

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Children's Sunshine Home
Centre ID:	OSV-0003282
Centre county:	Dublin 18
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	The Children's Sunshine Home
Provider Nominee:	Sharon Morrow
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 21 September 2016 09:15 To: 21 September 2016 19:45

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

Outcome 01: Residents Rights, Dignity and Consultation
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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this designated centre. The purpose of this unannounced inspection was to follow up on actions from the previous inspection and to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Description of the Service

This designated centre provided long term and respite care for up to 14 adults and children with significant disabilities. There were separate living and sleeping facilities for the adults and children.

How we gathered our evidence

The inspection was carried out by two inspectors over one day. Over the course of this inspection the inspectors visited all areas of the designated centre, met with 11

residents, interviewed staff members and the person in charge. The inspectors viewed documentation such as care plans, meeting minutes, staff files, recording logs, policies and procedures.

Overall Judgments of our findings

Overall, the inspectors found that the care provided was person-centered, with a good quality service being delivered. The centre was bright, clean and decorated in an age appropriate manner. Inspectors observed that staff were knowledgeable regarding the needs of the residents and the residents displayed comfort and familiarity with staff. Volunteers were active in the centre and were engaged in areas such as music, story telling and transport support. Inspectors observed volunteers engaging positively with the residents.

However, improvements were required in some areas in order to ensure the provider was in full compliance with the requirements of the regulations. Thirteen outcomes were assessed during this inspection. Admissions and contracts for the provision of services was found to be in major non-compliance as the residents did not have a contract that underpinned the service they received. Four of the outcomes were found to be moderately non-compliant; this included social care needs, health and safety and risk management, safeguarding and safety and governance and management. The inspectors found improvements were required in areas relating to residents' plans, fire management, best practice regarding restrictive procedures, staff training and the monitoring of the quality of care and support provided. Three outcomes were found to be substantially compliant and five were assessed as compliant with the regulations. Compliant outcomes included healthcare needs and medication management. Also, due to the implementation of actions from the previous inspection, family and personal relationships and links with the community, general welfare and development and statement of purpose were compliant. In summary, inspectors found that 11 of the 19 actions identified in the previous inspection were achieved.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.

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:

Of the two actions identified in the previous inspection, inspectors found that one action had been satisfactorily implemented. The inspectors reviewed the complaints log and found that all issues raised had been recorded and investigated in line with regulatory requirements.

The other action identified in the previous inspection had not been satisfactorily implemented. Inspectors found that the complaints procedure was only on display in one of the two units of the centre.

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):

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

Findings:

The inspectors found that the action from the previous inspection was addressed. Residents were supported by staff and volunteers to develop and maintain links with the wider community. Inspectors reviewed activity records, daily logs and saw evidence of residents involved in activities in line with their interests and needs. Residents were involved in horse riding, music, swimming, Special Olympics, bowling, concerts and holidays with family.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the actions from the last inspection in relation to contracts of care had not been addressed.

The residents in the centre did not have a contract of care in place which outlined the terms of their residential placement and the fees involved. This was discussed with the person in charge at the time of inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

In general, the inspectors found that residents were supported to participate in meaningful activities that were in keeping with their needs and wishes but further development was required. The wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, improvements were required for some residents regarding implementation, review and evaluation of their plans with overall, a more systematic approach needed with their social goals. Also, some residents' plans required review to ensure that they were clearly available and outlined in one format.

The inspectors observed that residents and their representative were involved in the personal planning process. However, accessible versions of their plans were not available to residents. Also, some children did not have individual education plans available to inform their needs in this area. There was evidence that residents were supported at times of transition.

The inspectors found that since the previous inspection one action had been met, two were in progress but outside their timeframes and one action was outstanding. Some progress was made with regard to residents' social care needs with goals identified and activity sampling completed but further improvement was required regarding the actioning, implementation, review and evaluation of the outcomes for the residents. The inspectors found that some residents' files were in transition between a paper and a newer electronic filing system. Therefore, some of their plans and required supports were not clearly documented in one integrated planning document.

Additionally, the inspectors found that children's individual education plans were not available and integrated into their personal plans.

Some of the required improvements had been identified by the person in charge and the inspectors observed evidence of plans to address these deficits. This included improving the template documentation for the review and evaluation process and the introduction of a new key worker system.

Accessible versions of their plans were not available to residents. The person in charge reported that residents were being supported to utilise alternative communication supports, for example, pictures and that the team were working to develop appropriate accessible plan options for residents.

The inspectors noted that residents and their families were consulted and involved in the planning and review process. There was also evidence that multidisciplinary team members provided support to residents' assessment of needs and were involved in the review processes as required. Residents were found to be supported at times of

transition with evidence of communication and co-ordination of their needs between their support services.

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):

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

Findings:

Overall, the inspectors found health and safety systems were in place. Three of the four actions from the previous inspection were addressed. However, improvements were required with the risk management policy and fire safety.

The designated centre had a health and safety statement which outlined the responsibilities of the various post holders within the organisation. There was a policy in relation to the unexpected absence of a resident. The designated centre had an emergency management plan in place for a number of scenarios which addressed an action from the previous inspection.

The centre had a risk management policy in place, however, it did not include two risks specified in Regulation 26; accidental injury to residents, visitors or staff and aggression and violence. The centre maintained a risk register, which outlined the risks in the centre and the measures in place to control the risk. The risks on the register included staffing levels, premises, transport and behaviour. The centre also had individual risk assessments in place.

Inspectors reviewed the incident reporting procedure, a sample of incidents and the minutes of a risk review group which meets every two weeks. This review group discussed incidents that had occurred in the centre. Inspectors found that there was a clear system of recording and following up on accidents and incidents. The centre had a Quality, Risk and Safety (QRS) Manager and a QRS Committee in place for investigating and learning from adverse events. This addressed an action from the previous inspection.

There was certification and documentation to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. Staff also completed checks on the exits, alarm panels and equipment. The fire evacuation map was on display in a prominent location in all units and a visitor sign-in book was in place in all

units. Two fire drills had taken place in 2016. However, the details of one fire drill were not adequately recorded to support learning from fire drills and a review of the effectiveness of fire precautions.

Inspectors reviewed staff training records and found that on the day of inspection not all staff had up to date training in fire safety. Inspectors reviewed a training schedule and noted that the centre was in the process of addressing this. There was no written guidance available regarding the arrangements and procedures in place for the safe evacuation of residents, though staff spoken to on the day of inspection were clear on the evacuation procedure. Given residents' high support and complex medical needs, the inspectors noted that this documentation gap could pose a risk in an evacuation situation for residents. This was matter was discussed during the feedback process.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienically maintained. There were household staff in place and inspectors reviewed a sample of cleaning checklists and schedules. There was personal protective equipment, hand wash gels and facilities located throughout 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

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

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

Findings:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. However, there were some gaps in staff training in safeguarding and child protection. Residents were provided with emotional, behavioural and therapeutic support with a positive support approach evident for residents. The centre promoted a restrictive free environment for residents but some improvement was required to ensure that all regulatory requirements were met.

The inspectors found that there were systems in operation for responding to incidents,

allegations and suspicions of abuse and that these were appropriately utilised to ensure that residents were protected. The required designated personnel were in place to support these systems.

Staff members described the manner in which they would respond to potentially abusive situations for residents and were aware of their reporting responsibilities. However, they were unsure regarding the service specific forms that they were required to complete in this situation and only cited the service's accident report form. The person in charge noted that she was aware of this trend and had plans to highlight it through the mandatory safeguarding training programme. In addition, gaps in staff training were identified in safeguarding and child protection.

Residents' personal and intimate care needs were assessed and outlined in plans which informed staff practices.

The inspectors found that residents' positive behaviour support needs were being supported. There was evidence that efforts were made to identify and alleviate the underlying cause of behaviour that was challenging for the residents. Also, they were supported by a multidisciplinary team (MDT) approach which included psychology support. Staff were found to be informed and knowledgeable regarding residents' behavioural needs.

The inspectors observed that there were a number of restrictive procedures used with residents. These included mechanical restraints such as lap straps and specialised cots. The inspectors reviewed files and noted evidence under the risk assessment section that the restriction was identified, risk assessed, less restrictive options were considered, benefit analysis was considered and that residents' families were informed. However, there was no evidence of regular MDT review of the restrictive practice and the residents' correlating care plan section did not reflect the current status of the restriction. This regulatory deficit had been identified and actioned in the previous inspection. The inspector noted that there was no tracking system to oversee the usage of restrictive practices with residents.

Throughout the inspection staff were observed to treat residents in a warm, respectful and person centred manner with the inspectors observing that residents appeared contented. The centre had the policies in place as required by regulation.

Judgment:

Non Compliant - Moderate

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The action from the previous inspection was addressed. Transport arrangements were in place for all residents to attend day services and this was observed on the day of inspection.</p>
<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

Observation and a review of residents' files showed that their healthcare needs were being responded to in a timely manner, assessed and supported. The inspectors found that residents had access to a multidisciplinary team which included physiotherapy, speech and language therapy, psychology, social work and a consultant paediatrician. Residents also had access to allied health care professionals as appropriate to their needs. This included a consultant neonatologist and dental services.

The inspectors observed that residents' palliative care needs were also supported as required, by a clinical nurse specialist in paediatric palliative care and a consultant paediatrician specialising in palliative care.

The inspectors observed that residents were well supported by their general practitioner (GP) who visited and reviewed residents' needs several times during the week. Out of hours support was also available to residents in their GP's community practice.

The majority of residents were on an enteral tube diet. Residents' nutritional needs were assessed and documented in their care plans and the inspectors noted that a dietician supported residents as required. Modified and specialised diets were facilitated and residents' weights were monitored. The centre had a specialised roll-on weighing scales option for wheelchair users. The inspectors found that residents' choice and preferences

were acknowledged, documented and supported.

The inspectors observed that the staffing level was sufficient in ensuring that residents' nutritional support needs were fully met. Staff member's competency in this support area is systematically assessed prior to their sign off. An evening mealtime experience was observed in the adult residential unit and found to be a relaxed, positive and social event.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

Pharmacy services were available to the residents and there was evidence of ongoing review of the residents' medical status and their medication requirements. Medication in this centre was only administered by registered nurses. Additionally, in line with residents' needs the inspectors observed that there was an established medication induction and training process for staff nurses prior to them being signed off as clinically competent to administer medication to residents in this centre. The clinical nurse manager (CNM)¹ and the practice development manager were responsible for this system. The inspectors observed two nurses administering medication and noted that they engaged in appropriate medication management practices.

There was a system in place for reviewing and monitoring safe medication management practices. Medication errors and issues were reviewed at the centre's weekly medication monitoring group. This group's terms of reference stated that it ensured best practice principles and standards in medication management are applied following medication errors. Additionally, it supported the centre's risk meeting regarding any concerns. There was evidence that actions from this review system lead to staff training, policy and practice reviews.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

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

Findings:

Inspectors reviewed the updated statement of purpose which outlined the services to be provided and found it accurately reflected the service provided in the centre. This addressed the action from the previous inspection.

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:

Overall, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services. There was a clearly defined management structure that identified lines of authority and accountability. The centre was found to be managed by a suitably qualified, skilled and experienced person. There were arrangements in place for staff to give feedback on the quality of care and support

provided to residents. However, improvements were required to ensure that the service provided was effectively monitored and that residents and their representatives were consulted.

The inspectors found that no annual review of the quality and safety of care in the centre had been completed by the registered provider. This requirement had been identified and actioned during the previous inspection by HIQA. Additionally, the required six monthly unannounced visits to the centre by the registered provider had not commenced. The person in charge informed the inspectors that these visits were planned and that she was in the process of developing a standard operating procedure for this.

The inspectors observed that there was a robust governance and management system underpinning the quality of care and support provided to residents with a number of key committees in operation. This included a quality, risk and safety committee and a medication monitoring group. Audits were also completed in the centre.

There was a clearly defined management structure in place that identified lines of authority and accountability. There was a clinical nurse manager (CNM) 1 in charge in each unit and they were accountable to the person in charge. The inspectors noted that she met and communicated with the CNM1s on a regular basis in an organised and systematic manner. The person in charge was accountable to the provider nominee and was clearly involved in the governance and operational management of the centre. On-call support from senior nursing team members was available to staff during the out of hours period, with an executive additionally available for consultation.

The person in charge was supernumerary to the rota, working a five day regular week. She was observed to be a suitably qualified, skilled and experienced person for this role and was committed to her own professional development. She was found to be aware of her statutory responsibilities and was clearly identifiable to staff and residents.

Additionally, the inspectors observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

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):

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

Findings:

Overall, inspectors found that there were appropriate staff numbers to meet the assessed needs of residents and the safe delivery of services to residents. Inspectors observed that staff were very familiar with the needs of the residents and the residents displayed comfort and familiarity with staff. Residents were observed to receive assistance and care in a respectful manner.

There was a staff rota with a planned and actual rota maintained. Inspectors reviewed rosters for a three week period including the week of the inspection and found there to be a suitable number and skill mix of staff to ensure continuity of care.

Inspectors reviewed staff training records and found that not all staff had up to date training in manual handling, fire safety and behaviour management. The centre had a programme of training for 2016 in place and were in the process of addressing this. The centre also provided additional as needed training to staff in particular areas for example risk management and therapeutic handling.

Inspectors found that staff were appropriately supervised through a supernumerary person in charge and regular team meetings. The centre had an annual appraisal system in place.

The recruitment of staff was managed centrally, by the human resources department of the organisation. On the day of inspection, the centre were inducting new staff. An induction programme was in place and included an orientation to the service as well as training. Inspectors did not review staff files as they were reviewed at the last inspection and found to have all the information required under Schedule 2 of the regulations.

There were a number of volunteers active within the centre who provided a valuable service to the residents. Volunteers were engaged in areas such as music, story telling and transport. On the day of inspection, inspectors observed volunteers engaging positively with the residents. Records reviewed confirmed that volunteers were Garda vetted and their role was clearly defined.

Judgment:

Substantially Compliant

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):

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

Findings:

The majority of actions from the previous inspection were satisfactorily addressed. Inspectors reviewed the policies identified in the last inspection and found all the policies were in place. However, improvement was still required with regard to the accessibility of some residents' plans and in the quality of residents' documentation. Additionally, whilst reviewing residents' files the inspectors identified several examples of residents' supporting documents not being accurately and fully completed. Some residents' files were also found to be a bit disorganised as they were in transition between a paper and newer electronic system.

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:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Children's Sunshine Home
Centre ID:	OSV-0003282
Date of Inspection:	21 September 2016
Date of response:	9 November 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 is failing to comply with a regulatory requirement in the following respect:

The complaints procedure was not prominently displayed in one unit of the designated centre.

1. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints

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

procedure in a prominent position in the designated centre.

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

A copy of the Complaints Procedure was placed in a prominent location in the unit immediately after the visit.

Proposed Timescale: 22/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

A written agreement of the provision of care and service to be provided was not in place.

2. 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 template for written agreements of provision of care is in draft to be completed by 11/11/2016

Meeting to be scheduled for families in residential service to discuss service agreements

All residents care will have a written agreement of service provision by 27/01/2017

Proposed Timescale: 27/01/2017

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:

Some residents' plans required further improvements to ensure that they comprehensively supported residents' needs.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A review of Care Plans completed by CNM 1 14/10/16

Changes to be implemented in care plans to ensure they reflect and comprehensively

support residents needs 30/11/16

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Some children's personal plans did not include their educational needs and supports.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Care Plans for residential children are being reviewed to ensure their Individual Educational Plans (IEP's) are incorporated. 11/11/16

Respite children's families will be contacted to request a copy of children's IEP which in turn will be incorporated into each child's care plan 27/01/17

Proposed Timescale: 27/01/2017

Theme: Effective Services

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

Accessible versions of their plans were not available to residents

5. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The service continues to research methods and tools for making care plans available in an accessible format that would be meaningful to the residents 30/01/2017

Care plans are available for residents representatives should they wish to access them and are discussed with families.

A Speech and Language Therapist is currently being sourced for the residential adults, in order to carry out an updated assessment.

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

Further developments and improvements were required with residents' social care needs.

6. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Disability MDT Forum agreed to incorporate assessment and review on agenda for monthly meetings 26/10/16

A review of residents care plan template has been carried out and changes in process of being implanted for adults in residence care plans to reflect social care needs 30/11/16

Schedule for Annual Reviews for 2017 will be drawn up and agreed at Disability MDT on 16/11/16

The goals and needs of the children who avail of the respite services are identified on each admission and agreed with the family. These are then reviewed on discharge.

Proposed Timescale: 30/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

7. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Risk Management Policy and Procedure has been updated to include the measures and actions in place to control accidental injury to residents, visitors or staff. The policy has also been re-circulated on the 09/11/2016.

Proposed Timescale: 28/10/2016

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence

8. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management Policy and Procedure has been updated to include the measures and actions in place to control aggression and violence in the workplace. The policy has also been re-circulated on the 09/11/2016.

Proposed Timescale: 28/10/2016

Theme: Effective Services

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

There was no clearly documented guidance on the evacuation procedure to inform staff practices and ensure that residents received their required supports.

Fire drills were not recorded with adequate detail to review the effectiveness of fire precautions.

9. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A schedule for fire drills is in operation in the service

Fire Drill reports are available in the Fire Registers 26/09/16

Emergency Evacuation Plans updated for all residents 23/09/16

Emergency Evacuation Procedure for the 2 units detailing evacuation procedure to be completed 18/11/2016

The Personal Emergency Evacuation plans for respite children are all updated 04/11/2016

Proposed Timescale: 18/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Improvement was required in the management of restrictive procedures with residents.

10. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Disability MDT Forum reviewed concerns raised on restrictive practices on 24/10/2016

Restrictive Practices will be an agenda item for monthly Disability MDT Forum, this includes, assessments register and review and authorisations.

Disability MDT meeting to take place on Restrictive Practices on 16/11/16

Restrictive Practices Assessments are being updated for residents 16/11/16

Respite children will have assessments reviewed and updated on next admission 31/12/2016

Proposed Timescale: 31/12/2016

Theme: Safe Services

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

Some staff members did not have current child protection training.

11. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

1 staff member outstanding for training is scheduled to attend on, 08/11/2016 this staff member works in the adult service and will not be allocated to work in children's service until after training completed.

Proposed Timescale: 08/11/2016

Theme: Safe Services

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

Some staff members training in safeguarding residents was not current.

12. 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:

3 staff members outstanding for training are scheduled to attend in 16/12/16

1 staff member scheduled to attend 17/11/16

All 4 staff members work in the children's service and will not be allocated to support adult service until training completed.

Proposed Timescale: 16/12/2016

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:

An annual review of the quality and safety of care and support provided to residents had not been completed.

13. 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:

Work has commenced on completing the required annual review of the quality and safety of care and support provided to residents. This will be reported to the Quality, Safety and Risk Committee on 24/11/16 and Board of Directors for their information on 29/11/16.

Proposed Timescale: 22/12/2016

Theme: Leadership, Governance and Management

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

The six monthly unannounced visits had not been completed by the registered provider.

14. 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:

The Unannounced Inspection was carried out on 17/10/16 by 2 members of Executive team nominated by Registered Provider.

Proposed Timescale: 17/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up to date training in manual handling, fire safety, safeguarding, child protection and behaviour management.

15. 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:

The Service implements a Mandatory Training Policy which clearly outlines the obligations of the employer, staff and volunteers to ensure availability and access to the necessary education and training in order to ensure a safe working environment; and to ensure that the service and its employees and volunteers comply with mandatory and statutory regulations and that staff and volunteers are supported and enabled to meet the changing demands and priorities of the service. This includes a Procedure for staff & volunteers booking Mandatory Training and a Mandatory Training Matrix identifying what training each staff is required to complete.

The HR Department inform Managers a month in advance of upcoming training and staff are rostered to attend.

All staff who were identified as not attending their mandatory training have been scheduled on the next available courses which will be completed by 16/12/2016. MAPPA Training will be completed by 27/01/2017

Proposed Timescale: 27/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some residents' records were not accurately maintained.

16. 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:

A review of Electronic and Paper Care Plans is in progress, this includes work on EMR system to increase capacity to maintain residential children's records. This is highlighted and monitored through the Risk Register.

Proposed Timescale: 22/12/2016