

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Vincent's Residential Services Group Q
<b>Centre ID:</b>	OSV-0004692
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	Julie Hennessy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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: 13 September 2016 10:15 To: 13 September 2016 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was a monitoring inspection carried out to monitor the compliance of the centre with the regulations and standards. This centre was a designated centre for children with disabilities that offered a respite service and one residential placement.

How we gathered our evidence:

As part of the inspection, the inspectors met with three children, the person in charge and a range of staff including nurses, student nurses and healthcare assistants. The inspectors also met with the person nominated by the provider. The inspectors spent time with and observed the children on the day of the inspection. The children were unable to tell the inspector about their views of the quality of the service they received, but the inspector observed staff interacting with them throughout the day and they appeared content and well. The inspectors read documentation such as a sample of children's care files, incident and accident records and medication records.

#### 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 statement of purpose identified that the centre catered for up to forty children with an intellectual disability through the respite service. In addition, the centre provided one residential placement for a defined period of time. During this inspection, the person in charge informed an inspector that the number of children in receipt of services was 26. The maximum number of children that the centre could cater for was five children of both male and female gender however the inspectors were informed by the person in charge that in general only four children at any one time stayed over-night at the centre as there were only four bedrooms. The centre also operated a day service during school hours for pre-school children to a maximum of one child at any one time.

The centre was a detached bungalow with a rear yard decorated as a play space. There were four bedrooms used by children, a staff sleep-over bedroom, a sitting-room with play facilities and a kitchen that had a small dining area. There was a main communal bathroom. Two of the bedrooms used by children had en-suite facilities. The centre was located on a busy road on the outskirts of a city and the children had access to services in the community.

#### Overall judgment of our findings:

The children received an individualised service that was tailored to their needs. The service was led by a committed person in charge, she had the relevant qualifications and was knowledgeable about the standards and regulations.

There were areas of non-compliance that required improvement:

- concerns of a child protection manner had not been processed in line with the provider's own child protection policy (outcome 8)
- the annual review did not include the viewpoint of the children and their parents and or representatives (outcome 14)
- the person in charge had not ensured that they had obtained in respect of some staff the information and documents specified in Schedule 2 (outcome 17)

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

Not all components of this outcome were reviewed as the inspector focused on actions arising from the previous inspection. At the previous inspection, improvements were necessary in the way in which children's privacy was respected. There was no policy in place regarding the use of visual monitors. Intimate care plans were not sufficiently detailed. Children did not receive information on advocacy services.

At this inspection, visual monitors were in use at the centre for some of the children. The person in charge told inspectors that a policy governing the use of closed-circuit television cameras (CCTV) which incorporated the use of visual monitors was being reviewed at the time of this inspection and was expected to be completed in October 2016. In the interim, staff were guided in the use of CCTV by local centre-specific guidance developed in 2016.

The inspectors viewed a sample of intimate care plans and found them to contain the appropriate information to guide staff on the personal care needs of children.

Children had access to information on advocacy services. They participated in monthly house meetings. The person in charge gave examples to the inspector of ideas that had been explored at this meeting such as plans for a fish tank which were now being put in place.

An inspector reviewed the complaints register. This register showed that a mixture of informal and formal complaints had been made in the 12 months prior to this inspection. The outcome of the complaint was provided and there was a note on the satisfaction

level of the complainant.

**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:**

Not all components of this outcome were reviewed as the inspector focused on actions arising from the previous inspection. At the previous inspection, staff had not received training to support children to use assistive technology, aids and appliances. The individual communication supports required by each child were not clearly outlined in their personal plan.

On this inspection, the systems in place regarding children being assisted and supported to communicate still required improvement. The training records for staff indicated that a number of the nursing staff had received training on a total communications approach and additional training on an augmented communication system in 2016. The person in charge told inspectors that children generally brought their picture exchange systems with them when arriving for respite and these were used by staff in communicating with them.

The person in charge told the inspectors that staff would support the children in their use of technology to communicate but that the children arriving for respite did not generally bring their tablets with them. WIFI facilities were not available to children. The tablet assigned to the centre was out of order on the day of the inspection. This meant that children could not use an available method of communication which was not in line with the regulations.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the admissions process did not adequately consider the capacity of the centre when considering applications.

During this inspection, the person in charge discussed the maximum capacity of the centre with the inspectors which at the time of this inspection was 26 and described how since the previous inspection she now organised the respite bookings taking into account the needs of the children and staff-ratio requirements. She gave examples to an inspector of decisions that she had made regarding occupancy and the factors she taken into consideration when determining occupancy levels such as the mobility of children and their needs in the event of an evacuation. The statement of purpose confirmed that the capacity of the centre would be reduced depending on the needs and requirements of individual children.

During this inspection, an inspector viewed the contract in place for a child in receipt of a residential placement at the centre however the contract did not reflect all of the arrangements in place.

**Judgment:**

Substantially 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):**

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

**Findings:**

At the previous inspection, there were a number of failings identified under this outcome. During this inspection, the wellbeing and welfare of children was found to be maintained by adequate level of care and support. The arrangements to meet the needs of the children were set out in their personal plans. Personal plans were reviewed annually however there was insufficient documentary evidence of the progress of goal achievement by children. Improvements were required in how staff documented their support to children when approaching adulthood and their subsequent discharge from the service.

The needs of the children were assessed at pre-admission stage and the parents or representatives of the children completed an application form which gave relevant information to the admissions committee. The admission committee requested and received reports from various professionals involved with the children. At admission, a key-worker was then assigned to each child and was responsible for completing the personal plan based on this information gathered at admission. The majority of children accessing services at this centre lived at home with their parents and representatives. The parent or representative assumed responsibilities for the primary care of their children and as such they were generally responsible for attending to the healthcare needs of children and arranging healthcare appointments to meet the needs of the children.

There were systems in place for personal planning. The inspector viewed a sample of children's files and they all contained personal plans and a named staff member was responsible for the maintenance of each plan. There were audit records found in the files which confirmed that the person in charge regularly audited the contents of the personal plan to ensure that they met the requirements of the regulations. Personal plans contained the relevant information on the child such as next of kin details, contact information, medical information, contact details of multi-disciplinary professionals and copies of reports and or assessments.

There were discrepancies between some of the documentation that was filed alongside the personal plans, for example there was a daily activity schedule in place for a child that did not cross-reference with a daily routine that was also placed in their file. This meant that staff may not know which schedule took precedence. There were recommendations contained in reports by multi-disciplinary professionals but the documentation did not always demonstrate that these recommendations were put in place.

There was evidence that goals were identified for the children but improvements were required. The person tasked with responsibilities to help the child to achieve or progress the goals was not always clear. There was insufficient documentation of goal progression against goals. An inspector reviewed a sample of annual reviews and found that although there was reference to goals discussed at these meetings, these goals were not always then transferred to the goals identified in their personal plans. Some of the goals were not specific, for example, a goal of one child was to participate in social activities. There was then only one entry made against this goal following their attendance at a seasonal event. There was insufficient documentation to show that the



child had participated in other social activities.

The systems in place regarding transitions to adulthood required improvements that were still outstanding from the previous inspection. An inspector viewed the file of a child who was approaching adulthood. There was insufficient documentary evidence to show that goals were set with them that addressed their onset of adulthood and progression to adult services. There was no formal written transition plan yet in place however there was documentary evidence to show that the key-worker was trying to arrange a multi-disciplinary meeting to organise same.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the design and layout of the centre did not always meet the needs of the children. There was insufficient communal space to comfortably accommodate all of the children and staff when the centre was at capacity. There was insufficient storage space.

During this inspection, the inspectors found that the provider addressed the majority of the actions that arose at the previous inspection. The person in charge told the inspectors that they now considered the needs of the children with physical disabilities when organising the bookings and this ensured that that the children were more comfortably accommodated at the centre. This arrangement was set out in the statement of purpose.

During this inspection, the inspectors observed some issues regarding the premises. Not all bedrooms had the required storage, for example, two of the bedrooms did not have wardrobes. Not all bedrooms had bed-side lockers. A broken chair was located inside one of the bedrooms. One of the light-shades in a hallway was broken. The communal space in the centre as a whole was limited. There was only one communal room available for children outside of their bedroom. The dining space in the kitchen was very

small and it would not be large enough to comfortably sit a group of four children and the staff at meal-times.

The person in charge informed the inspectors that a number of recommendations had been made by an occupational therapist who had visited the centre in February 2016 to view the communal bathroom. This post-holder forwarded written observations to the person in charge of deficiencies of the layout of the communal bathroom to suitably accommodate staff in their care of the needs of a resident. At the time of this inspection, these findings had not yet been actioned.

As will be discussed under outcome 11, the procedure for servicing and replacement of the percutaneous endoscopic gastrostomy (PEG) feeding equipment was not included in the corresponding protocol.

**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:**

At the previous inspection, the systems in place for the assessment, management and ongoing review of risk were ineffective. The centre had not been certified as compliant with fire safety regulations. It was unclear if fire drills had been undertaken. There was no signage to indicate to staff and children the location of the assembly point. Adequate precautions had not been put in place to ensure the safe evacuation of children in the event of a fire.

Overall at this inspection, there were arrangements in place for the protection of the health and safety of children. Improvements were required to the management of some risks and fire evacuation procedures.

There was a risk register in the centre. Risk assessments had been completed for assessed risks including behaviours that may challenge, ingestion of objects, absconding and road safety awareness. However, further improvement was required to the assessment and management of risks. For example, the risk rating in a risk assessment did not reflect information contained in an assessment of needs (it understated the risk) and a risk assessment had not been completed for an identifiable infection control risk. The risks to children should they be sent home with a clinical concern had not been

assessed.

The inspectors found an electrical extension lead that was placed in a location that was hazardous to children. The person in charge committed to reviewing the location of this lead following the inspection. There were some hazards applicable to individual children that were not recognised as such and risk assessed, for example weight gain.

While there was written guidance for some infection control issues (such as environmental cleaning following an outbreak of a specific infectious diarrhoea), written guidance was not available that considered other likely infection control issues (e.g. what would happen in the event of an outbreak of influenza or winter vomiting bug). This was particularly important due to the respite nature of the service. There was however evidence that staff had access to infection control advice to guide the safe provision of the respite service and an example was provided whereby the centre had been closed to admissions during a recent outbreak.

Incident forms were completed for accidents, incidents and near-miss incidents, including medication errors. An inspector reviewed the local policy in relation to incident management. The policy outlined what to do in the event of a child becoming unwell. However, the policy required further information to clarify whose responsibility it was to ensure that medical treatment was sought (if necessary) in the event of a child becoming unwell or having sustained an injury.

Inspectors reviewed the most recent fire drill records. Practice fire drills had taken place during day-time and night-time hours. A system was in place to ensure that all children who resided in or availed of respite in the centre participated in a practice drill. The most recent night-time drill reflected actual night-time conditions, including actual staffing levels and possible high-dependency needs of children. While the time taken to evacuate the centre by day was under one minute, the time taken at night-time was five minutes. The provider had not identified that further improvement was required to ensure that the centre could be evacuated in a more timely manner. Also, inspectors observed that a fire door to one bedroom was becoming stuck on the floor lino, reducing the efficacy. The person in charge undertook to address this without delay and told inspectors they would build a check of fire door closing mechanisms into the practice fire drills.

An inspector reviewed fire safety training records. The core team of staff had completed training in fire safety but some staff had not completed refresher training in this area in 2015 which was not in line with usual practice. Staff had completed refresher training in fire safety in 2016. The person in charge had not ascertained whether external agency staff or internal relief staff had completed training in fire safety. This has been commented upon further in outcome 17.

Each child had a personal emergency evacuation plan (PEEP) to ensure that staff knew how to support or assist children to evacuate in the event of a fire. While some PEEPs provided such guidance, others did not, particularly in relation to children who were wheelchair users.

**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:**

Measures were in place to keep children safe from harm and protected however the way in which child protection and welfare concerns were being processed was not in line with organisational policy. Some actions required from the previous inspection were not satisfactorily implemented.

There was a child protection and welfare policy in place and the core staff team had completed training in Children First (2011): National Guidance for the Protection and Welfare of Children. There was evidence that staff identified child protection and welfare concerns. However, despite these safeguarding measures in place, the way in which staff documented and shared child protection and welfare concerns was not in line with organisational policy. There was insufficient recording of the involvement of the designated liaison person in decisions regarding child protection and welfare concerns.

Where there had been concerns of a child protection nature raised by staff, these concerns were brought to organisational multi-disciplinary meetings and discussed and actioned. Standard report forms were issued to Tusla by the chair of these meetings. However, the person in charge did not keep a copy of the standard report forms issued to Tusla and she did not have up-to-date information on the status of each report forwarded to Tusla. Following this inspection, the person nominated by the provider forwarded written confirmation to HIQA that all concerns of a child protection and welfare matter observed by staff at this centre were reported to Tusla and acknowledged.

At the previous inspection, efforts were not made to identify and alleviate the causes of behaviours that challenge. At this inspection there was an organisational policy on positive behavioural support that guided staff. There was also an organisational policy on restrictive practices. Staff completed training in the therapeutic management of aggression and violence and a second training on challenging behaviour guidelines

however for some this training had been completed a number of years prior to this inspection. It was not clear if refresher training was required.

There were systems in place to ensure that in the event that children presented with behaviours that challenged and or behaviours that might place them or others at risk then this was risk-assessed and controlled. The inspector reviewed a sample of children's files and some had written plans devised by multi-disciplinary professionals to support the behaviour of the children however there was not always documentary evidence that showed how these plans were put into practice by staff on a day-to-day basis. There were some restrictive practices in place at the centre but these mostly related to environmental practices which were appropriate such as window restrictors. Some of the children used bed-rails and bumpers.

**Judgment:**

Substantially 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):**

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

**Findings:**

Overall, the healthcare needs of children were supported by staff.

Inspectors reviewed a sample of files for children and spoke with staff and the person in charge. A comprehensive assessment of healthcare needs had been completed for all children. Key information was sought and shared between parents and staff and clearly documented in care plans. For example, care plans were in place to support and promote mobility, continence, epilepsy, respiratory and postural needs. Inspectors found that interventions outlined in care plans were being implemented in practice. Where risk assessments were required to support healthcare needs, these had also been completed, for example in relation to risks of aspiration or preventing impaired skin integrity.

Children had access to their own general practitioner (G.P.). Where children availed of respite services, recommendations and reports from allied health professionals were shared by parents with staff in the centre. This enabled staff to support and implement any such recommendations. Where children availed of a residential service, they had access to a multi-disciplinary team (MDT), including dietetics, physiotherapy and occupational therapy. Where issues arose relevant to supporting all resident's needs, MDT input was also sought, for example, an occupational therapy assessment of the

accessibility of the bathroom to meet future residents' needs.

An inspector reviewed the support provided to children who received nutrition and hydration via percutaneous endoscopic gastrostomy (PEG) due to a regulatory notice issued to all providers by HIQA since the previous inspection. The person in charge was familiar with the regulatory notice and a copy of same was available in the centre. PEGs were managed by nursing staff in the centre who demonstrated that they were both trained and experienced in relation to all aspects of PEGs. The PEG regime was written up by a dietician and reviewed as and when required. The PEG regime also considered times when the child was unwell. Nursing staff clearly articulated the information in the PEG regime. While the person in charge said the PEG feeding equipment was replaced when required, the servicing and replacement of PEG feeding equipment was not included in the corresponding protocol. This was previously addressed under outcome 6.

**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, inspectors found that children were protected by the safe implementation of policies and procedures for medication management.

There was a medicines management policy in place in the organisation. Local guidance had been developed to reflect the respite provided in the service including in relation to the receipt of medication, the storage of PRN ("as required") medication and steps to be taken if any discrepancies are noted by staff. The person in charge had taken measures to address any issues arising related to medication management and had communicated to parents in relation to the transportation of medication and the importance of communicating any changes in medication to centre staff.

Medicines for children were supplied by local community pharmacies. An inspector reviewed a sample of medicines received for a child availing of respite in the centre. Medicines were in their original container and outer packaging with dated pharmacy labels.

Staff demonstrated an overall understanding of safe storage and administration practices. Medicines were observed to be stored securely and there was a robust key

holding procedure. A locked dedicated fridge was available for any medicines that required refrigeration.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications.

Staff with whom the inspector spoke with confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records.

An inspector reviewed records for PRN ("as required") medicines. A log of any PRN medicines was maintained, only those medicines required were stocked (to avoid over-stocking) and all were within their expiry date. PRN medicines had a valid prescription and the maximum dose was clearly stated. A review of a sample of records indicated that PRN medicines were given as prescribed.

A system was in place to ensure the timely identification, recording, investigation and learning from medication related incidents.

**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):**

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

**Findings:**

The centre had a statement of purpose which was first completed in July 2014 and reviewed on a number of occasions up to and including 2016. It contained most of the information required by the regulations however some of the failings observed in the previous inspection had not been addressed.

The statement included reference to the care needs the centre intended to meet, the facilities to be provided and the criteria used for admission. The organisational structure of the centre was set out.

The statement was not fully accurate with reference to the narrative description of the rooms at the centre as the en-suite facilities of two of the bedrooms were not described. Furthermore, the statement set out that a therapeutic play area was available in the centre. This space was located in the sitting-room which was the only communal space for children where they could comfortably relax, watch television and play games etc. It would not be possible for a child to engage in meaningful therapeutic play with a professional in this room. The centre accepted a maximum of one child each day for day respite. This facility was not sufficiently set out in the statement of purpose. The details of specific therapeutic techniques in the centre and the arrangements for their supervision were not set out.

**Judgment:**

Substantially 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:**

There were management systems in place however some improvements were required in the auditing of the centre and in the annual review. At the previous inspection, the person in charge role was not supernumerary to the centre. The annual review did not contain feedback from the children and families in receipt of services.

During this inspection, there was a well-defined management structure at the centre. Staff knew who was in charge and they reported to the person in charge who in turn reported to a clinical nurse manager. This clinical nurse manager then reported to the person nominated by the provider. The person in charge was based full-time at the centre. She was suitably skilled, qualified and experienced. She had a good knowledge of the standards and regulations. She had a very good knowledge of the children who accessed services and planned care to balance their individual needs. She had a good knowledge of the previous inspection findings and was fully versed with the progress that she and the provider had made in addressing these actions.

The provider had prepared an annual review of the service for the previous year. This



included reference to a review with service users and family members about their experience of the centre. Although the review made reference to both these stakeholders the report did not actually state what their viewpoint was. Furthermore, the report stated that there were no complaints made in 2015 but this was factually incorrect as a complaints log was viewed by the inspectors and this included records of complaints made in 2015.

There had been a six-monthly inspection conducted by a person nominated by the provider in February 2016. The inspector viewed the report. The report failed to show how augmented or alternative methods of communication were used by the nominated person with the children to ascertain their views of the service. The report showed that children were asked their views verbally which most of them on the day appeared not to be able to comprehend.

Arrangements were in place for staff to exercise their personal and professional responsibilities. Staff attended regular staff team meetings. An inspector viewed the minutes of these meetings and these showed that a range of issues were discussed such as the needs of the children, policies and processes. Staff also attended formal supervision, however, the frequency of these sessions was not in line with the organisational policy.

**Judgment:**

Substantially 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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in how the centre was resourced to meet the needs of the children in accordance with the statement of purpose.

The provider had committed to reviewing the staff roster following the previous inspection. During this inspection, the person in charge showed an inspector a sample of actual and planned rosters and discussed how she planned the roster in accordance with the needs of the children and staff to children ratios, as set out in their statement of purpose. She told inspectors that respite bookings reflected evacuation needs, mobility and medical needs. There were adequate levels of staff to match the needs of the

children on the day of the inspection.

During this inspection, the person nominated by the provider confirmed to inspectors that they had applied for funding for a dedicated wheelchair accessible bus for the centre to accommodate the significant number of children in receipt of services that used wheelchairs. They had put in place an interim arrangement for a suitable vehicle to be shared amongst this centre and another centre under the auspices of the same provider.

**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):**

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

**Findings:**

At the previous inspection, the staffing requirements and the number and mix of children required immediate review to ensure that their needs were fully and safely met at all times. There was no continuous professional development programme in place for staff, nor a formal training analysis. There was no formal supervision in place for staff. During this inspection, despite improvements being made since the previous inspection there remained a number of non-compliances.

There was a core staff team in place at the centre consisting of the person in charge, staff nurses and healthcare assistants. The centre also accepted nursing students on placements. Staffing levels took into account the assessed needs of the children and the size and layout of the building. There was an actual and a planned roster. Children were observed receiving assistance and interventions in a respectful, timely and safe manner. At the time of this inspection, there were no volunteers that visited the centre.

The person in charge told inspectors that where there were gaps in the roster internal relief nurses were used and or external agency staff. An inspector reviewed a sample of staff rosters and these showed the use of external agency nurses and healthcare assistants. The person in charge could not give assurances to the inspector that their personnel information matched the requirements of Schedule 2 of the regulations.

Student nurses also came on placement to the centre. The person in charge did not have a copy of their personnel information on file, such as photographic identification and garda vetting. The complete personnel information of agency nurses and healthcare assistants was not available within the organisation to give to the inspector during this inspection although some information was presented to the inspector.

Formal supervision was given to staff but supervision contracts were not in place which meant that it was not clear how frequent the supervision sessions were to be. There was no supervision policy in place to guide staff.

During this inspection, staff training records were provided to the inspectors. These showed that the majority of staff had completed continuous professional development training in 2016. It was not clear from the records which of these courses had been determined as courses that required refresher training and how often this should take place, for example, not all staff completed fire safety refresher training annually which was not in line with usual practice. The complete training records for internal relief nurses, external agency nurses, agency health care assistants and student nurses were not all available for the inspector to view.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0004692
<b>Date of Inspection:</b>	13 September 2016
<b>Date of response:</b>	13 December 2016

### Requirements

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

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

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Children did not have access to the internet.

**1. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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

to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The person in charge will link with the information technology contact person regarding providing Wifi access for the children in the centre, and blocking access to inappropriate sites/material.

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

**Theme:** Individualised Supports and Care

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

The tablet available to the children was out of order on the day of the inspection.

**2. Action Required:**

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

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

The person in charge has linked with the information technology contact person to have same repaired.

**Proposed Timescale:** 10/12/2016

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

**Theme:** Effective Services

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

An inspector viewed a contract for a residential placement that did not reflect the current arrangements in place.

**3. Action Required:**

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

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

The contract of care for this child resident is currently being reviewed to reflect the current arrangements in place, and a signed copy will be made available to the child and representatives.

**Proposed Timescale:** 31/12/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The documentation of the progression of children against their established goals required improvement.

**4. Action Required:**

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

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

The Clinical Nurse Manager 3 linked to the centre, will deliver in-service training to the staff team on goal tracking, monitoring and recording of outcomes.

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

**Theme:** Effective Services

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

There was insufficient written evidence to suggest that staff were adequately preparing a child for leaving the service, through the provision of training in life-skills.

**5. Action Required:**

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

: A staff nurse who has recently completed a management training programme, is developing a transition plan process to support children transitioning out of the service. This plan will be completed for this child.

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Two of the bedrooms used by children did not have adequate storage facilities for them to store their personal belongings. A broken chair was found in one of the bedrooms. A lamp in the hallway was broken.

**6. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The chair has been removed. The electrician is sourcing a more child appropriate themed lamp to replace the damaged lamp. A carpenter has been contracted and is in the process of making wardrobes for the bedroom to ensure that all children have storage space for their belongings in their own room during their stay.

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

**Theme:** Effective Services

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

The procedure for servicing and replacement of the PEG feeding equipment was not included in the corresponding protocol.

**7. Action Required:**

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

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

The person in charge and key nurse for each child will ensure that the procedure for servicing and replacement of PEG feeding equipment is included in the protocol for each child and in the assessment and plan of care in the care plan.

**Proposed Timescale:** 28/11/2016

**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:**

Further improvement was required to the assessment and management of risks. For example, the risk rating in a risk assessment did not reflect information contained in an assessment of needs (it understated the risk) and a risk assessment had not been completed for an identifiable infection control risk.

**8. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The health and safety officer will provide additional training to all staff in the centre around the identification of risks, identifying control measures, completing and rating risk assessments.

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

**Theme:** Effective Services

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

Further improvement was required to the procedures in place to ensure that residents at risk of a healthcare associated infection were protected from healthcare associated infections:

While there was some guidance for some infection control issues (such as environmental cleaning following an outbreak of a specific infectious diarrhoea), written guidance was not available that considered other likely infection control issues (e.g. what would happen in the event of an outbreak of influenza or winter vomiting bug).

A risk assessment had not been completed for an identifiable infection control risk.

**9. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The risk assessment for the identifiable infection control risk highlighted at inspection is completed.

The staff in the centre receive guidance from the infection control folder which includes the up to date Community Infection Prevention and Control Manual. The nominated nurse with the service for infection control will provide training and guidance to the staff team of the centre around control and management of infection with particular emphasis to childhood infections.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**



**the following respect:**

Inspectors observed that a fire door to one bedroom was becoming stuck on the floor lino, reducing the efficacy.

**10. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

This fire door issue was resolved on the day of inspection.

**Proposed Timescale:** 13/09/2016

**Theme:** Effective Services

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

The arrangements for evacuating all persons in the designated centre and bringing them to safe locations required review:

As detailed within the findings, further improvement was required to ensure that the centre could be evacuated in a more timely manner;

Not all personal emergency evacuation plans (PEEPs) outlined how residents would be supported or assisted to evacuate in the event of a fire, particularly in relation to residents who were wheelchair users.

**11. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

There was a repeat night time fire evacuation drill completed post inspection on 20/10/2016 total time for evacuation was 2 minutes.

The health and safety officer will support the staff team in the review of all PEEPs to ensure that they outline clearly the supports and/or assistance required to evacuate each child in particular children who mobilise using a wheelchair.

**Proposed Timescale:** 15/12/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

It was not clear from training records viewed by inspectors that staff were expected to attend refresher training in the management of behaviour that challenged.

**12. 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:**

Staff have completed training on the management of challenging behaviour. The person in charge will ensure that all staff in the centre have dates scheduled to complete refresher training in the Therapeutic Management of Aggression and Violence. These dates will be scheduled with the staff and training co-ordinator.

**Proposed Timescale:** 23/12/2016

**Theme:** Safe Services

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

Child protection and welfare concerns were not processed in line with organisation policy.

**13. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The nominee provider/ Assistant Chief Executive Officer and Clinical Manager of the Children's Service have met regarding the reporting and processing of child protection concerns. The areas providing services to each child will link with each other and share information regarding any concerns raised and/or reported, and information of all such reports will be available to all areas providing service to the child.

**Proposed Timescale:** 15/09/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all of the requirements under Schedule 1 of the regulations.

**14. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The person in charge will submit a revised statement of purpose to the authority which contains all of the requirements under schedule 1 of the regulations.

**Proposed Timescale:** 23/12/2016

**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:**

The annual review did not state the viewpoints of the children and their parents and or representatives of the service.

**15. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The nominee has linked with the Quality and Risk office who completes the annual review regarding this failing. For the 2016 annual review on 22/11/2016, the children and families were involved in the providing of information and viewpoints for this audit.

**Proposed Timescale:** 22/11/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge had not ensured that she had obtained in respect of student nurses, external agency nurses and healthcare assistants the information and documents specified in Schedule 2.

**16. 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:**

Post inspection the nominee provider has linked with the Agencies that provide staff nurses and health care assistants to the centre, the information is now available for each of these staff members.

All information relating to student nurses is available to the person in charge from the service human resources department, during the student nurses placement in the centre.

**Proposed Timescale:** 30/10/2016

**Theme:** Responsive Workforce

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

The training records did not demonstrate that there was a programme of refresher training in place at the centre. The person in charge did not have the training records on file for internal relief staff, external agency staff and student nurses.

**17. 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 person in charge is developing a schedule for all staff to ensure that refresher training is highlighted and completed within the required time frame.

**Proposed Timescale:** 31/12/2016

**Theme:** Responsive Workforce

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

The regularity of supervision sessions was not confirmed for each staff member. There were no supervision contracts on file. There was no supervision policy in place to guide staff.

**18. Action Required:**

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

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

The person in charge is scheduled to attend supervision training on 12/12/2016. When complete the organisational policy on supervision will direct staff re purpose, frequency etc. Currently staff appraisals form part of the supervision for each staff member.

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