

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	OCS-KH
Centre ID:	OSV-0005338
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Theresa O'Loughlin
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 25 January 2017 09:30 To: 25 January 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection, undertaken on the 05 and 06 of July 2016 was the first inspection of the centre as it was a new application to register a designated centre for children with a disability. The centre was granted its registration on the 18 September 2016 and the three children were admitted to the centre on 09 October 2016 after an appropriate transition period.

As part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with the three children living in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits. The inspector also met with the parents of one of the children who outlined how they felt the service met their child's needs and how their child enjoyed living in the centre.

The inspector interviewed the interim person in charge, two social care workers and a care staff. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the provider's statement of purpose. The centre provided long term care for children and young people with moderate, severe and profound intellectual disabilities aged 9-18 years.

The centre had been redesigned and refurbished into two separate living arrangements to meet the needs and preferences of the children who had moved into the centre. The children had transitioned to the centre from one of the providers respite centres where they had been inappropriately placed.

Overall Judgement of our findings:

Overall, the inspector found that the three children living in the centre were well cared and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge resigned in November 2016 and a new interim person in charge had been appointed. Of the seven outcomes inspected on this inspection, minor non-compliances were identified in three outcomes as outlined below.

Good practice was identified in areas such as:

- The health and safety of children, visitors and staff were promoted and protected. (Outcome 7)
- There were appropriate measures in place to keep children safe and to protect them from abuse. (Outcome 8)
- Children's healthcare needs were met in line with their personal plans (Outcome 9)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)

Areas for improvement were identified in areas such as:

- A personal plan which detailed the assessed needs and choices of the children had not been put in place within 28 days of admission as required by the regulations. (Outcome 5)
- In November 2016, the post of person in charge became vacant. While interim measures were in place the post had not been filled in a permanent capacity. (Outcome 14)

- Supervision and staff training arrangements required some improvements.
(Outcome 17

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

Each child's well being and welfare was maintained by a high standard of evidence-based care and support. However, improvements were required in relation to personal planning arrangements.

Each child's health, personal and social care needs had been fully assessed prior to admission as part of an independent review undertaken to ascertain the appropriateness of the placement to meet the children's needs. There was documentary evidence to show that children's parents or representatives were involved in this review to identify their children's individual needs and choices. In addition, there was a multidisciplinary input.

A personal plan which detailed the assessed needs and choices of the children had not been put in place within 28 days of admission as required by the regulations. On the day of inspection, the inspector identified that personal plans for the children were at different stages of development. Daily living skills goals had been put in place for the children but progress against achieving these goals was not always clear. It was proposed that all plans would be reviewed on at least an annual basis with input from the children's families and multidisciplinary team.

Judgment:

Substantially 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:

The health and safety of children, visitors and staff were promoted and protected.

There were policies and procedures in place for risk management, dated April 2016, which met regulatory requirements. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a date risk register in place. There was a safety statement, dated August 2015, with recently updated written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. A health and safety committee for the children's service had recently been established and held one meeting. There was a nominated health and safety officer within the centre

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent further incidences occurring. There was an algorithm in place to show the incident reporting structure. All incidents and near misses were submitted to the providers quality and risk officer and reviewed by the monitoring committee and local health and safety committee. Incident report forms completed included details of actions taken. All incidents were risk reviewed and signed off by the acting team leader and also reviewed by the interim person in charge.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place. The inspectors observed that all areas were clean and in a good state of repair. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of waste. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place but the inspector noted that it was not always signed off.

Precautions were in place against the risk of fire. At the time of the last inspection a number of issues were identified in relation to the safe evacuation of children in the event of fire. Since that inspection, the issues identified had been appropriately rectified. There was a fire safety policy in place. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. The inspector observed that there were adequate means of

escape and that all fire exits were unobstructed. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment and fire alarms were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. Fire drills involving children had been undertaken. All staff had attended fire safety training.

There was a site specific emergency plan in place, dated July 2016, to guide staff in the event of such emergencies as power outages or flooding.

Judgment:

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):

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a protection and welfare policy and procedure in place, dated March 2015, which was in line with Children First, National guidance for the protection and welfare of children, 2011. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. It was noted that four staff required refresher training in understanding abuse and Children First, 2011 but that this had been scheduled. Contact details for the designated liaison person (as per Children First, 2011) responsible for care and protection were on display in the centre and known by staff. There had been no incidents, allegations or suspicions of abuse since the centre had opened. There was a protected disclosure policy in place, dated February 2016, to promote there being no barriers for staff or families disclosing abuse.

The centre had intimate care guidelines in place. The inspector reviewed intimate care plans and consent forms for each of the children. The plans were found to provide a good level of detail to guide staff in meeting their intimate care needs. Personal care

recording sheets and body charts were observed on children's files to record and monitor any observed markings on children's bodies including possible cause.

Children were provided with emotional and behavioural support. There was a policy on behavioural management. Records showed that four staff required training on positive behaviour management support. The service had a clinical nurse specialist in behaviour and autism who provided support for the children. Each of the children had a behavioural support plan in place which provided a good level of detail to guide staff in supporting the children. Challenging behaviour risk assessments had been completed for each of the children. There was a guideline document in place on completing challenging behaviour risk assessments. A policy on restrictive practice to inform staff and guide practice was in place. There was a restrictive practice rationale for each child, which included details of measures to reduce the restrictive practice. All usage was monitored by the multidisciplinary team and recorded. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

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:

Children's healthcare needs were met in line with their personal plans and assessments.

Each of the children living in the centre had minimal medical needs and were in good health. Their health needs were appropriately assessed on admission and met by the care provided in the centre. There were health action plans in place. Each of the children had their own general practitioner and access to allied health care services which reflected their care needs. A log was maintained for of all contact with their GP and any other health professionals. There was evidence of some multidisciplinary team involvement. The children's weight were monitored and recorded on a monthly basis.

The centre had a fully equipped kitchen and dining area in each of the two separate living areas. The service had a food and nutrition policy, dated March 2015. A range of nutritious, appetizing and varied foods were available in the centre for the children. Meal times were at times which suited the children. A good supply of healthy snacks was available for children to choose from. Two of the children living in the centre were from

a different ethnic background and there was evidence that diet to reflect their ethnicity and taste had been considered.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There were systems in place to ensure the safe management and administration of medications. However, there were some areas for improvement.

Overall, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy, dated January 2016 and a local procedure dated December 2016 had been put in place. There was a secure cupboard for the storage of all medicines. A medication fridge was also available. The inspector reviewed a sample of prescription and administration sheets and found that they had been appropriately completed. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. However, there were six members of staff who required training in the safe administration of medicines. It was noted that staff had to have completed appropriate training and be assessed as competent by the providers clinical nurse manager, before they could administer medications.

Staff had assessed the ability of individual children to self manage medication and found it was not appropriate for any of the children to be responsible for their own medications. There were no chemical restraints used in the centre.

There were some systems in place to review and monitor safe medication management practices. a medication audit had been undertaken and where issues were identified appropriate actions had been taken. There had been six medication errors in the centre since opening. a number of these were attributed to the format of the prescription and administration records in use and general practitioners completion of prescription sheets. There was evidence that the acting team leader had held meetings with a general practitioner in an effort to address the issue. It was reported that a new medication and administration record system was being considered by the service.

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):

No actions were required from the previous inspection.

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. In November 2016, the post of person in charge became vacant. While interim measures were in place the post had not been filled in a permanent capacity.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details.

In November 2016, the post of person in charge became vacant. The manager of children's support services/ CNM3 had taken up the post of interim person in charge. At the time of inspection, it was reported that recruitment was underway for a new person in charge to take up the role in a full time capacity. It was proposed that the position of the new person in charge would be a full time position and that he/ she would not hold responsibility for any other designated centre. The new person in charge when appointed would report to the manager of children's support services/ CNM3, who in turn would report to the children's service manager. The inspector found that the interim person in charge had a good understanding of the requirements of the regulations and standards. Staff interviewed told the inspector that she was approachable and supported them in their role. There was evidence that the provider nominee/ director of service visited the centre on a regular basis.

There was a review, risk assessment and audit calendar in place which outlined a schedule for a suite of audits at various frequencies. This included audits in relation to health and safety, medication, incident reporting, hygiene and person centred planning. The service had a quality and risk officer whom it was proposed would undertake the annual review of the quality and safety of care in the centre as per the regulatory requirements. Whilst, it was proposed that the assistant director of service would

undertake the six monthly unannounced visits. As the centre had only been registered and opened since October 2016, this had not yet been undertaken. There was evidence that a number of audits had been undertaken since the centre opened and that issues identified had been appropriately addressed. These included audits of medication practices and person centred plans. The provider had put in place a HIQA action plan to meet regulatory requirements and there was evidence that this was reviewed at regular intervals.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of the children living in the centre and to promote the safe delivery of services. However, supervision and staff training arrangements required some improvements.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children living in the centre. There was an actual and planned staff roster in place. A number of the staff team had worked with the children in their previous placement. This provided some consistency of care for the children and assisted the other staff members in becoming familiar with, and meeting the children's care needs and support requirements.

There was a staff training and development policy in place. A training programme was in place and coordinated by the providers training department. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre. Training records showed that the majority of staff were up to date with mandatory training requirements. However, there were training deficits as follows. Four staff required refresher training in challenging behaviour and Children First, National guidance for the protection and welfare of children 2011. Ten staff were identified as requiring food safety training and five staff as requiring hand hygiene training. Some of this training had not yet been scheduled. A training needs analysis for staff had been completed. Training regarding

specific communication aids and person centred planning had been identified. The inspector proposes that training in relation to autism should be considered.

There were staff supervision arrangements in place, whereby all staff were supervised by the person in charge. The inspector reviewed supervision records for four members of staff and found that they were of an adequate quality. However, supervision for some members of staff was not being undertaken within the frequency proposed by the provider.

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

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0005338
Date of Inspection:	25 January 2017
Date of response:	06 March 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 05: Social Care Needs

Theme: Effective Services

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

A personal plan which detailed the assessed needs and choices of the children had not been put in place within 28 days of admission as required by the regulations. On the day of inspection, the inspector identified that personal plans for the children were at different stages of development.

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

Daily living skills goals had been put in place for the children but progress against achieving these goals was not always clear.

1. Action Required:

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

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

- Personal Plan meeting took place for two residents (9th February & 18th January 2017)
- Personal Plan documentation completed, goals set with timeframes
- 1 Residents personal plan meeting cancelled on 20th January, rescheduled for 15th March
- Daily Living skills goals in new template format outlining the goal and detailing the steps to achieve the named goal. Evaluation sheet added and to be reviewed monthly by the keyworker

Proposed Timescale: 15/03/2017

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:

In November 2016, the role of person in charge became vacant. The manager of children's support services/ CNM3 had taken up post as an interim measure, however, a permanent appointment had not been made.

2. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

Social Care Leader appointed as person in charge on 29th January 2017

Proposed Timescale: 29/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Supervision for some members of staff was not being undertaken within the frequency

proposed by the provider.

3. 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:

- One staff member had not received Clinical supervision, this occurred on 21/02/2017
- The newly appointed person in charge is scheduled to attend Supervision training on 6th March 2017

Proposed Timescale: 06/03/2017

Theme: Responsive Workforce

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

There were training deficits as follows. Four staff required refresher training in challenging behaviour and Children First, National guidance for the protection and welfare of children 2011.

Ten staff were identified as requiring food safety training and five staff as requiring hand hygiene training. Some of this training had not yet been scheduled. A training needs analysis for staff had been completed.

The inspector proposes that training in relation to autism should be considered.

4. 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:

- Two staff members attended training in Managing Challenging behaviour on 9th & 10th February 2017. A further two staff members scheduled for 26th and 27th April 2017
- Seven staff members attended Protection and Welfare of Children and Young Persons, Children First training on 17th February 2017
- Four staff members attended food safety training on 16th February 2017 and scheduled dates for training are 22nd March and 17th May 2017
- Eight staff attended training in hand hygiene on 17th January 2017
- Autism training has been highlighted as a need in the Training Needs Analysis 2017

Proposed Timescale: 17/05/2017

