of the young people.

Opportunities for the children to participate in activities that were meaningful to them and which suited their needs, interest and capacities both inside and outside of the house had been considered. The inspector reviewed template records to record activities that would be undertaken. The enclosed garden to the rear of the house had been divided in two distinct areas for access through each of the children's living areas. There was garden furniture in each of the gardens and a sandpit in one of the gardens. The person in charge reported that funding had been approved to purchase a trampoline and messy play area for the garden. One of the children identified to live in the centre had their own bike which it was proposed he would bring with him on admission. The inspector noted that the ground covering in the garden was suitable for cycling. Other activities suitable for the children had been identified within the local community. For example, a local athletics club and scouting group. Inside the centre a small number of puzzles and games had been purchased. The inspector reviewed occupational therapist reports which recommended other games and craft materials for the children. The person in charge reported that sufficient funding was in place to purchase the items identified. Each of the children identified to attend the centre were of the same religious affiliation and it was noted that a church was located in close proximity to the centre. There was evidence that the centre when opened would have its own vehicle for the

transportation of children to school and other social activities.

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:

The service had systems and processes in place to support and assist children to communicate effectively but some improvements were required in relation to the communication aids available.

Each of the children identified to live in the centre was non verbal. The inspector reviewed templates for multidisciplinary team assessment on admission and personal plans which included a section to identify the individual communication needs and support requirements for children availing of the service. The service had a communication policy, dated July 2015 in place and a template for a communication passport in place. There was evidence that each of the children identified to live in the centre had input from the provider's speech and language therapist. The inspector observed that children would have access to television and the internet.

A number of communication aids were proposed for use to meet the diverse needs of the children. These included, sign language, objects of interests and picture reference cards for diet, activities, daily routines and journey destinations. One of the children used an assistive technological device for recreation and education but not for communication. The inspector noted that picture reference cards available for diet, particularly lunch and dinner were limited, only giving a small number of choice options. This did not fully support the communication needs of these residents.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were arrangements in place to support children to maintain positive relationships with families and friends and to develop some links with the community. The inspector observed that there was ample space within both living areas for the children to meet with their respective families in private. The service had a visitor policy in place, dated July 2016. The person in charge told inspectors that there would be no restrictions on family visits. The inspector reviewed the minutes of the independent review meeting for the children's transition to the centre and noted that the family representative of each of the children had attended and outlined their views. There was evidence to demonstrate parents' involvement in their child's personal plan development and review in the centre where they were currently residing.

A number of local amenities had been identified in the centres statement of purpose for use by the children. These included a local shop which was within walking distance, a local park, an athletic and sporting club and a scouting group. There was also a church within walking distance from the centre.

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):

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

Findings:

The admission of children was determined on the basis of transparent criteria in accordance with the services statement of purpose and admission policy. The transition process for the three children identified for admission to the centre had considered the

wishes, needs and safety of the individual child and the safety of the other children proposed to live in the centre. There was evidence that based on the identified needs of the children that the centre had been designed so as to provide single living accommodation for one of the children and to allow the other two children to live together. The inspector reviewed documentary evidence of consultation with children and their families regarding each of the children's proposed placement in the new centre. Each of the children who were identified to live in the centre had visited the house, been consulted with and had formal transition plans in place.

Contract templates were in place outlining the level of services to be provided. There were no fees or additional charges sought by the service, but the contract did specify an amount of pocket money which parents would be asked to provide for their child each month which would then be subsidised by the service.

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 service had applied to HIQA for registration as providing accommodation for four children and outlined criteria for admission. However, the proposed resources in the centre were only adequate to meet the needs of the three children identified to live in the centre.

There were systems in place to assess children's individual needs and choices. There was documentary evidence that as part of the independent review undertaken for each of the children identified to move to the centre that each child's health, personal and supports needs had been assessed. There was a suite of templates in place to guide the care planning process for children. These included templates for: assessment pre admission, daily living skills, goal implementation recording form, daily living skills progress notes, communication log, activity record and user friendly person centred plans. The person in charge reported that once admitted each child's key worker would

be responsible to put in place a written personal plan, which details his or her individual needs and choices. It was proposed that this would be in place within 28 days as per the requirement of the regulations. The person in charge outlined that each person centred plan would have a multidisciplinary input and that the child and their family representative would be involved in the development and review of plans put in place.

There were processes in place to formally review children's personal support plans on a yearly basis. The inspector reviewed templates for multidisciplinary team and personal care plan reviews. The person in charge reported that each plan would be reviewed annually or more frequently if there is a change in need. It was proposed that the multidisciplinary team and each child's family would be consulted and involved in reviewing plans.

The provider had an admission, transfer, temporary absences and discharge policy in place. The inspector reviewed the transition plans for each of the three young people identified to live in the centre. There was evidence that each of the children had visited the centre on a number of occasions and had been consulted with regarding their preferences for the colour of their rooms, furniture and fixtures. The inspector reviewed a child centred personal transition plan developed for each of the children to assist them with their transition to the centre.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The design and layout of the centre was fit for purpose. However, it did not reflect the layout as described in the floor plans specified in the centres statement of purpose and this is discussed further under Outcome 13 Statement of Purpose. The centre was newly refurbished into two separate living arrangements. It was observed to be homely and suitably decorated with sufficient furnishings, fixtures and fittings. The inspector found that both separate living arrangements met the needs of children who were to avail of the service and that the design and layout promoted children's safety, dignity and independence. It was noted that each child had their own bedroom and there was adequate communal accommodation in both living areas. There was suitable lighting

and ventilation in place. The kitchen in both apartments was found to have sufficient cooking facilities. The back garden in the centre was suitable enclosed for children to play in and divided for use by each living area.

There was no specialist equipment required for the children identified to live in the centre.

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 and staff was promoted and protected but there were some areas for improvement.

There was a local risk management procedure, dated April 2016 which outlined that all children would have an individual risk assessment completed on admission. The inspector reviewed templates for risk assessments for individual children. The person in charge reported that there was a corporate risk register in place which would be informed by the local risk register. There was a template in place for a health and safety check which it was proposed would be completed by the person in charge or her deputy. The provider had a risk management policy, dated March 2015 in place which met the requirements of the regulations. The inspector reviewed the provider's safety statement which was dated August 2015 and written risk assessments had been completed. Some detail in relation to controls in place were inaccurate. For example, controls in relation to the risk of fire detailed that fire extinguishers were stored in locked press with lock system but on the day of inspection fire extinguishers were observed to be free standing on the floor. On the day of inspection, the inspector observed the inappropriate storage of paints and other items in the laundry room which was located in a separate building to the rear garden.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template audit form for incidents and near misses which it was proposed the person in charge would undertake monthly and submit to the children's services manager. There was evidence that quarterly review meetings were undertaken in the service to review trend reports of incidents and near misses across the wider service. The person in charge reported that it

was planned that the safety officer and safety representative from the centre would attend these meeting and formally feedback learning to the centre.

There were satisfactory procedures in place for the prevention and control of infection. The centre had infection control guidelines in place. The inspector observed that there were facilities and equipment for hand hygiene available and posters were appropriately displayed which demonstrated the correct hand washing technique. Training records reviewed for the five staff recruited showed that four of the five staff had attended hand hygiene training.

Precautions in place against the risk of fire required improvement. The service had a fire safety policy, dated May 2014 in place. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of children and staff in the event of fire was prominently displayed in both apartments. A fire risk assessment had been undertaken and considered the mobility status of each of the children identified to live in the centre. The inspector reviewed templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of the child. There was documentary evidence to show that fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits and other safety precautions. The inspector reviewed templates for fire drills.

There was suitable fire equipment available in most area in the centre. However, the inspector noted that fire fighting equipment was not available in the laundry room which was located in a separate building at the back of the centre. Fire extinguishers in place were free standing on the floor and had not been fitted to appropriate wall brackets. Floor evacuation plans in place did not correctly identify the appropriate assembly point in the back garden. Signage to indicate the actual assembly point were not in place. To the side of the building, the provider had installed two large gates between which it was planned that children could safely enter and exit the centres vehicle during transportation. A electronic remote zapper device was used to open and close the gate but only one zapper device was available for use in the centre. In the event of fire, the inspector noted there was no other release system for this gate should the children need to move from the assembly point in the back garden to a safer location. These issues were highlighted to the person in charge on the first day of inspection and there was evidence that she had taken action to address same before the end of the inspection.

The centre was to have access to the providers vehicle for transportation of the children to school and social outings. the inspector reviewed service records, insurance certificates and tax documentation to show the car was road worthy. The person in charge reported that a budget had been secured for the centre to lease a vehicle when the centre opened.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard the children identified to live in the centre and to protect them from the risk of abuse.

The service had a protection and welfare policy and procedure in place, dated March 15, which was in line with Children First: National Guidelines for the Protection and Welfare of Children, 2011. The inspector noted that the responsibilities of the designated person for care and protection were detailed in this policy. The person in charge was aware of who the designated person was and was knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. There was a child protection reporting procedure poster on display in the centre. There was a protected disclosure policy in place, dated Feb 2016, to ensure that there were no barriers for staff or families disclosing abuse. Records of a training needs analysis undertaken identified the requirement for all staff who were recruited to the centre to receive training in Children First.

The centre had intimate care guidelines in place, dated May 2014. The inspector reviewed templates: for intimate care plans; competency assessments for personal care; consent form for intimate care; service user checklist and consent form for intimate care. The person in charge reported that individual intimate care plans would be put in place for each of the children identified to live in the centre. The person in charge reported that formal processes to monitor safeguarding practices and to ensure safe and respectful care which met the needs of each child was planned with the introduction of quality care metrics across the service.

Arrangements were in place to provide children with emotional and behavioural support that would promote a positive approach to the management of behaviour that challenges. The centre had a policy on therapeutic management of aggression and violence, dated September 2014 and there were local guidelines in place. Records of a training needs analysis undertaken identified the requirement for all staff who were recruited to the centre to receive appropriate training. There was evidence that children's representatives had been consulted with regarding specialist or therapeutic interventions being implemented and this was documented within children's transition plans and behaviour support plans reviewed. The inspector reviewed behavioural

support plans in place for one of the children identified to live in the centre and found they provided specific details and guidance for staff regarding the management of behaviour that challenges. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. There was documentary evidence to show that the person in charge had recently completed train the trainer training in a recognised behaviour management approach which would enable her to train staff in the centre.

There was a restrictive practice policy in place, dated July 2014. It stated that where a restrictive practice was assessed as being required, the least restrictive practice for the shortest duration possible would be used. The person in charge reported that a multidisciplinary assessment would be conducted when considering a restrictive practice which would then be reviewed by a restrictive practice committee before approved for use. The person in charge told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. There were no physical restraints being used or prescribed for the three children who had been identified to live in the centre.

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 system was in place to record incidents and accidents. The inspector reviewed the template for reporting incidents and a separate log to record incidents.

The person in charge and children's service manager were knowledgeable about the requirements for notifications to HIQA as per the regulations. A list of the required notifications and timelines was on display in the staff office.

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:

Each of the children identified to live in the centre were attending a local school. There was an education policy, dated August 2015 in place. The inspector observed templates to assess children's educational goals which were detailed within children's personal plans. An individual education plan for one of the children identified to live in the centre was reviewed and noted to include learning priority goals with strategies to achieve same.

The person in charge told the inspector that there was good engagement and communication between the school and staff in the centre where the children currently lived regarding individual children's needs. A number of activities internal and external to the house had been proposed and outlined in the statement of purpose for the children to engage in. For example, within the centre - art and craft activities, sand pit, messy play and bike riding in back garden and outside the centre - going to the cinema, bowling, paddle boarding and a local athletic and scouting club.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There was a comprehensive assessment template in place which required information relating to the health needs of the children. The person in charge reported that children's health needs and strengths would be assessed as part of the pre admission process in consultation with the children and their families. The inspector reviewed a

template for health action plan which detailed health need, goal and nursing action. The personal plan template in place included space for information relating to the child's health needs and care requirements. The person in charge reported that each of the children identified to move to the centre had their own GP and were in good health. There was evidence that the service had a number of therapeutic supports in place which would be available to children in the centre, these included: speech and language therapy, occupational therapy, physiotherapy, clinical nurse specialist in autism, clinical nurse specialist in behaviours that challenge, social work, psychology and community nursing.

There were arrangements in place for children to be involved in choosing and assisting to prepare meals in the centre. Each of the two contained living areas in the house had a fully equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. The service had a nutrition and hydration policy, dated March 2015 in place. The inspector reviewed templates for recording nutritional intake. There was evidence of email correspondence to the services dietician requesting an assessment for the identified children as part of their admission process. There was a menu planner in place with pictures to assist children to choose what food or meals that they would like. Two of the children identified to attend the centre were from a different ethnic background and the person in charge outlined that diet to reflect their ethnicity and taste would be considered.

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:

There were systems in place to support staff in protecting children in relation to medication management. However arrangements in place for the storage of medicines required improvement.

The service had a medication management policy and procedure, in place dated January 2015. The person in charge reported that all staff once secured would receive appropriate training in the safe administration and management of medications. The inspector reviewed templates medication prescription and administration records and found that they provided adequate space to record the required information. A medication fridge was available in the centre. The inspector observed that a press had

been identified in the staff office to store medications but the press had not been fitted with a lock so as to ensure the safe storage of medications.

There were arrangements in place to review and monitor safe medication management practices. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a weekly basis by the person in charge. The children services manager reported that the output from these audits would be used to inform quality care metrics being introduced across the service. An incident report form template was in place.

There were procedures in place for the handling and disposal of unused and out of date drugs. The person in charge reported that all unused and out of date drugs would be returned to the pharmacy for disposal. The inspector reviewed a template form to record all medication returned which would be signed by the pharmacist receiving and the staff member returning the medication.

Judgment:

Non Compliant - Moderate

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, reviewed in June 2016 but some improvement was required.

It set out the aims, objectives and ethos of the centre. It also stated the facilities and services which were to be provided for children living in the centre. Although it contained the information required under schedule 1 of the Regulations, some of the information presented was incorrect. This included, the staffing compliment which the children's services manager confirmed was different to that specified in the statement of purpose. Also the floor plans as presented in the statement of purpose did not reflect the physical layout in some areas or the primary function of the rooms. For example, a wet room on the first floor was not detailed, the location of the office was not as specified on the floor plan on the first floor and the bedroom on the ground floor was not specified. Although in one section of the document, reference is made to two separate living arrangements, an adequate description of the proposed care arrangements was not provided.

The statement of purpose outlined that the centre would be providing care for three young people but would have capacity for four children. A room which had been detailed on the floor plan as a bedroom had been furnished to act as a visitor room for families and did not have any bedroom furnishings. The service had applied to HIQA for registration as providing accommodation for four children and outlined criteria for admission. However, the proposed resources in the centre were only adequate to meet the needs of the three children identified to live in the centre. The children's services manager and person in charge advised that it was not envisaged that a fourth child would be considered for admission to the centre in the foreseeable future. Subsequent to the inspection the provider nominee advised the inspector that the provider was proposing to amend its application and apply for accommodation for three children.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were arrangements in place to monitor the quality and safety of care and support once the centre opened. The service had a quality and risk officer whom it was proposed would undertake the annual review in the centre as per the regulatory requirements. Whilst the provider nominee would undertake the six monthly unannounced inspections in the centre. There was evidence of a suite of audit templates which it was proposed would be undertaken in the centre on a regular basis so as to ensure that the service provided was safe, appropriate to children's needs and effectively monitored. Audit templates tools were in place for medication, personal care plans, health and safety, hygiene, and incident reporting.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The centre was managed by a suitably skilled and experienced person. The person in charge had worked in the service as a registered general nurse since 2007 until her promotion in 2015 to a clinical nurse manager position. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear knowledge about the

support needs and plans for children identified to transition to the centre. The inspector noted that the person in charge had a full time post and was not responsible for any other designated centre. The person in charge reported to the children's service manager who in turn reported to the chief executive officer. There was documentary evidence to show that the person in charge had completed a supervision training programme with an external company and a mentoring programme within the organisation.

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The person in charge from a nearby respite centre run by the provider was the identified person to deputise for the person in charge during times of absence. It was reported that on the days that the person in charge was off duty that a staff member would be assigned to the role of deputy and that this would be identified on the duty roster. The inspector found that the children's services manager was knowledgeable about requirements to notify the Authority of any absence of the person in charge in accordance with regulatory requirements.

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 facilities and services in the centre reflected those stated in the statement of purpose.

There was documentary evidence to show that there was sufficient financial resources in place to support children to achieve their individual plans and to meet their needs. The inspector noted that a small range of games and crafts had been purchased for the centre but others had been recommended by children's occupational therapist had not yet been purchased. The person in charge reported that funding to purchase additional toys games, craft materials and a trampoline for the back garden was in place and would be purchased in the coming weeks. There was evidence that the centre would have its own budget allocation which would be controlled by the person in charge.

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):

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

Findings:

There were effective recruitment procedures in place, which were managed centrally by the provider. The inspector reviewed the provider's recruitment and selection policy and procedure, dated June 2014. The inspector reviewed a sample of four staff files for staff confirmed to work in the centre and found that they contained all of the documents as outlined in Schedule 2 of the regulations.

The full staffing levels required for the centre had not yet been secured. The person in charge and children's services manager told the inspector that the required staffing level for the centre was 13 whole time equivalent staff. However, at the time of this inspection only five whole time equivalent staff had been secured. The children's service manager reported that recruitment was in progress for the remaining staff. A number of the staff recruited or in the process of signing contracts were working with the children identified to live in the centre within their current placement. This meant that the

children would have some continuity in their care givers. The inspector reviewed the planned staffing roster and noted there would be one to one staffing for each child during the day with an additional staff member on the floor to enable social integration and outings. There would be two staff on duty at night. The person in charge reported that she considered the proposed staffing levels would be sufficient to meet the needs of children in the centre.

A training programme was in place for staff which was coordinated by the providers training department. A training needs analysis for staff proposing to work in the centre had been completed in June 2016. This identified a suite of training that staff working with the children would require in order to assist them to care for children with complex needs. The inspector noted that copies of the standards and regulations were available in the centre.

Formal supervision arrangements were in the early stages of being put in place for staff across the service. This meant that staff performance would be formally monitored in order to address any deficits that might exist and to improve practice and accountability. There was no supervision policy in place at the time of inspection, although the person in charge reported that one was in the process of being developed. It was reported that formal supervision would be rolled out for all staff across the service in the coming weeks. There was an induction policy in place and template induction checklists in place which detailed matters that new staff were to be inducted on.

The person in charge told inspectors that there would be no volunteers working in the centre when opened.

Judgment:

Non Compliant - Moderate

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 provider had a record retention and destruction of records policy in place, dated May 2014. The inspector found that records were kept secure but easily retrievable. There were a suite of templates and documents in place which would facilitate records to be maintained in respect of each resident as required by schedule 3 and 4 of the regulations. However, the inspector noted that a number of the templates in place inappropriately referred to the respite centre. The inspector found that a small number of records relating to reports or recommendations from allied health professionals in children's transition plans had not been dated or signed and in some instances did not state the name of the child for whom they related.

A copy of the statement of purpose and residents guide was available in the centre.

Policies and procedures as required by Schedule 5 of the regulations had been put in place and reviewed within required timeframes. The person in charge had a good knowledge of the policies in place and how they were applied in practice. The inspector noted a template to maintain a signature bank for staff to sign once policies reviewed was in place.

The provider had a contract of insurance against injury to children, staff and visitors. The inspector reviewed the statement of liability which was deemed adequate.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0005338
Date of Inspection:	05 July 2016
Date of response:	29 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 02: Communication

Theme: Individualised Supports and Care

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

The inspector noted that picture reference cards available for diet, particularly lunch and dinner were limited, only giving a small number of choice options.

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 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

- The Clinical Nurse Manager has reviewed lunch and dinner menus and increased choice options available.
- Picture reference cards have been updated to reflect same.
- The Clinical Nurse Manager has made a referral to the Speech & language therapist on the 19/08/2016 for assessment of each child's needs in relation to the use of assistive technology, aids and appliances.
- Access to assistive technology, aids and appliances has been placed as an agenda item for MDT meeting on the 19th August 2016.

Proposed Timescale: 20/09/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

The service had applied to HIQA for registration as providing accommodation for four children and outlined criteria for admission. However, the proposed resources in the centre were only adequate to meet the needs of the three children identified to live in the centre.

2. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- The Provider Nominee submitted a revised A2 form to the HIQA Registration Office on the 15th August 2016 to register the house as a centre for three children.

Proposed Timescale: 15/08/2016

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:

The inspector observed a hazard in the centre which had not been identified or assessed, i.e. the inappropriate storage of paints and flammable liquids in the laundry room which was located in a separate building to the rear garden.

3. 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:

- The Provider Nominee forwarded a request to maintenance on 17/08/2016 to remove all paint and flammable liquids from the laundry room and to store off site.

Proposed Timescale: 22/08/2016

Theme: Effective Services

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

Fire extinguishers in place were free standing on the floor and had not been fitted to appropriate wall brackets.

Fire fighting equipment was not available in the laundry room which was located in a separate building at the back of the centre.

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:

- The Provider Nominee has forwarded a request to maintenance on the 17/08/2016 to ensure that all Fire Extinguishers are fitted to the wall and secured within fire boxes
- Each staff member will carry a pass key to access fire boxes.
- Fire extinguishers will be available in the laundry room.

Proposed Timescale: 26/08/2016

Theme: Effective Services

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

Floor evacuation plans in place did not correctly identify the appropriate assembly point in the back garden. Signage to indicate the actual assembly point were not in place. To the side of the building, the provider had installed two large gates between which it was planned that children could safely enter and exit the centres vehicle during transportation. A electronic remote zapper device was used to open and close the gate but only one zapper device was available for use in the centre. In the event of fire, the inspector noted there was no other release system for this gate should the children need to move from the assembly point in the back garden to a safer location.

5. 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 Floor evacuation plans have been revised and now include assembly point in back garden.
- Signage to indicate assembly point in back garden is in place.
- The clinical nurse manager with the service Health & Safety Officer has carried out a risk assessment on the side gate in the event of fire and appropriate control measures are in place to ensure the safety of the children and staff. Control measure includes all staff on duty carrying zapper for side gate, therefore there will be four zappers available not one.

Proposed Timescale: 19/08/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A press had been identified in the staff office to store medications but the press had not been fitted with a lock so as to ensure the safe storage of medications.

6. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- The medication press has been fitted with a lock to ensure safe storage of medication.

Proposed Timescale: 16/08/2016

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:

Although the statement of purpose contained the information required under schedule 1 of the Regulations, some of the information presented was incorrect.

7. 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 clinical nurse manager with the Provider nominee has revised the Statement of purpose and amendments have been made as follows;
- The floor plan includes the Family room and office/staff bedroom.
- The capacity of the centre has been amended to reflect a centre for three children.
- The staffing compliment has been amended to reflect current situation.
- The Statement of Purpose reflects two separate living arrangements and care arrangements provided for the children.

Proposed Timescale: 19/08/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The inspector noted that a small range of games and crafts had been purchased for the centre but others had been recommended by children's occupational therapist had not yet been purchased.

8. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- The clinical nurse manager has forwarded a request to the Occupational therapist on the 19/08/2016 to purchase additional sensory toys recommended.

Proposed Timescale: 19/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The full staffing levels required for the centre had not yet been secured.

9. 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 provider nominee has recruited all care staff positions for centre. All care staff will be in situ on 29/08/2016
- The provider nominee has recruited all 6 social care workers for the centre, four of whom are going through recruitment process. To ensure that staffing levels are maintained during on-going recruitment, two long term agency and two long term relief staff will be utilized to bridge any gaps in staffing levels.

Proposed Timescale: 30/09/2016**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Formal staff supervision arrangements, while at the early stages of being put in place, had not been fully developed.

10. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- The Provider nominee with the clinical nurse manager has a supervision agreement form and template record in place.
- The clinical nurse manager is a member of a service working group established to review policy on staff supervision.
- The clinical nurse manager has a schedule in place for all staff members in situ to receive supervision.

Proposed Timescale: 19/08/2016**Outcome 18: Records and documentation****Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A number of the templates in place inappropriately referred to the respite centre.

The inspector found that a small number of records relating to reports or recommendations from allied health professionals in children's transition plans had not been dated or signed and in some instances did not state the name of the child for whom they related.

11. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- The Clinical Nurse manager has revised all templates to reference the centre.
- The Clinical nurse manager has forwarded a request on 19/08/2016 to all multi – disciplinary members to review reports and ensure that all are signed and date .

Proposed Timescale: 19/08/2016