

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lar Foley House
<b>Centre ID:</b>	OSV-0002339
<b>Centre county:</b>	Dublin 13
<b>Type of centre:</b>	Child Care Act 1991 Section 10 Assistance
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Michael Farrell
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 09 August 2016 09:00 To: 09 August 2016 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This was a 10 outcome inspection carried out to inform a registration decision. It was the third inspection of the centre. The previous 18 outcome registration inspection was undertaken on 10 and 11 December 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

**How we gathered our evidence**

As part of the inspection the inspector spent time with six of the seven children living in the centre. Although five of these children were non-verbal and unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits. The sixth child told the inspector about how he enjoyed living in the centre, spending time with the staff and about the many activities he was involved in.

The inspector interviewed the service manager, person in charge, the person participating in management, two staff nurses and a social care worker. The provider nominee who was new to the position was interviewed to assess fitness the day after

the inspection. The inspector reviewed care practices and reviewed documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

#### Description of the service

The service provided was described in the providers statement of purpose, dated August 2016. The centre provided residential services for children from 5 to 18 years of age who presented with a range of abilities and medical needs. The centre was divided into two distinct living areas. The upstairs apartment was home to two children whilst the ground floor area accommodated the remaining five children.

#### Overall judgement of our findings

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. Although there had been some improvements since the last inspection, there remained a considerable amount of work to be done in the centre to comply with regulatory requirements. The inspector found that the provider and person in charge had put a number of systems in place but that many of these were not yet fully implemented. The person in charge had taken up post in April 2016 and demonstrated adequate knowledge and competence to participate in the management of the centre. She was very dedicated and passionate about the children in her care. However, she had received limited supports from senior management to enable her to effectively do her job.

Good practice was identified in areas such as

- Children were treated with dignity and respect (Outcome 1);
- There were appropriate measures in place to keep children safe and to protect them from abuse (Outcome 8);
- There were effective systems in place for the safe management and administration of medications (Outcome 12);

Some areas of non-compliance with the regulations and the national standards were identified. These included:

- Practices in place for the management of complaints were not robust (Outcome 1);
- Systems to ensure that children's communication needs were met required improvement (Outcome 2);
- Formal and appropriately completed contracts outlining the terms on which the resident would reside in the designated centre were not on file for each of the children (Outcome 4);
- A number of essential items in the kitchen and laundry area were in need of repair as was a ceiling tracked hoist in one of the children's bedrooms (Outcome 6);
- Incident recording arrangements and fire precaution measures required improvement (Outcome 7);
- Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs, continued to require improvement (Outcome 14);
- In the preceding four month period, staffing levels were not always sufficient to meet the needs of the children living in the centre and necessitated the use of agency and relief staff (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):**

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

**Findings:**

Children were treated with respect and efforts were made to promote children's right. Children had access to advocacy services and information about their rights. However, practices in place for the management of complaints were not robust and the recording of meetings with the children required improvement.

At the time of the last inspection, there was limited detail in some children's files to reflect their cultural and religious backgrounds. Since the last inspection, an assessment of need document had been introduced which informed support plans. These plans were found to detail cultural and religious needs of the children. The inspector observed that memory boxes had been put in place for a number of the children which included items relating to their cultural backgrounds.

As per the findings of the previous inspection, children's meetings occurred in the centre but there was limited documentation to review in relation to the number of children who attended or discussions held. It was recorded in an activity folder activities proposed for the following week. Staff told the inspector that activities chosen had identified at the children's meetings. The inspector noted there was a mix of individual and group activities scheduled. The person in charge reported that she chose the meals for children in the centre in an effort to promote a healthier diet. It had been identified previously that the children's diet had not been varied or of a good quality. The meal choices made were based on children's known preferences, nutritional needs, allergies and religion. There was evidence that children were enabled to choose their snacks outside of the main meal times. The person in charge outlined that once a culture of health eating was

established, children would be enabled to choose their own meals.

The inspector found that there were appropriate arrangements in place for handling and recording of children's property including monies. At the time of the last inspection, it was identified that there was insufficient storage for children to store and maintain personal property and belongings. Since that inspection, additional storage arrangements had been put in place. However, on this inspection, the inspector noted that suitable storage arrangements were required for medical equipment in one of the children's rooms. The person in charge reported that this had been requested.

Children were enabled to participate in activities that provided meaning and purpose to them and which suited their needs, interests and capacities. There were an adequate number and variety of toys in the centre and a suitable play area to the rear of the house. At the time of the last inspection, opportunities for children to engage in activities were limited due to staffing resource issues. Since the last inspection, a number of staff had been recruited to the centre to fill vacancies and others were due to start over the coming month.

There was a complaint policy in place and a child friendly leaflet in relation to the reporting of complaints. However, the system for the management of complaints was not robust. Since the last inspection, one complaint had been received by the centre in early June which had been appropriately logged. However, the complaint had not been managed in line with the centres policy. There was no evidence that the complainant had been contacted regarding the complaint since first making it or that the complaint had been investigated.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The systems in place to ensure that children's communication needs were met required improvement.

There was a policy on communication in place. There was evidence that the provider's speech and language therapist had provided some advice and support to the centre. A

number of communication aids were being used to help children get and give information to staff, visitors and family. These included assistive technological devices, sign language, objects of reference and picture reference cards for diet, activities, daily routines and journey destinations.

Six of the seven children living in the centre were non verbal. At the time of the last inspection, the inspector found that the personal plans for some children were fragmented in relation to their communication needs. Since the last inspection, a new integrated support plan template had been put in place which included a section on communication. It was proposed that this would guide staff based on children's identified communication needs. However, the inspector reviewed a sample of files and found that sufficient details of children's communication needs and support requirements were not available in a number files. Only a small number of staff working in the centre had attended training in communicating with the children. Given the large numbers of agency and relief staff used in the centre, clear communication guidance was required for each of the children.

At the time of the last inspection, there was no internet access in the house. Since that inspection arrangements had been made for a portable dongle to be used in the centre as an interim measure. On the day of inspection the person in charge reported that fixed internet access with appropriate levels of security had been sourced and was due to be installed over the following week. The inspector noted that the two children living in the apartment on the first floor of the house did not have access to television for a prolonged period. They were able to play digital video discs only. The person in charge confirmed that a television package for the apartment was being installed over the following week with a recognised provider.

**Judgment:**  
Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

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

**Findings:**  
Up to date written contract agreements, which detailed the terms upon which the child would reside in the centre were not in place for each of the children living in the centre. The inspector observed that contracts for three of the children related to their

placement in a different centre and hence where no longer valid.

There was an admission policy in place. Admissions to the centre were in line with the centres statement of purpose. There was evidence that two children had transferred from a different centre in April and a third child in July. This had been appropriately managed.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

**Findings:**

Each child's health, personal and social care needs had been assessed within the previous 12 month period. At the time of the last inspection, it was not documented who participated in the assessment of the children's need. Since the last inspection, a new assessment of need document had been introduced and detailed who was involved.

Each child had a integrated support plan in place which detailed some of their assessed needs and choices. However, the level of detail in these plans varied and did not always identify individual choices and aspirations. In the majority of plans, goals were not set for the children. Where goals were set, they were not specific or measureable. For example, "maintain a healthy lifestyle". There were limited records maintained of progress against goals.

It was evident that the children engaged in a good range of activities in the community. A number of the children were involved in local clubs. Each child had a weekly activity schedule in place.

There were some processes in place to review children's personal support plans. However, to date these reviews did not always assess the effectiveness of the personal plan or involve the resident or their family member as per the requirements of the regulations. The person in charge reported that with the introduction of the new integrated support plan, annual reviews were planned and would involve the individual children and their family representatives.



**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The design and layout of the centre was in line with the statement of purpose. However, a number of essential items in the kitchen and laundry area were in need of repair or replacement as was a ceiling tracked hoist in one of the children's bedrooms.

The rooms were of a suitable size and layout for the needs of the children. There was sufficient lighting and heating. Overall there were sufficient furnishings, fixtures and fittings in place. A visitors room had recently been decommissioned to become a storage room for medical equipment but there was still adequate private and communal accommodation available.

At the time of the last inspection, children had moved back into the centre after reconstruction and refurbishment works but some works remained outstanding. These included the garden and out door play area, storage arrangements in children's rooms and installation of radiator covers. At the time of this inspection, the inspector found that the majority of outstanding work had been completed. The centre was observed to be clean, suitably decorated and well maintained. The back garden had been transformed into a suitable outside area for the children to play in.

There were however, a number of essential items in the kitchen and laundry area which were identified as being in need of repair or replacement for a number of months. These included the washing machine, fridge freezer, cooker, hob and extractor fan. There was evidence that requests to replace same had been made but that funding had not yet been made available. The laundry room was a small confined space which did not have adequate ventilation. The inspector noted that there was a need for more appropriate storage for the medical equipment in one of the children's bedrooms down stairs and that appropriate blinds were required for the windows of a child's bedroom on the first floor.

Children had access to appropriate equipment which promoted their independence and comfort. The majority of equipment was fit for purpose and was appropriately used,

maintained and serviced. However, there was a ceiling tracked hoist in one of the children's rooms which had not been serviced and was not working for a number of years. This necessitated staff using a manual hoist to transfer and lift the child occupying this room who was immobile and required full support. The person in charge and staff told the inspector that the limited space available in the room made manoeuvres using the manual hoist difficult.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The health and safety of children and staff were promoted. However, incident reporting arrangements and fire precaution measures required improvement.

There was a risk management policy which had been reviewed in April 2016. At the time of the previous inspection, the inspector identified that the risk register was not effective. Since the last inspection, the centre risk register had been reviewed and updated at regular intervals. There was a safety statement in place with written risk assessments pertaining to the environment and work practices. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. However, it was evident that not all incidents and near misses were formally reported. For example, vital medical equipment for one of the young people had been found broken on a number of occasions but this had not been reported. This meant that opportunities for learning to improve services and prevent incidences could have been missed. There was an on-line system used to report incidents which also recorded actions taken. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed. Overall, there were a low number of incidents reported.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and in a good state of repair on the day of inspection. The provider had undertaken a hygiene audit in April 2016 which showed very poor results. As a result, a new cleaning schedule had been put in place

and was being monitored closely. Colour coded cleaning equipment was used in the centre and securely stored. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. Posters were appropriately displayed. The inspector reviewed training records which showed that staff had attended hand hygiene training.

Fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits on the ground floor were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills were undertaken on a regular basis with records maintained.

The following issues were identified in relation to fire precautions: electrical door hold devices were not working on a number of fire doors and door wedges were being used; the external stairway which acted as a escape route from the upstairs apartment of the centre, was covered with algae which was a slip hazard; there was an emergency exit route sign over the sitting room door but there was no final route in the room; there was a need for an extraction system in the utility room due to heat build up from the washing machine / dryer.

Staff spoken with, were knowledgeable about manual handling requirements. Training records reviewed by the inspector showed that staff had attended manual handling training but one staff member required training. There was a ceiling tracked hoist system in one of the bedrooms but it was not working and had not been serviced for a number of years(Action relating to this issue under Outcome 6: safe and suitable premises). A manual hoist was also being used in the centre.

**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

**Findings:**

There were appropriate measures in place to keep children safe and to protect them from abuse. However, there were some deficits in staff training and intimate care plans required review.

The centre had a policy and procedure for the protection of children from abuse and neglect dated January 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. There was evidence that staff had met the designated officer (as per Children First, 2011) as part of unit specific training held in June 2016. Training records showed that six staff required updated safeguarding training but that this training had been booked.

There were details of intimate care needs and requirements outlined in children's support plans. However, the level and quality of detail varied and was not always sufficient to guide staff in meeting the intimate care needs of the children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. At the time of inspection there were minimal incidents of behaviour that challenged in the centre. There was a behaviour that challenges policy in place. Behaviour support plans had been developed for a number of the children by the providers psychologist. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Training records showed that five staff required positive behaviour support training.

There were minimal restrictive practices in use in the centre and usage was monitored. The provider had a positive approaches committee who met on a monthly basis and whose remit was to review and approve restrictive practices in place. All restrictive practices in use had been submitted to the committee, although formal approval was awaited on a small number of same. At the time of the last inspection, an unsuitable restrictive practice was in place for one child. Since that inspection, the restrictive practice had been replaced by a more suitable alternative. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. A log of restrictive practices in use was maintained. There was evidence of discussions with parents regarding the use of a specific restraints for individual children.

**Judgment:**

Substantially 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):**

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

**Findings:**

There were effective systems in place for the safe management and administration of medications. There was a medication policy and procedure in place. The inspector reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard in a medication room. There were appropriate procedures in place for the handling and disposal of unused and out of date medications. It was not appropriate for any of the children in the centre to be responsible for their own medications. There were no chemical restraints used in the centre. At the time of the last inspection, the inspector observed inappropriate practices on a prescription sheet. This had since been rectified and all medication records reviewed as part of this inspection were found to have been appropriately completed.

There were systems in place to review and monitor safe medication management practices. The deputy manager undertook regular audits of medication practices and there was evidence that actions were taken to address any issues identified. It was noted that a considerable number of medication discrepancies in the count of medications had been discovered through audit which had not been reported as medication errors. As a result a decision had been taken to undertake nightly audits of medication over the preceding two week period. Since this increased auditing had commenced no further discrepancies had been identified.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs, continued to require improvement.

At the time of the last inspection, effective management systems were not in place to ensure that the service provided was safe and effective. Since the last inspection, the service had been reconfigured and a new person in charge had been appointed. There was a clearly defined management structure in place that identified lines of accountability and responsibility. An annual review of the quality and safety of care and support in the designated centre had not been undertaken since the last inspection. The provider had undertaken an unannounced visit to the centre in June 2016 and produced a report. However, the corrective action plan arising from that report did not assign responsibility or timelines for specific actions required.

The centre was managed by a suitably qualified and skilled person in charge. She had taken up the full-time position in April 2016 but had limited experience before coming to the role. She was supported by two deputy managers. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with her. The person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support needs and plans for the seven children living in the centre.

The person in charge reported to a service manager but had not had formal supervision since taking up the role. There was no evidence of any other formal mentoring or coaching. There was evidence that the person in charge submitted a monthly report to the service manager, which included details of any issues in the centre. However, there was no evidence of any formal feedback in relation to reports submitted. The centre had undergone significant reconfiguration in the previous six month period and was heavily dependent on agency and relief staff. The person in charge reported that, although not rostered for frontline duties, she needed to regularly supervise inexperienced staff on the floor due to the high numbers of agency and relief staff. This meant that the person in charge had not been able to effectively engage in the governance, operational and administration of the centre on a regular and consistent basis.

On call arrangements were in place and staff were aware of these and the contact details.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

In the four months preceding the inspection there was a high dependency on agency staff which did not support continuity of care. Training and supervision requirements for a small number of staff were not being met.

In a three month period, it was identified that 88 different staff members had provided care for the children living in the centre. In one of the months, 500 staff hours were covered by agency / relief staff. This meant that the children did not have continuity or consistency in their care givers. The majority of the staff team had only worked in the centre for a short period. At the time of inspection, two staff from the wider service had been deployed to work in the centre for one month. Three new staff had taken up positions in the centre in the previous month and two further staff were due to join the staff team in September in order to meet the staff complement requirement. It was proposed that this would reduce significantly the reliance on agency and relief staff.

A training programme was in place for staff which was coordinated by the providers training department. Training records were available in the centre which showed that a small number of staff were not up to date with mandatory training requirements but that in most cases training had been booked. Training schedules for training identified as required had been put in place. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspector observed that a copy of the standards and regulations was available in the centre.

There were staff supervision arrangements in place which were generally undertaken as per the frequency set out in the centres supervision policy. The inspector reviewed a sample of supervision records and found that they were of a good quality. However, the person in charge had not had formal supervision since taking up her post in April 2016.

There was a recruitment and selection policy in place. At the time of the last inspection the inspector identified that references on staff files were not dated or verified. Since the last inspection, the human resource department verified that this issue had been rectified and that appropriate control measures had been put in place.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**  
Non Compliant - Moderate

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



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

<b>Centre name:</b>	Lar Foley House
<b>Centre ID:</b>	OSV-0002339
<b>Date of Inspection:</b>	09 August 2016
<b>Date of response:</b>	13 September 2016

**Requirements**

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

One complaint had been received by the centre in early June but had not been managed in line with the centres policy. There was no evidence that the complainant had been contacted regarding the complaint since first making it or that the complaint had been investigated.

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

**1. Action Required:**

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

All complaints will be dealt with and investigated in line with the organisational complaints procedure (updated in August 2016). The complainant as cited in the inspection report will be contacted and invited to meet and discuss their concern.

**Proposed Timescale:** 19/09/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Sufficient details of children's communication needs and support requirements were not available in a number files.

Only a small number of staff working in the centre had attended training in communicating with the children.

**2. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A) All children's Communication support plans will be reviewed, updated and developed. These will be available for review in the centre.

B) All remaining staff will complete Lámh training.

**Proposed Timescale:** 31/10/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Up to date written contract agreements, which detailed the terms upon which the child would reside in the centre were not in place for each of the children living in the centre.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract of care specific to children's services is currently being developed and will be in place and signed by all families/ guardians.

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The level of detail in the integrated support plans varied and did not always identify individuals choices and aspirations. In the majority of plans, goals were not set for the children.

**4. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

All support plans will be reviewed by the PIC who will then work with individual key workers to set meaningful and attainable goals for children.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

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

Personal support plan review did not always involve the resident or their family member as per the requirements of the regulations.

**5. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All personal support plans will document the involvement of the child and/or their family/legal guardian.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

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

Children's personal support plan reviews did not always assess the effectiveness of the personal plan.

**6. Action Required:**

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

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

Personal support plans will assess the effectiveness of the personal plan.

**Proposed Timescale:** 31/10/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A number of essential items in the kitchen and laundry area were in need of repair or replacement.

A ceiling tracked hoist in one of the children's bedrooms was in need of repair or replacement.

**7. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A) All essential items in kitchen and laundry downstairs are now in place.

B) Tracking hoist in one Childs room will be repaired to ensure it is in good working order.

**Proposed Timescale:** 31/10/2016

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

**Theme:** Effective Services

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

Not all incidents and near misses were formally reported.

**8. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

All accidents and near misses relating to the health and safety of children will be reported as per the organisational health and safety policy and procedure.

**Proposed Timescale:** 09/08/2016

**Theme:** Effective Services

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

Electrical door hold devices were not working on a number of fire doors and door wedges were being used.

The external stairway which acted as a escape route from the upstairs apartment of the centre, was covered with algae which was a slip hazard.

There was an emergency exit route sign over the sitting room door but there was no final route in the room.

There was a need for an extraction system in the utility room due to heat build up from the washing machine / dryer.

**9. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

1. Electrical door holding devices will be fitted by 31st October 2016
2. All algae will be removed from the external stairway by 3rd October 2016
3. Emergency exit sign will be removed by 3rd October 2016
4. Extraction system will be in place in the utility room by 31st October

**Proposed Timescale:** 31/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The level and quality of detail in intimate care plans varied and was not always sufficient to guide staff in meeting the intimate care needs of the children.

**10. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All intimate care plans will be reviewed, updated and developed in order to ensure they are sufficient to guide staff in meeting the needs of the children.

**Proposed Timescale:** 30/09/2016

**Theme:** Safe Services

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

Training records showed that six staff required updated safeguarding training but that this training had been booked.

**11. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff complete safeguarding training during orientation training. By the 16th September, all staff who work in the centre will have completed safeguarding training which is specific to children.

**Proposed Timescale:** 16/09/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The person in charge did not have formal supervision since taking up the role in April 2016.

There was no evidence of any other formal mentoring or coaching.

The centre was heavily dependent on agency and relief staff. This meant that the person in charge had not been able to effectively engage in the governance, operational management and administration of the centre on a regular and consistent basis as she was regularly required to supervise inexperienced staff on the floor.

**12. Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

- A) Supervision for the PIC will be provided monthly by the Service Manager.
- B) Formal mentoring will be provided for the PIC by a suitably qualified CNM3 as facilitated by the Director of Nursing.
- C) Additional staff have commenced in the centre. 1 X SCW will start in October 2016 and 1 X SCW in November 2016. Following these appointments the centre will have a full complement of staff.

**Proposed Timescale:** 30/11/2016

**Theme:** Leadership, Governance and Management

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

The provider had undertaken an unannounced visit to the centre in June 2016 and produced a report. However, the corrective action plan arising from that report did not assign responsibility or timelines for specific actions required.

**13. Action Required:**

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

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

All corrective actions arising from unannounced inspections will have persons assigned and identified timelines for completion.

**Proposed Timescale:** 12/09/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre had not been undertaken since the last inspection.

**14. Action Required:**

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

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

A draft annual report was conducted in December 2015 and is available for review in the centre. A full annual report for 2016 will be completed.

**Proposed Timescale:** 31/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staffing levels were not always sufficient to meet the needs of the children living in the centre and necessitated the use of agency and relief staff.

The majority of the staff team had only worked in the centre for a short period.

**15. 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:**

Additional staff have commenced in the centre. 1 X SCW will start in October 2016 and 1 X SCW in November 2016. Following these appointments the centre will have a full complement of staff.

**Proposed Timescale:** 30/11/2016

**Theme:** Responsive Workforce

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

A small number of staff were not up to date with mandatory training requirements.

**16. Action Required:**

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

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

All staff will be up to date in all mandatory training requirements

**Proposed Timescale:** 17/11/2016



**Theme:** Responsive Workforce

**The Area Manager is failing to comply with a regulatory requirement in the following respect:**

The person in charge had not had formal supervision since taking up her post in April 2016.

**17. 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:**

Formal supervision will be provided for the PIC by the Service Manager on a monthly basis. Evidence of these meetings is available upon request.

**Proposed Timescale:** 15/08/2016