

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Leaby Lodge
Centre ID:	OSV-0005366
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	MCC Children's Services Limited
Provider Nominee:	Stephen McCaul
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 26 September 2017 09:30 To: 26 September 2017 16:00

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

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 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The proposed provider, MMC Children' Services had initially applied to be the registered provider of this centre in August 2016 and a monitoring inspection was undertaken by HIQA at that time. However, subsequently MMC withdrew that application. The Health Service Executive then submitted an application to be the registered provider. The centre was registered in November 2016 with the HSE as the registered provider. No children have been admitted to the centre since registration.

The HSE recently advised HIQA of their intention to cease being the registered provider for this centre and submitted a letter giving consent for MMC to make an application to be the registered provider. This was a nine outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision for MMC to be the registered provider for this centre.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and service manager. There were no children availing of the service at the time of inspection.

The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

Description of the service:

According to the providers statement of purpose, dated August 2017, the centre would provide residential care for children aged between 3 to 17 years with an intellectual disability who require support. The service had not identified any specific children at the time of inspection, although it was reported that a number of referrals had been received and one was being considered. It was proposed that the centre would accommodate a maximum of two children at any one time.

Overall Judgment of our findings:

There were arrangements in place to promote potential service users rights and safety and to provide a good quality of life for those who would avail of the service. The person in charge demonstrated adequate knowledge and competence during the inspection. Of the nine outcomes inspected, seven outcomes were found to be compliant with two outcome in substantial compliance.

Good practice was identified in areas such as:

- There were arrangements in place to assess children's individual needs and choices and to put in place personal placement plans to meet the needs identified.(Outcome 5)
- There were arrangements in place to promote and protect the health and safety of children and staff. (Outcome 7)
- There were measures in place to safeguard children who would avail of the service. (Outcome 8)
- Arrangements were in place to support children on an individual basis to achieve and enjoy the best possible health. (Outcome 11)

Areas of non compliance with the regulations and national standards were identified in areas such as:

- Some furniture in one of the bedrooms had yet to be put in place. (Outcome 6)
- Some small improvements were required in relation to the template medication kardex in place for PRN or as required medications. (Outcome 12)

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:

There were arrangements in place to assess children's individual needs and choices and to put in place personal placement plans to meet the needs identified.

There was an initial needs assessment template in place. It was proposed that a full assessment would be completed as part of the admission process. There was also a separate ability, skills and needs assessment template. It was proposed that this would be completed with each child by their key worker and used to inform individual support plans for children. An assessment of need questionnaire for families was also in place.

There was a template placement plan in place with adequate space to detail individual needs and choices. It included sections for completion regarding activities/ interests, family contact, health, independence, intimate care, individual and society safety and social skills. It was proposed that personal goals, actions required to achieve same and timelines would be detailed. The person in charge reported that once admitted each child would be appointed a key worker who would be responsible to put in place a written personal placement plan within 28 days, as per the requirement of the regulations. the person in charge reported that each placement plan would have a multidisciplinary input and that children and their family representatives would be involved in the development of plans put in place. It was proposed that plans, in an accessible format, would be made available for children and their families.

The person in charge proposed that all placement plans would be formally reviewed on a minimum of a yearly basis. The inspector reviewed template checklists for review meetings. It was proposed that the multidisciplinary team and each service user's family

would be consulted with and involved in reviewing plans.

There was an admission, discharge and transition policy in place, dated June 2017. It was proposed that life skills would form part of the goal setting piece for older children.

A range of activities in the local community had been identified for children living in the centre. These included, an equestrian centre, play parks, sensory room in a nearby town, bowling alley, cinema and swimming pool. A notice board was in place in the front hall which it was proposed would be used to visually display the array of activities on offer. There was a template weekly planner in place.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre reflected the layout as described in the centres statement of purpose. However, some furniture in one of the bedrooms had yet to be put in place.

The inspector found that the centre would promote children's safety, dignity and independence. The centre was observed to be homely, clean and tidy. The centre consisted of two bedrooms on the ground floor which it was proposed would be used by children living in the centre. It was noted that each child would have their own bedroom. There were adequate communal bathrooms and space for social activities. There was suitable lighting and ventilation in place. The kitchen was found to have sufficient cooking facilities. There were facilities in place for children to launder their own cloths if they so wished. Overall, there were sufficient furnishings, fixtures and fittings in all rooms. However, one of the bedrooms proposed to be used by children did not have a wardrobe or suitable cupboard to store cloths and personal items. The bathroom door on the ground floor level did not close fully and could not be locked.

The provider had made an application to register the centre for two children. However, the inspector found that the centre had been resourced and to be fit for purpose to accommodate two children.

There was a good sized garden to the rear of the centre. This would provide a suitable outside area for children to play in. Play and recreational facilities for the back garden had not yet been put in place. There was a good supply of toys, books and arts and craft materials in the centre for children's use.

One child was being considered for referral to the centre. However, specialist equipment requirements for this child were not known at the time of inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to promote and protect the health and safety of any child identified to live in the centre and staff.

A health and safety policy, dated June 2017 was in place. There was a safety statement, but it was not dated. Site specific risk assessments had been undertaken and appropriately recorded. There were templates in place for health and safety checks which it was proposed would be completed by staff on a monthly basis and by the person in charge on a weekly basis. The provider had a quality team which it was proposed would be accessible as a resource for the centre. There was a risk management policy, dated June 2017, which met the requirements of Regulation 26. Templates for individual risk assessments for children on admission and as required thereafter were in place. In addition, templates plans to address any risks identified were in place. There was an emergency plan in place to guide staff in responding to an emergency, dated 2017.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template incident report form in place. This included a section to record actions taken, outcome, life space interview and manager recommendations for further actions required. It was proposed that copies of all incidents would be reviewed by the person in charge, service manager and director of service. Significant event review meetings were to be held on a quarterly basis and be attended by persons in charge in the area and the service manager. It was proposed that all individual incidents would be reviewed and discussed at team meetings

scheduled to occur on a monthly basis.

There were procedures in place for the prevention and control of infection. There was an infection control policy and procedure, dated June 2017. There were template cleaning schedules in place and sign off sheets. Colour coded cleaning equipment was in place. The inspector observed that there were facilities for hand hygiene available. Records showed that staff identified to work in the centre had attended appropriate training.

There were precautions in place against the risk of fire. A procedure for the safe evacuation of children and staff, in the event of fire, was prominently displayed. The person in charge proposed that the mobility and cognitive understanding of all service users would be accounted for in personal evacuation plans which would be put in place on admission. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. The fire assembly point was identified with appropriate signage in the front garden. A fire risk assessment had been undertaken. There was documentary evidence to show that fire fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. Fire doors with self closing hinges had been installed in the centre. Staff identified to work in the centre had received appropriate training. There were arrangements in place for undertaking and recording formal safety checks of fire equipment and other safety precautions. Fire drill templates were in place which provided adequate space to record those attending, time required for full evacuation and issues encountered.

A vehicle for use by the centre to bring children to school and social outings had been secured at the time of inspection.

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):

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

Findings:

There were measures in place to safeguard any child living in the centre.

There was a child protection policy, dated June 2017, which was in line with Children First, National Guidance for the Protection and Welfare of Children, 2011. The inspector noted that the responsibilities and contact details for the designated liaison person for care and protection, were detailed in the policy. The person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. All staff identified to work in the centre had received appropriate safeguarding training. There was a template body chart in place to record observations of any marks observed on children and to outline any possible cause.

The centre had intimate care policy in place. The inspector noted that an intimate care section formed part of the placement plan. Intimate care guidance for staff was included as part of planning and care of young people policy, dated June 2017. There was a template consent form for children's family or representatives to sign regarding the provision of intimate care. The person in charge proposed that she would review and sign off on all intimate care records on a weekly basis. The inspector observed signs requiring privacy were available for use on children's bedroom doors and bathrooms.

Arrangements were in place to provide any child living in the centre with emotional and behavioural support that would promote a positive approach to the management of behaviour that challenges. The centre had a policy and procedure on behaviour support and restrictive practices. A behaviour management and crisis management template formed part of placement support plan. It was proposed that suitable support plans would be developed for children presenting with behaviours that challenge, by a suitable expert and in consultation with the child's family or representative. It was also proposed that such plans would be reviewed at regular intervals. Staff identified to work in the centre had received appropriate training in a recognised behaviour management approach. The person in charge was familiar with the management of challenging behaviour and de-escalation techniques. The provider did not have behaviour support expertise within the organisation but it was proposed that such expertise would be acquired as required.

There was a policy on restrictive practices, dated June 2017. It was proposed that any restrictive practices put in place would be subject to regular review and monitoring by suitable expertise. There was a template for a restrictive practice log which included section to record rationale for use and intervention strategies to manage the behaviour. The service manager had completed a train the trainer course in the recognised behaviour management technique adopted by the service.

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):

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

Findings:

Arrangements were in place to support any child living in the centre, on an individual basis to achieve and enjoy the best possible health.

It was proposed that children's healthcare needs would be assessed as part of the admission process in consultation with the children and their families. It was reported that the child identified to live in the centre had no significant healthcare needs. The template personal placement plan included a section on healthcare needs and actions required to address. It was proposed that children would have a health check on admission and thereafter on at least a yearly basis by a general practitioner of their choosing. There were a suite of templates in place for health monitoring. A hospital passport template was in place and included space and prompts to record all pertinent information. There were template contact sheets to record contacts with GPs and other health professionals. It was proposed that therapeutic supports would be accessed for children living in the centre as required.

There were proposed arrangements in place for any child living in the centre to be involved in choosing and assisting to prepare meals in the centre. There was a fully equipped kitchen come dining area with adequate seating to allow meal times to be a social occasion. It was proposed that meal times would be at times which suited children's routines. There was a policy on diet and nutrition, as part of education, health and well being policy, dated June 2017. The inspector reviewed template weekly menu planners, daily meal tracker sheets and sample daily log forms to record diet taken. The person in charge proposed that children would be supported to buy and prepare their own meals and that a healthy diet and lifestyle would be promoted in the centre. It was proposed that children would have access to a dietician if so required.

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:

There were systems in place to support staff in protecting children in relation to medication management. However, some small improvements were required in relation to the template medication kardex in place for PRN or as required medications.

There was a policy on medication management, dated June 2017. A secure storage press was in place for medications in each child's bedroom and in the main staff office. A medication fridge was also available. There were a suite of templates in place. These included templates for: medication incident report forms; medication order checklists; and monthly medication inventory. The inspector reviewed template medication prescription and administration records and found that they provided adequate space to record the required information. However, space was not provided to record the maximum dose in a 24 hour basis of a PRN or as required medication.

All staff identified to work in the centre had received appropriate training in the safe administration and management of medications. It was reported that a competency assessment would be completed with each staff member on the centres opening and quarterly thereafter.

There were proposed arrangements in place to review and monitor safe medication management practices once the centre opened. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a monthly basis by the shift coordinators. It was proposed that the output from these audits would be reviewed by the service manager with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom it was proposed children could choose from.

There were procedures for the handling and disposal of unused and out of date drugs. There was a template form to record all unused and out of date drugs medication returned to pharmacy. A separate secure area for the storage of out of date medications had been identified.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose in place, dated June 2017, which met all of the requirements of schedule 1 of the regulations.

The statement of purpose stated that the centre would provide residential care for male and female children, aged between 3 and 17 years, who present with complex disabilities and accompanying medical needs. It was proposed that the statement of purpose would be made available to children and their representatives. It set out the aims and objectives of the centre. It also stated the facilities and services which were to be provided for children availing of 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):

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

Findings:

There appropriate governance structures in place and there were proposed arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the service manager/ provider nominee would undertake the annual review of the quality and safety of services and that the provider's quality auditing team would complete the six monthly unannounced visits in the centre, as per the regulatory requirements. There were a number of audit templates in place for audits proposed to be undertaken by staff in the centre. For example, health and safety, training records and nutritional intake. It was proposed that the person in charge and the quality auditing team would sign off separately on all personal placement plans, daily logs, and fire register on a regular basis.

The inspector reviewed computer generated governance audit reports which it was proposed would be completed on a monthly basis by the person in charge and submitted to the service manager. This report template provided space to cover matters such as care plan dates, risks, safeguarding and fire safety. It was proposed that the

service manager would visit the centre on a weekly basis. There was a template record in place for him to record observations and actions required and for the person in charge to record actions taken as result of the visit. It was reported that senior management meetings would be held on a monthly basis with attendance by the director of service, human resources manager, the internal auditing team, service manager and centre manager. It was proposed that the governance report and auditing reports would be reviewed at these meetings with actions agreed where required to improve services.

There was a management structure in place which included clear lines of authority and accountability within the service. The proposed person in charge reported to the service manager who in turn reported the director of service.

The person in charge had been working with the provider for a number of years. She held a degree in humanities and education, and an advanced diploma in management practice. She had previously been appointed as PIC in the centre November 2016, when the centre was registered with the HSE as provider. However, no children had been admitted to the centre to date. Prior to this she had attained more than three years management experience whilst working in the wider service. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. The person in charge was to hold a full time post and did not hold responsibility for any other centre. However, she was the appointed training coordinator for the wider service.

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):

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

Findings:

There were effective recruitment procedures in place, which were managed centrally by the provider.

There was a recruitment and selection policy and procedure in place, dated June 2017. The inspector reviewed a sample of four staff files for staff identified to work in the

centre. All of the information as required in Schedule 2 of the regulations was available in the files reviewed. The full staffing complement identified to be required for the centre had been recruited. The inspector noted a number of staff on the team had limited qualification or experience of working in the disability sector. However, the provider had provided some training in areas such as disability awareness and specific communication methods. There were template staff roster in place.

There was a training and development procedure in place, dated June 2017. It was proposed that a training programme would be put in place and coordinated by the provider based on a training needs analysis for staff. Templates to record training attendance were in place. The inspector noted that copies of the standards and regulations were available in the centre. Records showed that staff identified to work in the centre had completed mandatory training in areas such as fire safety, safeguarding, manual handling and challenging behaviour.

Formal supervision arrangements for staff were proposed. This meant that staff would be formally supported and performance monitored in order to address any deficits and to improve practice and accountability. There was a supervision template in place. It was proposed that supervision would be undertaken on a monthly basis.

The person in charge reported that it was not planned for any volunteers would work in the centre when opened.

Judgment:

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 MCC Children's Services Limited
Centre ID:	OSV-0005366
Date of Inspection:	26 September 2017
Date of response:	12 October 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 06: Safe and suitable premises

Theme: Effective Services

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

One of the bedrooms proposed to be used by children did not have a wardrobe or suitable cupboard to store cloths and personal items.

The bathroom door on the ground floor level did not close fully and could not be locked.

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

1. Action Required:

Under Regulation 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:

Both a wardrobe and chest of drawers have been ordered for the second children's bedroom.

The bathroom door was fixed on 2nd October and can now close and be locked- action complete.

Proposed Timescale: 20/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Space was not provided to record the maximum dose in a 24 hour basis of a PRN or as required medication.

2. Action Required:

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

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

The Kardex has now been amended to include an extra column to record the maximum dose in a 24 hour basis of a PRN or as required medication.

Proposed Timescale: 12/10/2017