

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Saoirse
Centre ID:	OSV-0003641
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 March 2017 11:25	29 March 2017 17:00
30 March 2017 09:15	30 March 2017 17:30

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

Summary of findings from this inspection

Background to the inspection:

This inspection was the third inspection of the centre carried out by the Health, Information and Quality Authority (HIQA). The purpose of this inspection was to conduct a registration renewal inspection.

How we gathered our evidence:

As part of this inspection, the inspector met with six children across the two days of the inspection. The inspector also met with two parents. The inspector read 15 questionnaires returned by parents or representatives whose children were in receipt

of respite and 13 questionnaires completed by children and or their parent or representative on their behalf. During the inspection, the inspector met with the person in charge, the director of service (person involved in the management of the centre), a number of family support workers, a nurse and the person representing the provider. The inspector viewed a sample of children's files and a range of records maintained in the centre.

One of the children showed the inspector around the centre and they said that they enjoyed coming for respite. All of the other children presented as happy and content to be at the centre. The inspector observed a warm and positive rapport between staff, children and visitors to the centre. There was lots of laughter between staff and children. The inspector saw staff training children in life skills and doing this in a natural way such as in the preparation of the evening meal. Children were observed departing with staff for excursions to the local community. There was a book of photographs maintained by staff that showed the children involved in activities both within and outside of the centre. The parents with whom the inspector met with were very satisfied with the service provided to their children. The majority of the parents and representatives who returned questionnaires to HIQA were also satisfied with the service provided to their children. The children wrote in their questionnaires to HIQA that they were also satisfied with the service received.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided.

The centre, according to its statement of purpose, provided respite breaks for children, both male and female, from the ages of 0 to 18 years, who had been diagnosed as being on the autistic spectrum or had a diagnosis of physical, sensory or intellectual disability and who were living within a specified geographical area. The centre had capacity for a maximum of five children. The inspector found that the service matched what was described in that document. There were 43 children in receipt of services at the time of this inspection. During this inspection, there was sufficient staff attending to the needs of the children. The centre was located in a detached purpose-built building in a housing estate.

There were two additional services operating from the centre that were separate to the respite service. One service was called a 'Saturday club'. This was a Saturday afternoon service for children already known to the provider. This service was led by a separate staff team to that of the respite service and they reported to their own manager and not the person in charge. The maximum number of children in the 'Saturday club' on any one day was seven. This meant that on one day a month, should both the respite service and 'Saturday club' be at capacity then there could be 12 children in the centre at the same time for four hours. The second service was an after school 'homework club' that operated during school term only, on one day a week, to a maximum of two children who were already known to the provider.

The centre comprised of three children's bedrooms, one staff bedroom, office, a separate office for the person in charge which was also used for storage, an office located at the front of the building, a kitchen, a dining area, a large living room, a

sensory room, a number of shared bathrooms and en-suites. Parking facilities were available to the front of the house to which children did not have access. Children could access an enclosed garden and play area to the rear and side of the house. Staff and children had access to local villages as transportation was provided.

Overall judgment of our findings:

Overall, the centre was in compliance with the regulations. Children received a child-centred service and continuity of care from a well-trained and competent staff group. The premises was fit for purpose and provided a comfortable setting for respite breaks. The person in charge was suitably qualified and experienced. The centre was well managed and there were good governance structures in place. The provider had implemented the actions required following the previous inspection. The centre was modern, clean, child-friendly and a very pleasant space for children to play and relax in. Children had significant access to a large outdoor play space. There was a strong ethos in the centre of bringing children to activities in the community, all of which were documented in writing and through photographs.

Actions in this report include:

- some improvements were required in fire safety (outcome 7)
- not all staff had completed training in the management of actual and potential aggression (outcome 8)
- some improvements were required in medicines management (outcome 12)
- improvements were required with reference to a policy and the resident guide (outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.

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):

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

Findings:

There were systems in place to support children's rights, to promote their dignity and to ensure that they were consulted in relation to their care. There was a complaints system in place.

There were systems in place for consultation. Each respite break began with a welcome meeting during which the children were invited to make suggestions regarding their respite stay. This offered children the opportunity to influence decision making in the centre during their respite stay. The inspector viewed a staff member sitting with a child and completing this form with the child. Children were also asked to complete, each month, a feedback sheet on their experience of respite stay in the prior month. These documents were seen in the children's files and of those viewed by the inspector, they showed that the children were satisfied with the service received.

There were systems in place for advocacy arrangements. As this was a respite centre, a child's parent or representative was their main advocates. Notwithstanding this, the person in charge set out to the inspector the details of other organisations that she had contacted since the previous inspection in an effort to seek additional information about external advocacy providers. Each child was allocated a key worker and these key workers took a lead role in the development of the child's personal plan and contact with the families. The key workers contact parents of the children prior to respite breaks to ask them if there have been any changes in relation to their child's needs. A parent was observed arriving to the centre and sharing information about their child which was taken note of by staff members.

There were policies and procedures in place for the management of complaints. There was also an appeals process in the event of a complainant not being satisfied with the outcome. The complaints procedure was referred to in the handbook for children, the parent's handbook and in the statement of purpose. The inspector reviewed the complaints received in the 12 months prior to the inspection and these showed that there were four complaints and eight compliments received by the service. The four complaints were resolved. The inspector could not see an explicit reference to the satisfaction of the complainant following the resolve of the complaint. This was brought to the attention of the person in charge who committed to adding this to future records.

Parents were contacted by staff at the centre every three months and asked for feedback on the service. This helped the person in charge to know the issues that were affecting families. In the questionnaires submitted to HIQA, both children and parents or representatives identified the person in charge as someone they would go to in the event that they had a complaint.

There were systems in place to uphold privacy and dignity. Two of the three bedrooms had the capacity to be shared. The statement of purpose explained that children shared a room only when they chose to do so and after they and their parents have been consulted about this and were happy with this arrangement. This was confirmed by the parents when they met with the inspector. The person in charge was mindful of potential risks involved in the sharing of bedrooms. She explained how a decision to share a room was made based on a number of factors, such as age and compatibility which the inspector found appropriate. There was documentation on file from parents giving their consent for their child to share a bedroom.

Policies and procedures were in place to ensure that the belongings of children and their finances were protected. Sufficient storage was provided for children's belongings in their bedrooms. Inventories of belongings were recorded on arrival and secure storage was available for any pocket money that was required to be stored on behalf of children. There was reference to missing items in the complaints reviewed by the inspector and in a questionnaire received by HIQA but these were mostly resolved to the satisfaction of the complainant.

Children had the opportunity to take part in activities of their choosing while on respite. The specific interests of children were described in their personal plans and records of activities showed that they could pursue these interests during their respite breaks. Activities in the centre included attending concerts, going shopping and local walks. The inspector observed one of the children assisting a member of staff to cook the evening meal. Another child was getting ready to go swimming with their key-worker. The parents, with whom the inspector met with were very pleased with the range of activities that their children enjoyed. The majority of the questionnaires submitted to HIQA confirmed these arrangements.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Children were supported to communicate effectively.

There was a centre-specific policy on communication. Training records showed that the majority of staff had received training in a recognised method of communication in 2016. The person in charge confirmed in a report of a six monthly inspection as having received training in a picture exchange communication system. The staff members in conjunction with parents carried out an assessment of need of the children each year, the findings of this were reflected in the child's personal plan. Each child's personal plan contained reference to the child's preferred method of communication and how staff could support them to communicate with others.

A number of files contained letters and reports from speech and language therapists which set out the ways in which the children could be supported to communicate. Staff with whom the inspector met with were aware of and could describe in detail the children's individual communication needs and the inspector observed effective communication between children and staff.

Visual schedules were in place for the children, as observed by the inspector.

Children had access to television, DVD and radio. A computer was available in the staff office on which children could access the internet under supervision.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Children were supported in maintaining their relationships and developing links with the community.

The arrangements for visitors were set out in both the statement of purpose and in the child and parent handbook. As this was a respite service, the children were generally not visited by their parents during their stay at the centre. However the parents contacted staff and enquired about their child and they were also contacted by the staff team when needed. This was confirmed by parents when they spoke to the inspector.

Notwithstanding the above, the statement of purpose did set out that families were welcome to visit the centre during the respite break and requested that the needs of other children be taken into consideration. It also encouraged parents to contact their children by telephone during their stay if they wished. There was adequate space and facilities available for children to meet their parents and family in private, if required.

The person in charge told the inspector that children were matched for respite according to their age and, other factors, such as friendships, were also taken into consideration. The inspector observed that some of the children at the centre at the time of inspection were appropriately matched as they were school friends and knew each other well. They were at ease with each other and were observed leaving the centre together for a walk with a staff member.

Children were supported to develop links with the local community. Children were facilitated to use community facilities while on respite and wheelchair accessible transport was provided by the centre in order to take children on various outings to places of interest or leisure during their stay. This was evidenced in the centre's photographic booklet that staff maintained. A child, with whom the inspector met with, also confirmed that he liked to go out with staff and his key worker to various places of interest. A second child was getting ready to go swimming with his key worker during the inspection and, with the assistance of his key worker, told the inspector about some concerts that they had recently attended. A younger child was brought by a staff member to an indoor children's play area located in the community.

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):

No actions were required from the previous inspection.

Findings:

Children were admitted in line with the statement of purpose and each child had a contract for the provision of services entitled a service user agreement.

Each child had a service user agreement which set out the services to be provided. The inspector viewed a sample of copies of these agreements and found that they were signed by the parents and a representative of the centre. Children and their parents did not have to make any financial contribution towards their respite break, however, children on occasion chose to bring pocket money into the centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children had personal plans, based on an assessment of need, which set out their individual needs and choices and the supports they required to enable them to enjoy their respite stay.

There were systems in place at pre-admission stage. The statement of purpose set out the referral process and the assessment that was undertaken by the person in charge in order to ascertain their suitability for respite. The inspector saw evidence of this document completed for children that had been commenced at the centre following the introduction of this system.

Each child had an assessment of need in place; this document was called a 'communication passport'. This document was completed by a staff member with the parent. This document assessed the needs of the child across a variety of areas such as their likes and dislikes, healthcare needs, personal care needs, their communication

needs, their routines, interests, feelings and various things they wished the staff to know about them and their lives. There were also letters and reports from a number of other professionals, including speech and language therapists, occupational therapists and medical professionals. Educational reports were on file where these had been received by staff.

There were adequate systems in place regarding personal planning. The inspector viewed a sample of personal plans for children and found them to be satisfactory. The plans were developed with the active participation of children and their parents and each was signed by the child (where possible), their parents, the key worker and the person in charge. Each plan had a date for a formal annual review. Staff interviewed were very familiar with the children and their personal plans. The person in charge audited the children's file each month thus ensuring that the relevant documentation was in place and up-to-date. Key workers were tasked with responsibilities for the maintenance of files. The inspector could see that personal plans were considered live documents as staff wrote on the personal plans any changes required or their observations of the children. The arrangements for the review of personal plans were also set out in the statement of purpose.

Each child had one or more goals created for them in conjunction with them, their parents and or representatives. Some of these goals pertained to personal care and others reflected more the development of social skills. Key workers had the responsibility to update progress against goals. The goals of children were discussed at staff team meetings so that all staff were aware of the children and their personal goals in addition to the assigned key workers.

Children were supported on a day-to-day basis in their transitions to the centre from home or school. Key workers communicated with the children and their parents to confirm the respite break, discussed the children's current needs with the parents and made practical arrangements for collecting the children and returning them, usually to school on the following day.

Children were also supported when making the transition to adulthood. Four children had been identified as due to leave the service in the summer of 2017. There was sufficient evidence to show that the person in charge and staff played their role in preparing the children and their parents or representatives for this key transition to adulthood. The formal discharge of a child from the service was marked by a graduation party and activities.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the statement of purpose.

The centre was located in an accessible, single-storey premises, which was purpose built and situated a short distance from the centre of a nearby town. There was adequate private and communal space for the children. Each of three bedrooms had its own ensuite shower, toilet and wash-hand basin facilities. Two of the bedrooms could accommodate two children sharing. The third bedroom was for single use only and had an overhead electric hoist to facilitate a child with high physical support needs.

The centre was clean and well-maintained. It was nicely decorated. There was sufficient furniture and fittings and it provided a comfortable setting for children.

The kitchen was large and well-equipped. There was a separate dining area. There were two entrances to the centre and the one leading directly into the dining area was the main entrance used by children and their parents or representatives. This room also contained information for staff. Although this dining room was used for a variety of purposes, including entering and egressing, it did not detract from the homely atmosphere or dining experience and children were observed eating and spending time in this room with staff. The sitting room located across the hallway was a large room and fully accessible. There was also a multi-sensory room and a child showed this room to the inspector and described how children used the facilities within.

There were appropriate laundry facilities. The inspector viewed the documentation that was maintained in relation to assistive equipment such as an overhead electric hoist and electric beds.

There was an office used by the person in charge and sleepover facilities for staff with an ensuite shower room. Children had access to the garden through doors leading from the dining room and sitting room. The office of the person in charge was also used for the storage of bulkier items. At the main entrance to the premises, there was a reception desk and an office which was used by administrators. This area was separated from the part of the premises used by the children.

There was a large secure garden to the rear of the centre, which contained a large lawn and some play facilities. There was sufficient space for car parking to the front of the centre and the entrance to the site was secured by large gates.

Once a month, the centre facilitated a 'Saturday' group to a maximum of seven children for four hours. Should the centre be running at capacity then this could mean that there would be 12 children in the centre at the same time. The person in charge told the

inspector that, to date, the arrangement had worked well; the centre had not ever reached its full capacity of 12 and that the children on respite could join in with the 'Saturday club' if they so wished. This was confirmed by staff. The inspector met with one parent who confirmed that their child sometimes engaged with this group and enjoyed it. The inspector viewed and discussed with the person in charge an incident that had occurred during one of these days whereupon one of the children attending for respite was reported to dislike the noise. The person in charge and the person involved in the management of the centre were both aware of this incident and demonstrated to the inspector how they had taken steps to assure that this child would experience a more appropriate respite experience in the future.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were sufficient systems were in place to promote the health and safety of children, visitors and staff. The actions arising from the previous inspection were satisfactorily implemented.

There was a risk management policy in place that set out the key hazards, as per the regulations. There was an organisational health and safety statement in place. The risk management policy was implemented in the centre and was supplemented by a set of risk assessments which were centre-specific and referenced in the local risk register in place. The person in charge demonstrated a suitable knowledge of hazard analysis and risk assessments. Each month a staff member completed a hazard checklist.

Each child had a set of individual risk assessments developed for them and this information was contained in their personal files. These were reviewed regularly although some were reviewed more often than others and the reviewing timeframes did not all appear consistent.

Measures had been taken to ensure the safety of children, visitors and staff. A record of all visitors to the centre was maintained at the reception area. The premises and surrounding gardens were secure. Closed circuit television (CCTV) was used to monitor the entrances to the centre and a policy on CCTV was in place. The entrances to the premises were wheelchair accessible and the corridors were wide and provided ease of access to all parts of the centre.

Procedures were in place for the prevention and control of infection and most staff had received training in hand hygiene and hazard analysis and critical control points. There were sufficient hand sanitisers located throughout the premises and there were adequate facilities and materials available for hand washing. Chemicals were stored in locked cupboards and various cleaning materials were colour-coded. Cleaning check lists, schedules and audits were used to assist in ensuring that the premises was cleaned on a daily basis and that deeper cleaning was also carried out regularly.

Systems were in place for the identification, recording, investigation and learning from accidents and incidents. There was a template document used by all staff to document incidents and accidents. These were then signed off by the person in charge and where necessary, the director of the service. The inspector reviewed a selection of incidents and accidents that had taken place and there was evidence of learning and actions that arose following these incidents, for example, children had an individualised risk assessment developed for them to prevent further falls following an incident of same.

There was a maintenance log book in place and this clearly identified works that were required and evidence of their completion.

Fire safety precautions were in place. A quarterly service was carried out on the fire alarm system and emergency lighting was also inspected on a quarterly basis. All emergency exits were viewed as unobstructed on the day of the inspection and there were records to show that fire safety precaution checks were completed daily by staff. Fire fighting equipment was displayed throughout the premises and had been serviced in 2017.

Records showed that all staff received training in fire marshal duties and separate training in the use of fire extinguishers. Personal emergency evacuation plans were in place for each child, however the date of review of these plans was not always recorded. There were effective systems in place to identify children that had and had not participated in a drill. There were records to show that fire drills were carried out regularly and the names of children were included on these records. However, the time it took the children and staff to evacuate during drills was, in some cases, eight minutes long. The records in this instance did not show that a senior member of staff maintained oversight of these timelines.

The staff team had access to a number of vehicles owned by the provider in order to facilitate the transport needs of children. A staff member and child showed the inspector two of these vehicles and they had the relevant details of tax and insurance and testing. They also had first aid kits and breakdown equipment.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Measures were in place to safeguard children and protect them from abuse.

There was an organisational policy in place regarding child protection. The person in charge was the named designated liaison person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. Records showed that all staff received training or completed online training in child protection. Staff, with whom the inspector met with, demonstrated knowledge of signs and symptoms of abuse and knew how to report any concerns they may have in this regard. The person in charge showed the inspector the details of two child protection concerns that had arisen in the previous 12 months and there was evidence to show that the Child and Family Agency (Tusla) acknowledged each report and were appropriately involved. A number of staff had also completed training in the safeguarding of vulnerable adults which was appropriate given that there were children that were in receipt of services from the centre and had reached their 18th year. The remaining staff were to have this training completed by the end of April 2017, according to the six monthly unannounced inspection by the provider.

There was a policy on the provision of intimate care and each child had an intimate care plan. Staff were able to describe to the inspector how they made themselves aware of the personal care needs of each child and consulted their personal plan prior to the arrival of the children.

There were local procedures in relation to safeguarding children's monies and possessions and adequate measures were in place to ensure their safekeeping.

There was a policy on the promotion of positive behaviour and a policy on restrictive practices. The majority of the staff team were trained in the management of actual and potential aggression, however, there were six members of staff who were not recorded as having received this training. The parents provided information to the staff team on their child's behaviours. This was evidenced where necessary by reports from professionals. Staff were knowledgeable of each child and their preferences and how they required staff to respond to their behaviours. The behavioural support plan of one child required review and this had already been identified by the person in charge. At the time of this inspection, there were a small number of restrictive practices in place. The front door was kept locked for security reasons but could be opened through use of a keypad. There were no children prescribed medicine as a chemical restraint. There

had been one physical 'hold' of a child in the 12 months prior to this inspection and this had been reviewed by the person in charge as deemed necessary given the situation. There were some children whose parents told staff that mechanical restraints were to be used, such as bed-rails, harnesses, lap belts, chest and hip supports. The person in charge identified to the inspector that she was actively seeking the original prescription of these practices and working with the parents in this regard and liaising with the original healthcare professional in an effort to confirm the use of these practices for healthcare reasons. There was evidence to confirm these attempts.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A recording system for incidents that occurred in the centre was in place and the person in charge was knowledgeable of the events that required notification to HIQA.

There were systems in place for the identification and recording of incidents, accidents and near misses. The person in charge and a person involved in the management of the centre demonstrated appropriate knowledge of their responsibilities in relation to recording and reporting incidents and their subsequent notification, where appropriate to HIQA.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The right of residents to have an education, to socialise and participate in the community, was supported by practices at the centre.

As this was a respite service, the parent generally took the lead on ensuring that their child's education needs were met. Notwithstanding this, the centre set out their role and responsibilities in this area in the statement of purpose and the parent and child handbook. There was also a policy on education to guide staff. Children were collected from school and brought to school when their respite stay coincided with their school days. Staff corresponded with school staff verbally or through written communication books passed between the parent, school and staff. Parents gave copies of individual education plans to the staff where possible. Parents contributed to the review of the personal plan each year and gave information to staff which was updated in the child's personal plan about the child's schooling.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The health needs of children were met while they were at the centre for respite.

There were systems in place to ensure that the healthcare needs of the children was assessed at the referral stage, admission and then annually as part of the assessment of need and personal planning. The parents were the main providers of information about their child's health and healthcare recommendations were usually evidenced through various reports acquired from either the parent or directly from the healthcare professional. There were registered nurses employed by the service and rostered accordingly to work alongside children that had healthcare needs. The inspector met with a nurse employed by the service; she was working alongside a child that had some healthcare needs and was fully aware of these needs.

Prior to each respite break, a member of staff or the key worker contacted the parents of the child and enquired whether any healthcare issues had arisen for the child that

staff may need to be aware of. If a health issue that required medical attention arose while the child was on respite, an out-of-hours general practitioner (GP) service was available locally. During this inspection, a parent was observed giving relevant information to the staff team on their child and this was duly noted by the staff.

Records showed that staff received a range of training to address the health needs of individual children. This training included first aid, epilepsy awareness and emergency medication. Some staff had received training in percutaneous endoscopic gastrostomy (PEG) feeding. The person in charge confirmed to the inspector that trained staff were rostered to work alongside children, for example, where a child required assistance with their PEG feed, this was given only by a staff member that had completed training in this area and this was therefore reflected in the roster. There were sufficient processes in place regarding PEG feeding. A peg feed was administered according to the prescribing regime and risk assessed. Prior to the inspection, the person in charge had instructed staff to commence the use of an observation record to reflect in writing their observation of the child while they were receiving the feed.

There were systems in place regarding eating and drinking preferences. The pre-admission assessment contained a section on eating and drinking and the children's personal plans outlined their likes and dislikes regarding food. The template for recording information from parents prior to each respite break prompted the staff member to ask about the child's diet.

Records showed that staff had received training on food preparation.

Children were given a choice of snacks after school and were offered choices in relation to their evening meal. There were adequate stocks of food available and the evening meal was appetizing and nutritious. At the welcome meetings, children were consulted about their preferences for food while in the centre. Children were assisted to prepare food if they wished to do this. One of the children helped to prepare the evening meal. Staff maintained records of the meal plans and the food consumed by children.

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):

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

Findings:

Systems were in place to manage medication in order to protect children but some improvements were required.

A policy and procedure on the ordering, prescribing, storing and administration of medicines to residents was in place. Centre-specific procedures were also in place. All family support workers received training in medication management and were assessed in relation to their competency to administer medication.

At the time of the inspection, there were a small number of children that were prescribed drugs that required stricter controls. The inspector viewed the register and this did not fully state the full custody of these drugs from time of receipt. The person in charge amended this register during the inspection to comply with the policy of the provider.

When medication was received at the centre, it was checked by a staff member and records of this were maintained in the children's files. Medicines were also checked upon the child's discharge. However, there were occasions when medicines were received at the centre when a staff member was not on-site and these medicines were received by an administrator who then left them for the attention of a staff member. This meant that drugs that required stricter controls were, on occasion, not checked in immediately upon their arrival to the centre. The person in charge accepted the need to formalise these arrangements so as to ensure that the custody of the drugs were fully accounted for and in a timely fashion. This has been commented further in outcome 18.

There were some over-the-counter medicines kept at the centre to only be used by children who were prescribed this medicine however this practice was not sufficiently set out in writing in the local policy. There was a practice at the centre of storing medicines for a child while they were not in receipt of respite however this arrangement required an individual risk assessment, as set out by policy.

Medicines were stored securely in a locked filing cabinet and the keys were held by the shift leader. A dedicated medication fridge was available if required. The location of the cabinet was in the kitchen and the person in charge was aware of the need to review the suitability of this location from time to time to ensure that the location remained suitable.

The inspector viewed a sample of prescription and administration sheets and the administration sheets mostly matched the prescription records, bar one record that the inspector raised with the person in charge. The person in charge committed to reviewing immediately this issue with the parents of the child and their GP.

The inspector noted to the person in charge that there was a small amount of medicine due to be returned to the pharmacy but they had remained in the centre for longer than the timeline as advised by policy. The person in charge committed to reviewing this immediately during the inspection. A saline solution was found in the cabinet that was not prescribed to any one child. This was immediately withdrawn by the person in charge.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There was a detailed statement of purpose which set out the ethos, the aims and objectives and the services and facilities provided.

The statement of purpose was reviewed in 2017 and contained all the information required by the regulations.

The facilities at the centre matched what was set out in the statement. The capacity of the centre was five children.

The statement also clarified the two other services that were delivered from the centre, one called a 'Saturday' club and the other a 'homework' club.

The governance and management of the centre matched the arrangements at the centre.

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):

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

Findings:

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

A clear management system was in place at the centre. Staff reported to the person in charge. On-call arrangements were in place and each week a manager working in the organisation was responsible for supporting staff after office hours. The management organogram demonstrated that the person in charge was accountable to a regional manager who, in turn, reported to the person representing the provider.

Staff were held accountable in their posts. Staff attended at minimum one supervision session annually with a person involved in the management of the centre. They also took part in group performance management appraisal systems and were held accountable for shared aims and objectives of the centre which were reviewed quarterly. Regular staff team meetings were held and the minutes of these meetings showed that a wide range of issues were considered including policies and procedures. The person in charge had a system of alerting staff to practice and policy issues outside of staff team meetings through email. The inspector saw that, on one occasion, a staff member had made some suggestions and the person in charge had acted on these suggestions and took immediate action.

There was an appropriate system in place for the annual review of the centre and the annual review of the centre for the previous year was completed and the annual report for the 12 months prior to this inspection was being compiled at the time of this inspection. The inspector was shown the six monthly unannounced inspection report from March 2017. This identified a small number of actions and two of the three actions were recorded as to have been completed by the time of this inspection.

Auditing systems in addition to the six monthly unannounced inspections were also in place at the centre. The person in charge showed the inspector some examples of audits of the children's files carried out monthly by her and this auditing ensured that the files were kept up-to-date by staff.

There was an audit of medicines management at the centre that was done as part of the overall audit of the children's files each month but this had failed to identify some of the issues identified at this inspection.

The person in charge was suitably qualified and experienced. She demonstrated sufficient knowledge of the regulations and standards. She was committed to her own professional development. She was fully engaged in the governance and management of the centre. Children and parents identified her as the person in charge.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were adequate arrangements in place in the event of the absence of the person in charge.

The person representing the provider was aware of the necessity to inform HIQA of the proposed absence of the person in charge for 28 days or more.

A person involved in the management of the centre would assume the person in charge role in the event of the above absence. This post-holder was a director of the service and had a very good understanding of the nature of the service.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources to meet the needs of the children and the services and facilities in the centre reflected the statement of purpose.

There were sufficient resources to provide qualified staff in sufficient numbers and material resources such as suitably equipped centre vehicles to meet the needs of children and support them in achieving their personal plans. There were sufficient staff

numbers in line with the statement of purpose. The person in charge acknowledged how she planned to apply for funding in an effort to develop the large lawn to the rear of the centre.

The centre was newly-built and well-maintained. It was fully wheelchair accessible and one of the bedrooms was equipped with an overhead electric hoist. Children had access to toys, play areas and television and they were facilitated to maintain contact with their families and to continue to develop links with the community.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were sufficient numbers of skilled staff to meet the needs of children and to provide the delivery of safe services. Continuity of care was provided to children and staff had access to mandatory training and appropriate opportunities for team meetings.

The staff team comprised of 10 family support workers, all of whom worked part-time, making up a whole time equivalent of 2.28 staff. Staff had a range of relevant qualifications. There were three nurses who in total worked an equivalent of one whole time equivalent. All of the staff with whom the inspector met had a very good knowledge of the children in receipt of services from the centre.

The person in charge planned the staff roster one month in advance and decided on staffing levels in relation to the assessed needs of the residents and the size and layout of the premises. The inspector viewed the roster which was appropriate to the needs of the children.

The inspector viewed the training records which showed that all staff had received training in manual handling, first aid, online child protection training, HAACP, medicines management (where required), emergency medication training, percutaneous endoscopic gastrostomy (PEG) feeding, training in hoists, fire extinguishers, and fire marshall training. The majority of staff had completed training in health and safety,

hand washing techniques and the use of Lámh communication.

There was a recruitment policy in place. The inspector viewed four staff files, which were well-organised and found that most of the information and documentation specified in Schedule 2 of the Regulations were present. There was one staff member whose personnel file did not have two written references on file.

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

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):

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

Findings:

Systems were in place for complete records to be maintained securely on the children and the care provided to them.

The inspector viewed the directory of residents which contained all the information required by the regulations.

Records were accurate and up-to-date. Children's files were stored securely in locked cabinets and there was adequate space for archived files.

Policies and procedures had been developed in accordance with Schedule 5 of the Regulations. However, the local medication management policy required updating to ensure that it included all sufficient information regarding practices at the centre, such as the receipt of drugs that require stricter controls.

A policy or protocol was required for the sharing of the space in the centre with the children who arrived for 'Saturday club'. The person in charge was actively working on this protocol during this inspection.

There were some minor additions required for the resident guide (known as the child's handbook) as it failed to include how to access copies of inspection reports and a reference to terms and conditions.

The centre was insured.

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:

Carol Maricle
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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0003641
Date of Inspection:	29 March 2017 and 30 March 2017
Date of response:	10 July 2017

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 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:

Some of the evacuation times of fire drills required evidence of review by the person in charge. The personal emergency egress plans required better signing and dating to show that there had been updated annually.

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

1. Action Required:

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

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

Local fire drill procedure updated to include staff to notify PIC if fire drill has taken longer than 3 minutes to complete or if concerns raised. Fire drills reviewed by PIC with ADT fire and security company were found to be inaccurate in their start and finish times and did not take 8 minutes to complete. Staff were logging finish time of drill when resetting the fire alarm control panel and not when accurate role call was completed. Review fire drills completed at staff meeting. Fire drills reviewed monthly by PIC. Personal evacuation plans reviewed following fire drill and review date and signed by staff.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

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:

Not all staff had completed training in the management of actual and potential aggression.

2. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Enable Ireland are planning a new training date to capture staff who commenced employment since the last training session was provided in February 2016.

Proposed Timescale: 30/09/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The disposal of some medicines was not done in a timely fashion.

3. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

Local medication policy updated and states medication that is spoilt should be returned to service users next of kin if this can be identified as pertaining to a service user immediately following respite. In a case where spoilt medication is not identifiable then this is placed in a secure box and returned to local pharmacy and receipt obtained with 1 week.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Theme: Health and Development

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

The receipt of drugs that required stricter controls required further review so as to ensure that the custody was fully accounted for.

4. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

Local medication policy updated to include section on receipt of drugs that require stricter controls. Individual drug log book for medication requiring stricter controls was put in place at the time of the inspection. Medication log to be completed by parent and placed in service user luggage and luggage secured with a lock before transporting luggage to school or respite. On arrival to reception luggage will be placed in locked zone until received by centre staff. Continually review and risk assess this practice.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Theme: Health and Development

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

A medicine was not administered in accordance with the prescribing regime.

5. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication kardex are reviewed with GP and medication kardex was amended to ensure medicine is administered in accordance with the prescribing regime.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Theme: Health and Development

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

The temporary storage of medicines as they awaited a staff member to fully check them in was not sufficiently set out in writing.

6. Action Required:

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

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

Local medication policy updated and includes safe storage of medication whilst waiting for centre staff to fully check them. This practice to be reviewed continually and risk assessed.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

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:

There was an audit of medicines management at the centre that was completed as part of the overall audit of the children's files but this had failed to identify some of the issues identified at this inspection.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

6 monthly medication audit to be completed by pharmacist June & December
Monthly file audit to include medication audit by key worker and PIC to carry out medication audit on a monthly basis. Staff to inform PIC of any incidents immediately.

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

A personnel file did not have the sufficient number of written references on file.

8. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

As part of the recruitment process 3 written references are sort and these are processed by HR in Dublin before an employee is given a commencement date. A copy of these references is made and held locally in the employee's personal file. Local administration staff check references have been copied and added to personnel file. References were shown to inspector before completion of inspection.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The local policy on medicines required updating.

9. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care

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

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

Local medication policy updated to include section on procedure for drugs that require stricter controls.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Theme: Use of Information

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

The resident guide (known as the child's handbook) failed to include any reference to terms and conditions.

10. Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

Terms and conditions relating to residency have been added to Childs Handbook.

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017

Theme: Use of Information

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

The resident guide (known as the child's handbook) failed to include how to access copies of inspection reports.

11. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

Childs Handbook now includes how to access any inspection reports on the centre

Proposed Timescale: Completed 06-06-2017

Proposed Timescale: 06/06/2017