

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Mhuire
<b>Centre ID:</b>	OSV-0001824
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Joseph's Foundation
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	Caitriona Twomey
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
25 October 2017 10:20	25 October 2017 18:00
26 October 2017 10:20	26 October 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection

This was an inspection carried out to inform the registration renewal of the centre. This centre was a designated centre for children with disabilities that offered a residential service.

How we gathered our evidence

As part of the inspection, inspectors met four children and a number of staff including the person in charge, a social care worker who acted as the deputy social care leader and a number of care assistants. The inspector also met with the area

manager, head of client services and the person representing the provider (chief executive officer). The children were unable to tell the inspector about their views of the quality of the service they received, however, the inspector observed staff interacting with them throughout the day and they appeared content, well and comfortable. The inspectors reviewed documentation such as a sample of children's care files, incident and accident records and other documentation. The inspectors read one pre-inspection questionnaire submitted by a representative of a child and four questionnaires submitted by children who were assisted by staff in the completion of the document. The inspectors also spoke with three representatives of the children via telephone.

#### 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. Inspectors found that the service matched what was described in that document. The statement of purpose identified that the centre catered for four children with a diagnosis of an intellectual disability and or autism. The maximum number of children that the centre could cater for was four children of both male and female gender. The centre was a spacious, detached bungalow with a rear garden that was fenced in. There were five bedrooms, a bathroom, a shower room, a sitting room, a kitchen and a recreation room. The children also had their own games and computer room. Visitors could spend time with the children in a separate visitor's room. The centre was located outside a rural town and the children had access to local recreational services.

#### Overall judgment of our findings

The inspector was satisfied that the provider had put systems in place to ensure that adequate governance arrangements were in place. This was a well-run service with clear governance arrangements. The children received an individualised child-centred service that was age appropriate and tailored to their needs. The service was led by a committed person in charge, she had the relevant qualifications and was very knowledgeable about the standards and regulations.

There were some areas of non-compliance that required improvement:

- complaints (Outcome 1)
- communication (Outcome 2)
- arrangements for fees (Outcome 4)
- aspects of personal planning (Outcome 5)
- implementation of behavioural support plans and use of restrictive practices (Outcome 8)
- record keeping (Outcome 12)
- staff training (Outcome 17)
- record keeping (Outcome 18).

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

**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):**

No actions were required from the previous inspection.

**Findings:**

Children were consulted about how activities in the centre were planned. This took place at a weekly advocacy meeting. Minutes of these meetings were reviewed by inspectors. It was evident that following each meeting there was a plan regarding the following weekend, social activities during the week, and opportunities for choice making for each child. Activities included those based in the house and in the community. From review it was evident that efforts were made to expand the choice making opportunities for each child. While in the centre inspectors observed staff offering and respecting children's choices regarding snacks, activities of daily living and recreational activities.

A poster regarding children's rights and an easy-to-read version of the complaints procedure were on display in the centre. Inspectors reviewed records of complaints received in the previous 12 months. Complaints recorded included those noted in communication diaries in place to share information between the centre and schools. There was evidence that complaints were acted upon and resulted in changes in practice. There were some gaps in the recording of complaints (for example, the date follow up actions were completed and the signature of the staff member that either received or followed up the complaint) which will be further addressed under outcome 18. It was also not noted in all cases whether the complainant was satisfied with the actions taken in response to the complaint. There was evidence in the staff meeting minutes that complaints were a standing agenda item. The person in charge also clearly demonstrated a commitment to noting and acting upon complaints. The centre has a dedicated complaints officer whose photograph was also on display in the centre.

Staff were observed to be respectful in all of their interactions with the children during

the inspection. There were documented procedures in place to maintain the privacy of the children.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed a sample of files during inspection. There was evidence of an accessible communication passport and another document regarding individualised communication needs, completed with input from a speech and language therapist, for each resident. Photographs of the staff on duty were displayed in the centre. There was also a written weekly schedule on display however this was not accessible to the majority of children. There were a number of other visual aids on display in the centre, for example an afternoon activity schedule. These were not observed in use despite their relevance to activities that occurred during the inspection.

Staff were observed to be attentive and responsive to communication needs and had a good knowledge of the expressive communication of children, for example what different vocalisations indicated. Relatives spoken with by inspectors reported that staff knew the children well and communicated effectively with them. There was one observed use of objects of reference to support effective choice making. There was also evidence of staff supporting a child to communicate using technology. The majority of staff's observed interactions with children were verbal in nature. This was not consistent with the information relating to communication outlined in their personal plans. The need for additional support in the area of communication had been identified by the person in charge who had requested a speech and language therapist attend the next staff meeting.

Children had access to televisions and the internet throughout the centre.

**Judgment:**

Substantially Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The children living in the centre were supported to develop and maintain their personal relationships and links with the wider community. Families were encouraged to be involved in the lives of their relatives. Inspectors spoke with representatives who were very positive about the levels of contact they had with staff in the centre.

Representatives also commented on the flexibility demonstrated to facilitate their contribution to residents' plans. Representatives also spoke positively about the visiting arrangements and advised that they always felt very welcome in the centre.

During the inspection, inspectors observed documentation and practice that demonstrated the presence and participation of the children in their local community. Staff reported that many of the children were known on a first name basis to many members of the local community. A representative spoken with also reported his or her satisfaction that staff in a local restaurant knew his or her child.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were arrangements in place for admissions and contracts for the provision of services. An action from the previous inspection had since been resolved.

Since the previous inspection, admissions to the centre had been conducted in a planner manner and this was confirmed by representatives of children admitted to the centre in the 12 months prior to this inspection. Staff also confirmed that any transitions had

been conducted in a planned and paced manner to suit the child.

The inspector found evidence that arrangements were mostly in place for all children with regard to written agreements and fees. However the arrangements for one child had changed significantly in the previous 12 months; although this was referred to in the child's file and in letters viewed the arrangement in itself was not adequately set out in writing. This was noted to the person in charge who undertook to address this following the inspection.

**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):**

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

**Findings:**

There were appropriate systems were in place to ensure that the needs of children were assessed and that personal planning arrangements were based on these needs. Personal plans were reviewed by both the representatives of the children and by a multidisciplinary team. There were systems in place to support transitions of children from childhood to adulthood. The actions arising from the previous inspection had since been resolved.

The inspectors sampled a number of files. Each personal plan was based on an assessment of need. There was evidence that the needs of children were continually discussed and assessed by staff with the representatives of the children and a multidisciplinary team throughout the year. Copies of reports from professionals were kept on file and the majority of the recommendations contained in these reports were transferred to daily documents and plans that guided staff in their everyday practice. There were some exceptions noted by inspectors including the absence of a mental health support plan for a resident accessing Child and Adolescent Mental Health Services. This was addressed by the person in charge during the inspection. There were also isolated references to a risk of consuming substances of no nutritional value in the files of two children without any documented assessments or associated support plans.

The person in charge committed to reviewing this gap immediately following the inspection.

Personal plans were in place for all children. These plans were written in a child friendly manner. There was a system in place for the formal review of personal plans. The representatives of the children were invited to these reviews. Short-term and long-term goals were set for children. There was documented evidence of quarterly reviews of these goals and revisions, where appropriate. There were some gaps in the documentation regarding the progress made in achieving the goals.

There were systems in place to ensure that children would be supported in their transition to adult services. However, at the time of this inspection the lack of an identified adult placement for children turning 18 years old had been escalated to senior management appropriately by the person in charge. There was a transition plan on file and this showed all the planning that was taking place regarding any forthcoming discharges.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the premises provided was suitable to meet the needs of the children living at this centre.

The designated centre was a spacious detached bungalow, located in rural area that was within a short driving distance to local shops and amenities. Within the centre there was ample space for four children to live and have space. All rooms within the centre were observed to be well-furnished.

There were various drawings by children displayed throughout the centre and lots of photographs of the children on outings and trips. Inspectors saw some bedrooms used by children which were observed to be colourfully decorated and appropriately laid out. Children were provided with ample storage through chests of drawers, wardrobes and beside lockers.

Appropriate facilities were provided for children to engage in recreational activities. The centre opened out to a spacious rear garden with plenty of recreational facilities for children such as a trampoline and swings. Parking space was available at the front of the property.

The designated centre was presented in a clean manner on the day of inspection and was observed to be in a good state of repair.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Policies and procedures were in place regarding health and safety and this ensured that children were kept safe. Since the previous inspection the risk register had been reviewed and any actions arising during this inspection were implemented prior to the conclusion of this inspection.

At an organisational level there was a corporate risk management policy in place. Staff attended training scheduled by the organisation on manual handling, first aid and fire safety. A risk register was maintained by the person in charge. All hazards were regularly reviewed by her and the health and safety officer. During the inspection a number of changes were made to this register regarding the scoring of some risks. Some hazards identified by inspectors were added to the register. Each child had a set of individualised risk assessments in place and these were reviewed as appropriate. However, some children did not have a risk analysis of issues that were potentially hazardous to them, for example where a child was at risk of consuming substances of no nutritional value. This was addressed during the inspection by the person in charge.

There were clear procedures for staff to follow in the event of an incident or accident and these events were now recorded on computerised systems, which could then be reviewed by the co-ordinator of residential services and the health and safety officer. The inspector reviewed a sample of incidents that had taken place at the centre in the 12 months prior to this inspection and any patterns and trends were already known by the management team and had been acted upon.

Satisfactory procedures were in place regarding infection control. The centre used health

service executive (HSE) guidance to guide their practice in this area. Posters on hand washing were displayed in the bathrooms at the centre. Soap dispensers and paper towels were available for staff and children to use. Staff had access to separate hand-washing facilities. The centre was clean. Cleaning equipment was stored safely in the laundry room. A cleaning schedule was in place.

Fire safety precautions were in place at the centre. A fire safety policy was in place. Suitable fire equipment was provided and serviced within the previous 12 months. Fire exits were unobstructed. All staff on the core team had been trained in fire safety and refresher training was booked in for later in the year. Quarterly inspections of the fire management alarm system had taken place by a contracted company. Emergency lighting was serviced quarterly. Each child had a personal emergency egress plan (PEEP). Staff performed daily and weekly checks on fire safety precautions. Documents outlining a monthly fire inspection checklist completed by social care staff were also reviewed. Regular fire drills took place at the centre and comments regarding each drill were recorded by staff. Two of the fire drills documented in the last six months took place in night-time conditions. The names of children that took part in fire drills were recorded. The procedure for children, staff and visitors to follow in the event of an emergency evacuation were set out in the hallway.

The centre vehicle was viewed by the inspectors. It was taxed and insured. The vehicle was not yet due for a national car test.

**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:**

Measures to protect children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional, behavioural and therapeutic support that promoted positive behaviour. A restraint free environment was promoted in the centre. The action arising from a previous inspection had since been implemented.

Measures to protect children from being harmed or suffering abuse were in place at the centre. An organisational policy on child protection was in place. Staff were trained in Children First (2011): Guidance for the Protection and Welfare of Children. Staff members were observed treating children with respect and warmth. During interview, staff had a good awareness of what constituted abuse and what to do in the event of them having a concern about a child. Staff were also aware of the designated liaison person within the organisation. Intimate care plans were in place for each of the children.

The person in charge was cognisant of the requirement to liaise with statutory services where this was required. Staff facilitated (where applicable) statutory representatives to visit children in their care. The staff team were involved with statutory services and attended meetings and were thus familiar with all necessary information they needed to know. Copies of relevant statutory documentation were on file.

Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviours that challenged. A restraint-free environment was promoted at the centre. A particular environmental restrictive practice was used and this affected all of the children. The person committed to reviewing this restriction following the inspection and ensuring that all of the documentation was on file to ensure that it displayed the exhaustion of all other methods prior to this practice being used.

All staff were recorded as to have completed training in the management of behaviour that required a response. During interview, staff described appropriate proactive strategies to deal with behaviour that required a response. There was also documented evidence in daily support plans of proactive measures in place to reduce the likelihood of some behaviours that required a response occurring.

Staff spoken with during inspection were very familiar with events and situations that may trigger incidents of behaviours that required a response involving any of the children. Inspectors reviewed a behaviour support plan developed to address behaviours that featured most frequently in the record of serious incidents in the centre. A comprehensive assessment had been completed, and subsequently reviewed, by a psychologist. A complementary plan was developed outlining proactive intervention techniques and how to respond to these behaviours. However, not all elements of this plan had been implemented. Staff training in autism was recommended in the behaviour support plan. The person in charge advised that the majority of staff had not received this training. This is further addressed under Outcome 17. Implementation of the resident's communication plan was also recommended. Shortcomings in this area were addressed under Outcome two. In addition, some of the recommended therapeutic interventions outlined in the behaviour support plan and associated occupational therapy plan were not incorporated into some of the resident's daily support plans, for example the transport plan. Although there was a comprehensive guidance for staff in how to respond to behaviours that required a response, response techniques were not outlined for all identified behaviours. The person in charge advised that a psychologist had recently started working with the organisation and that a request for specialist input and review had already been made and a date to meet agreed.

**Judgment:**  
Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

**Findings:**

All incidents requiring notification to HIQA had been submitted within the required timeframe.

A system was in place within the designated centre for recording accidents and incidents that took place. A log of such events was reviewed during the course of the inspection where it was found that all notifiable events had been submitted within the timeframes set out by the regulations.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**  
Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children were supported to participate in education while living at this centre.

As set out in the statement of purpose, the provider took responsibility for ensuring that children continued to attend school while living at this centre. During this inspection, the inspectors saw evidence of and read how staff supported the children in these arrangements. All staff reported good working relations between them and school staff.

Staff were familiar with the school calendar and day-to-day schooling arrangements. The achievements of children at school were recognised by staff. Staff communicated with school staff using a communication book. An inspector saw an example of entries in this book and staff reported that it was helpful to see how the child had experienced school on that day.

The person in charge liaised with school staff in a formal manner, attending meetings arranged by school staff and seeking appropriate information such as copies of individual educational profiles. Parents confirmed their satisfaction in these arrangements.

**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:**

There were systems in place to ensure that children were supported on an individual basis to achieve and enjoy good health. An action arising from the previous inspection had been implemented.

The personal plans devised for each child contained important information about the child's health such as medical diagnosis, allergies and vaccinations. Copies of reports from healthcare professionals were all kept on file. There was evidence that children were supported to attend a general practitioner (GP) of their choice.

As part of the pre-admission and subsequent annual assessment process, the healthcare needs of children were identified by the staff team in conjunction with their representatives and other healthcare professionals. Healthcare support plans were devised to meet all identified healthcare needs and the staff team took responsibility for ensuring that these plans were implemented, for example, a child may have identified needs in diet, dental care, pain management or seizure activity.

During this inspection, as with the previous inspection the inspectors could see that weight fluctuation was an issue for some. The person in charge was aware of this issue and could demonstrate appropriate liaising with professionals to address same. An issue pertaining to the documentation of records in this area has been outlined in Outcome 18.

Staff took responsibility for arranging appointments with relevant healthcare professionals and following through on the recommendations of these professionals. Staff recorded clearly the child's appointments with each healthcare professional as they took place.

Children had access to healthy snacks outside of meal times and they each had their own individual lunch box in a fridge that they could open throughout the day. The record of nutritional intake viewed by the inspector contained information of choice being offered and this contained sufficient information to help the person inspecting the record determine whether the diet was satisfactory. The inspector viewed a range of healthy food available for children.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures relating to medication management in the centre. All staff who administered medication as part of their duties had attended appropriate training. Medicines were observed to be stored securely in the centre. Inspectors reviewed a sample of medication on site and found that all had the appropriate labels. Medicines that required disposal were stored separately and securely. One medicine required refrigeration and was appropriately stored. The fridge temperature was recorded daily, however staff spoken with were unclear as to the acceptable temperature range and at what reading corrective action may be required.

On the day of inspection the children's prescription sheets were not available for review, however the person in charge was able to demonstrate the system in place and showed inspectors the prescription and administration templates in use in the centre. The process to be followed should a resident refuse medication was also clearly outlined. There was evidence of monthly medication checks and monthly audits of medications taken as required (PRN) prescribed for children living in the centre. Records of the receipt of medication from the pharmacy were also reviewed by the inspector. It was noted that there were no staff signatures on a number of these documents. The person in charge outlined the procedure in place, including the necessary reporting, following any medication errors in the centre. Medication errors were noted to be a standing

agenda item at staff team meetings.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place that met the requirements of the Regulations.

The inspector viewed the statement of purpose. This had been revised by the provider in the 12 months previous to the inspection. The statement set out the information as required by the Regulations, such as the aims and objectives of the service, the facilities and services provided and the criteria for admission. On the day of the inspection, the description of the management organogram was not entirely accurate, however, this was amended following the inspection.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were management systems in place to ensure safe, quality care services. There was a clearly defined management structure that identified lines of accountability. The centre was managed by a suitably, qualified and experienced person with authority and responsibility for the provision of the service.

Management systems were in place to support and promote the delivery of safe, quality care services and a management structure was in place at the centre. Staff were aware of who was in charge. An on-call system was in place. Representatives stated in pre-inspection questionnaires that they were aware of who was in charge. The person in charge reported to an area manager who in turn reported to the head of client services. This post-holder then reported to the chief executive officer (person representing the provider).

Arrangements were in place for staff to exercise their personal and professional responsibilities for the quality and safety of the service they delivered. Regular team meetings were held and these showed how a wide range of issues were considered and discussed with staff. All staff at all levels engaged in formal supervision.

The provider had arranged an unannounced six monthly inspection of the centre shortly before this inspection. The results of which were positive with only one recommendation around the recording of staff training.

The annual review of the centre for 2016 was a detailed inspection of the centre and of the quality of service provided. The review was extensive and clearly set out the results of an inspection conducted by a nominated person. It set out actions that were required and timelines regarding same. The areas that were inspected reflected all aspects of the running of the centre. The person in charge was aware of all the findings and could articulate the progress of all actions. The review incorporated the views of the family representatives.

A programme of in-house audits was in place. Areas such as child protection, complaints, communication systems, personal plans, medication management, staff files and finances had all been audited in the 12 months prior to this inspection. The results of each audit were clearly demonstrated and the person in charge could articulate the actions against findings.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. She demonstrated a very good knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She was committed to her own professional development and there was documented evidence of continuous professional development and recent training completed by the person in charge.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of their responsibility to notify HIQA of the absence of the person in charge where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, whether planned or unplanned.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that there were sufficient resources available to meet the assessed needs of the children and to provide the service as outlined in the statement of purpose. Resources available include bedrooms for each child, vehicles for children to be transported in and a skill-mix to support the children in accordance with their assessed needs.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff*

*have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that there were appropriate levels of staff to meet the needs of children at the time of this inspection while a continuity of staff was also provided for.

The inspectors observed during this inspection staff engaging with the children in a positive and warm manner. Inspectors were satisfied that there were appropriate numbers of staff to meet the needs of the children. Rosters indicated that there was a continuity and consistency of staffing. There was use of relief staff, however, this involved the use of regular relief staff with whom the children were familiar with.

There were appropriate numbers of staff on duty and a skill mix within the team to meet the assessed needs of the children in a safe manner. A social care model was in place at the centre and social care workers and health care assistants were employed. Children received continuity of care from a core group of staff. Staffing rosters were maintained by the person in charge. An on-call roster was displayed in the staff office and this clearly showed who to call when it was out of hours. Children were observed receiving interventions and care in a respectful, timely and safe manner. A split shift system was in place at the centre meaning that during term time, there were no staff rostered to work at the centre during school hours. The person in charge told the inspector that this arrangement was managed appropriately by her in the 12 months prior to this inspection and that when children became ill at school as they were facilitated to come home as required.

There were systems in place to ensure that staff were supervised in a formal manner. On this inspection it was found that supervision was taking place at regular intervals with records maintained of supervision meetings between individual staff members and their supervisor. Supervisors had attended appropriate training in supervision skills.

Staff team meetings were taking place at monthly intervals. Inspectors reviewed a sample of minutes from these meetings where a range of issues were discussed in areas such as the needs of the children, safeguarding, risk, accidents and incidents.

Continuing professional development was provided to all staff and there was documented evidence of same. During interview staff confirmed that they had taken part in a variety of training in the 12 months prior to the inspection. Training schedules were devised for the year and clearly showed the names of staff that were due to attend training and names of staff that had completed training. There were up-to-date training records maintained by the person in charge and human resource officer. These records

showed that staff received mandatory training in areas such as safeguarding and fire safety. The provider also scheduled refresher training where necessary. Given the profile of the children, the provider agreed that specialised training in autism would be of benefit to the staff and in turn the children.

There were effective recruitment procedures in place. A sample of staff personnel files were viewed by the inspector and these met the requirements of Schedule two of the regulations.

Inspectors were informed that there were no volunteers involved with the centre at the time of the inspection.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The centre had appropriate policies as per the requirements of Schedule 5. Arrangements were in place to ensure that appropriate records would be kept; however, minor improvements were required. The centre was adequately insured.

The policies and procedures required by the Regulations were in place and maintained by the provider.

The systems for record keeping were mostly all appropriate. The inspector viewed a suite of records during the inspection that were completed by staff. This included records kept of all matters relevant to the children and also the operation of the centre. Some of the records found in the assessment section of the personal planning required completion. There were some gaps in the recording of the management of complaints, for example, the date follow up actions were completed and the signature of the staff member that either received or followed up the complaint. There were gaps in the

document templates on file relating to the progress of personal goals and actions taken in response to an ongoing health concern for one of the children. However, the person in charge was able to redirect inspectors to other files where this information was recorded. The document relating to the health concern was updated during the inspection.

The resident's guide contained all of the information required by the Regulations. The guide outlined the complaints process, how to access inspection reports and arrangements for visits. It set out the arrangements for children to be involved in the running of the centre.

There was a directory of residents in place and this met the requirements of the regulations. The person in charge amended a record during the inspection in this directory to show a prior discharge date.

There was evidence that the centre was insured.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Carol Maricle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Joseph's Foundation
<b>Centre ID:</b>	OSV-0001824
<b>Date of Inspection:</b>	25 & 26 October 2017
<b>Date of response:</b>	19 December 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

It was not always documented whether the complainant was satisfied with action taken on foot of a complaint.

#### 1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- A software system currently in use in the organisation will include the recording of complaints and all associated details including the level of satisfaction by the complainant from January 2018.
- Staff training in relating to the recording of complaints on this software system has been provided .

Proposed Timescale: Completed 10/11/2017  
08/01/2018

**Proposed Timescale:** 08/01/2018

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

It was not fully demonstrated how children were supported in the area of communication as outlined in their personal plans.

**2. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

- Training on the communication methods used to support the residents is scheduled for all staff on 21st January 2018.
- Following this training the Person in Charge will review all the residents support plans re communication with all staff members.
- Residents communication needs will be a standing item on the agenda of all house meetings.

Proposed Timescale: 21/01/2018  
13/02/2018  
18/02/2018

**Proposed Timescale:** 18/02/2018

**Theme:** Individualised Supports and Care

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

It was unclear in the personal plan what communication supports were required for a child.

**3. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- Clarity has been sought from the Speech and Language Therapist in relation to the specific communication supports required by the resident.
- A meeting with the Speech and Language Therapist in relation to this has been scheduled on 18/02/2018

Proposed Timescale: Completed 13/12/2017  
18/02/2018

**Proposed Timescale:** 18/02/2018

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

**Theme:** Effective Services

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

It was not fully documented that a representative had agreed and or consented to a significant change in the finance arrangements of their child.

**4. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- The residents representative has been met on the 28/11/2017 and has verbally agreed and consented to the changes in the financial arrangements for the resident.
- An agreement has been drawn which identifies the fees to be charged and the additional monies required by the resident for his or her person spending.
- An appointment has been made for the representative to sign this agreement on 17/12/2017.

Proposed Timescale: Completed 28/11/2017  
Completed 08/12/2017  
17/12/2017

**Proposed Timescale:** 17/12/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There were some gaps identified in the assessment of need for some residents.

**5. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- Support plans are now in place to meet the mental health needs of all identified residents.
- Risk assessments have been completed in relation to some residents consuming substances of no nutritional value.
- A review meeting to reassess residents who may consume substances of no nutritional value are scheduled on 18/12/2017.
- Support plans will be reviewed following the meeting on the 18/12/2017

Proposed Timescale: Completed 26/10/2017

Completed 26/10/2017

18/12/2017

30/12/2017

**Proposed Timescale:** 30/12/2017

**Theme:** Effective Services

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

There were some gaps in the documentation regarding the progress made in achieving goals.

**6. 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:**

All progress relating to goals will be documented appropriately.

**Proposed Timescale:** 30/10/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

An environmental restrictive practice required further documentary evidence to show that it was in line with the Regulations.

**7. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

All restrictive practices within the residence are scheduled for MDT review on 18/12/2017.

**Proposed Timescale:** 18/12/2017

**Theme:** Safe Services

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

Some supports recommended in a behaviour support plan were not being implemented and were also not reflected in other related support plans. The behaviour support plan did not outline interventions for all identified behaviours that required a response.

**8. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Residents support plans are being reviewed on 18/12/2017 and following review will include all interventions identified for managing behaviour.

The management of behaviour and associated support plans will be a standing item on all house meetings.

Proposed Timescale: 18/12/2017  
16/01/2018

**Proposed Timescale:** 16/01/2018

## 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:**

There were shortcomings identified in the recording practices relating to the receipt and refrigerated storage of medicines in the centre.

### **9. Action Required:**

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

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

- All recording processes, including the importance of signing for medications received, have been reviewed and made known to staff.
- Guidance documentation relating to the correct refrigeration temperatures for the storage of medication is now in place.

Proposed Timescale: Completed 12/12/2017

Completed 13/12/2017

**Proposed Timescale:** 13/12/2017

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The majority of the staff team did not have training in autism. Given the profile of the children and the assessed needs of one, this training was required.

### **10. 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:**

- A request for staff training in Autism has been by the Person in Charge to the HR Manager.
- The HR Manager is currently sourcing appropriate training and will schedule training for staff once this training has been secured.

Proposed Timescale: Completed 13/12/2017

28/02/2018

**Proposed Timescale:** 28/02/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Records were incomplete regarding actions taken in response to an ongoing health concern for one resident.

**11. Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

- The documentation relating to the identified health concern was updated during the inspection.
- The residents Personal Plans will be reviewed by the Person in Charge on a regular basis to ensure that all necessary records are included.

Proposed Timescale: Completed 26/10/2017  
31/10/2017 and ongoing

**Proposed Timescale:** 31/10/2017

**Theme:** Use of Information

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

There were identified gaps in the records of complaints made.

**12. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**

- A softwear system currently in use in the organisation will include the recording of complaints and all associated details from January 2018.
- Staff training in relating to the recording of complaints on this softwear system has been provided.

Proposed Timescale: 08/01/2018

10/11/2017

**Proposed Timescale:** 08/01/2018