



# Report of an inspection of a Designated Centre for Disabilities (Children)

Name of designated centre:	OCS-SM
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	15 January 2019
Centre ID:	OSV-0004030
Fieldwork ID:	MON-0025891

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides respite/short breaks for up to six children, both male and female with an intellectual disability, with complex needs, aged 5-18 years. The number of children availing of a respite break at any time can vary depending on childrens' assessed needs. The centre is a single story premises located on the grounds of a large campus in an urban area in Dublin. There are six bedrooms, a large combined sitting/dining room and a smaller sitting room at the other end of the house. There is a large secure back garden with some items for children to play with. It has access to many amenities such as good local transport links, public parks, shops and the city centre. Residents availing of respite also have access to the campus facilities include a playing field, play ground, sensory garden and gymnasium. The aim of the centre is to provide a warm, clean, fun and safe environment for children accessing the service for their respite break. Crisis care is also provided in the centre in line with the centres' admission procedures. Children are supported on a 24 hour basis by a person in charge, staff nurses, care staff and household staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
15 January 2019	09:30hrs to 16:30hrs	Marie Byrne	Lead

## Views of people who use the service

The inspector had the opportunity to meet and spend some time with four children who were on a respite break during the inspection. The inspector observed the children during transition times to and from the centre and they appeared very comfortable with the levels of support offered by staff. The children did not express their opinions verbally to the inspector but they appeared happy and comfortable throughout the inspection.

Residents' meetings were occurring regularly and there was evidence that children were making decisions about their day-to-day lives. There was accessible information available throughout the centre to facilitate children to make choices in relation to activities, meal times and other day-to-day tasks. There was also an advocacy group meeting regularly and they were discussing areas for improvement and bringing these to the attention of management.

The inspector had the opportunity to briefly meet and speak to one child's family member and they were complimentary towards the care and support in the centre and how comfortable their child was during their respite break.

## Capacity and capability

Overall, the inspector found that there were some systems and processes in place to underpin the safe delivery of the service. However, the provider was not consistently monitoring the quality of care and support for children as they were not completing some reviews in line with the requirements of the regulations.

There were clear management structures and systems in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. The person in charge was not on duty on the day of the inspection and the two nursing staff on duty facilitated the inspection. The inspector also had the opportunity to meet the person participating in the management of the designated centre (PPIM) and the service manager during the inspection. Staff meetings were held regularly and agenda items were found to be children focused. Audits were being completed regularly including; medication audits, risk assessment audits, audit of incidents, supervision audits, review of positive behaviour support plans and staff training audits. A schedule was in place for meetings and reviews between the person in charge and PPIM. The person in charge, PPIM and service manager were meeting regularly to review aspects of care and support for children in the centre. However, the annual review of quality and safety of care in the centre

had not been completed since 2016. In addition the six monthly review by the provider or their representative had not been completed in line with the timeframe identified in the regulations.

Throughout the inspection children appeared happy, relaxed and to be engaging in activities of their choosing. Staff members were observed to be knowledgeable in relation to childrens' care and support needs and to be kind and respectful during all interactions with the children. The inspector reviewed rosters and found that staffing support was offered in line with childrens' needs. The provider had recognised that they needed to put additional staffing support in place in line with some childrens' needs, and had put these supports in place.

The inspector reviewed staff training records and found that staff had access to training and refreshers in line with childrens' assessed needs. However, a number of staff required training and refresher training in areas such as fire safety, manual handling, infection control and studio 3 training. Two new staff were awaiting induction training at the time of the inspection. The provider had recognised these training gaps in the latest six monthly review and was in the process of linking with the education and training department to book staff on the required training and refresher trainings. The provider sent assurances to the inspector after the inspection that these training courses would be booked and completed by the end of February 2019. The staff who spoke with the inspector said they were supported and encouraged to carry out their role and responsibilities to the best of their ability. They were in receipt of regular formal supervision.

The inspector found that there were clear admission policies and procedures in place including those relating to crisis admissions. It was evident that the provider regularly reviewed groupings of children sharing their respite break to ensure they were compatible. Up-to-date written contracts of care were not in place for a number of children in the centre. In addition, one of the contracts of care reviewed did not fully detail the specific terms upon which the child was availing of respite in the centre.

On reviewing accidents and incidents in the centre, the inspector found a number of allegations, suspected or confirmed of abuse, which had not been notified to the Office of the Chief Inspector in line with the requirements of the regulations. However, the inspector found that these allegations were followed up on in line with the organisation's policy and national policy. They had put the necessary measures in place to keep children safe.

## Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to childrens' care and support needs. Children were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. There were sufficient staff numbers to meet childrens' assessed needs. Planned and actual rosters were

maintained in the centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
A number of staff required training and refreshers in areas such as fire safety, manual handling, infection control and training to respond to behaviour that is challenging. Staff were in receipt of regular formal supervision.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A suite of audits were being completed regularly and there was evidence that the actions completed following these reviews were positively impacting on childrens' lives and their home. However, the provider had not completed the annual review for 2017 or 2018. The six monthly review of care and support were not completed in the timeframe identified in the regulations.
Judgment: Not compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
An number of contracts of care reviewed, did not contain all the information required by the regulations.
Judgment: Not compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that a number of allegations of abuse had not been notified to the Office of the Chief Inspector in line with the requirement of the regulations.

Judgment: Not compliant

### Quality and safety

Overall, the inspector found that the provider and person in charge were ensuring that the quality of the service provided for children was good. Whilst in respite children were in a caring environment where they had opportunities to make their own choices and decisions. The inspector found that children were offered support in line with their assessed needs and the numbers of children availing of a respite break depended on their needs. Groupings were reviewed and changed as necessary to ensure children attending respite together were compatible.

The inspector found that the premises was designed and laid out to meet the number and needs of children. It was clean, warm, comfortable, well maintained and homely. There was adequate private and communal accommodation for children and there was adequate storage space for childrens' belongings during their respite break. Children had access to outdoor recreation areas and access to age-appropriate play and recreational facilities.

Children were supported to make decisions about their day-to-day lives and were listened to with care and respect by staff. Their views were taken into account and they were free to choose how they spend their time. Childrens' privacy and dignity were respected; residents' meetings were held regularly and there was also an advocacy group who met regularly. Areas for improvement identified by the advocacy group were being actioned by the provider. Children had access to an independent advocate if they so wished. There was a rights wall on display for children and a rights section in their 'all about me' document. In addition each child had a charter of rights in their personal plan.

Overall, children's personal plans were found to be person-centred. Each child had an 'all about me' document which outlined their care and support needs. However, the inspector found that a number of the all about me documents reviewed were not fully completed. Some lacked detail to guide staff to support children with their assessed needs. The PPIM and service manager informed the inspector that they had recognised this and outlined plans in place to review the consistency of personal

plans.

Children were protected by appropriate risk management policies, procedures and practices. There was a system for keeping children safe while responding to emergencies. However, the risk register required review and update to ensure it was reflective of the risks in the centre, and to ensure that risk assessments were in place for all identified risks. The provider had self identified this and outlined their plans in place to review the risk register. There was evidence that the risk assessments which were in place were reviewed and updated regularly in line with incidents and childrens' changing needs.

Children were assisted and supported to communicate in line with their needs and wishes. They had access to the necessary supports and aids. Communication support and action plans in relation to childrens' preferred methods of communication were detailed and guiding staff to support them. Social stories were developed as required. Accessible information was available and on display throughout the centre. The advocacy group had identified that the Internet signal was weak. This was passed on to the provider and they had plans to address this.

The inspector found that children were not adequately protected by policies, procedures and practices in relation to medication management. The PPIM and service manager outlined plans in place to review the current systems and practices in the centre including a review of policies guidelines and procedures. There were two systems in place in relation to medication management and in line with the findings of the last inspection staff were transcribing medicines. Additional measures had been put in place in relation to transcribing medicines. However, the inspector completed a review of the procedures in place and spoke to a number of staff and found that practices were not in line with these updated procedures. Records were maintained of all medicines ordered, delivered and received. Medication audits were being completed regularly. The inspector found that improvement was required in relation to safe storage of medicines in the centre as a fridge in place for the storage of medicines did not contain a lock.

Childrens' healthcare needs were appropriately assessed and care plans were developed in line with these assessed needs. Each child had access to appropriate allied health professionals in line with their assessed needs. There was clear evidence that residents healthcare needs were reviewed and updated following appointments with allied health professionals and in line with their changing needs.

Children who required them had positive behaviour support plans in place which were clearly guiding staff practice to support them. The PPIM outlined plans to review and update these in line with childrens' changing needs. Social stories were developed as necessary to support children to manage their behaviour. Staff had the up-to-date knowledge and skills to support children. Where restrictive practices were in place there was evidence that they were logged ad reviewed regularly to ensure they were the least restrictive and used for the shortest duration.

The inspector found that the provider and person in charge were proactively

protecting children from abuse. In response to safeguarding concerns the provider had responded by putting appropriate measures in place to keep children safe. Children had intimate care plans in place which clearly guided staff to support them in line with their assessed needs and wishes.

### Regulation 10: Communication

Children were supported to communicate using their preferred methods. Their communication needs and supports were clearly outlined in their all about me document.

Judgment: Compliant

### Regulation 17: Premises

The centre was warm, comfortable, homely and well maintained. The design and layout of the centre was meeting the number and needs of children.

Judgment: Compliant

### Regulation 26: Risk management procedures

Overall, children were protected by appropriate risk management practices. The general and individual risk assessments which were in place were reviewed regularly. However, the risk register required review and update to ensure it was up-to-date and reflective of the current risks in the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that children were not protected by appropriate policies, procedures and practices in relation to medication management. The inspector acknowledges that the provider was aware of the requirement to review policies, procedures and practices and had plans in place to complete this. However, these plans needed to progress in a timely manner.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Overall, childrens' personal plans were found to be person-centred and each child had access to a keyworker to support them to develop their goals. They had an all about me document in place which identified their care and support needs. However, a number of these reviewed lacked detail to guide staff to support children with their care and support needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Childrens' healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Children who required them had positive behaviour support plans which outlined proactive and reactive strategies to help them to manage their behaviour. There was evidence that restrictive practices were reviewed regularly with the relevant members of the multidisciplinary team to ensure that they were the least restrictive for the least amount of time.

Judgment: Compliant

### Regulation 8: Protection

Children were protected by safeguarding polices, procedures and practices. Safeguarding issue were managed appropriately and when compatibility issues were identified appropriate measures were taken by the provider to keep children safe.

Judgment: Compliant

## Regulation 9: Residents' rights

Children were consulted with and participating in the planning and running of the designated centre. They had access to advocacy services if required and were supported to choose how to spend their day.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for OCS-SM OSV-0004030

Inspection ID: MON-0025891

Date of inspection: 15/01/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training dates have been confirmed for staff:</p> <p>Manual Handling 13th March 2019 for 1 staff member</p> <p>Managing challenging behaviour 21st/22nd May 2019 for 2 staff</p> <p>Food Safety 11th April 2019 for 1 staff member</p> <p>Fire safety – on date of inspection, 7 staff member required refresher fire training, 5 staff members have completed training, 2 staff were scheduled for refresher training on 15th Feb 2019, but did not attend. Training and education department have been contacted and a request for fire training was submitted for March 2019 on 17th Feb 2019. Awaiting confirmation of date – to be completed by 31st of March 2019.</p> <p>Induction training – 2 staff require service induction training. Training will be completed on 15th/16th/17th of April 2019.</p> <p>Manual Handling (inanimate objects)- 2 Household staff to attend on 4th April 2019.</p> <p>All training will be complete by 31st May 2019.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual Provider Audit will be completed by 31st March 2019.</p> <p>6 month review of care and support will be completed prior to 31st May 2019 and 30th November 2019.</p>	

PIC will meet PPIM/Service Manager on a quarterly basis to monitor and review actions from provider audits. This will commence from 31st March 2019.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
PIC to meet with social workers to set dates with families to sign and review contract of care by 30th April 2019.  
Prior to these meetings PIC will review and amend current contract of care to ensure that same is in line with regulation by stating specific individual care needs and/or any conditions that are attached to contract of care such as hours received if in day-care and for set time periods if applicable.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  
PIC will ensure that notifications are sent within the required time frame. Notification folder in situ and required dates are highlighted. Where adverse incidents occur alongside the implementation of Service policy, PIC will complete NF06 and submit to HIQA within 3 working days. This will be from 22-02-19.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
Risk register will be completed by 31st March 2019. PIC will complete risk register and escalate risks indicated in register to service manager in line with organizational policy.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medication fridge with secure lock has been ordered (19-02-19) for the correct storage of medicinal products.</p> <p>Staff member (commencing 26-02-19) has been assigned in a 6 month role to review current medication practices/policies in respite. This staff member will work with PIC to ensure that one medication system is in situ for all respite users, this system will eliminate transcribing practice and ensure that medication policies/procedures are in line with regulation and best practice. Education sessions will be provided for families to ensure that medication system is adhered to. Local medication procedures will be put in place to ensure compliance with medication system. Medication system is already in situ for majority of children/young people. One medication system, along with updated local medication policy will be completed by 31st August 2019.</p> <p>PIC and PPIM are on Service sub-committee (medication policy review group) and Respite Medication system review group, currently reviewing respite medication practices.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Training in care planning has occurred 17th Jan 2019 by PPIM, 2 staff members in attendance. Training for remaining staff members will occur on the 8th March 2019. PIC will audit care plans on a quarterly basis and will ensure that plans are consistent and are detailed to reflect individual needs. This will ensure that reviews are conducted within required time frames and meets the changing needs of children/young people. First review will be completed by 31st March 2019.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	31/03/2019

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/11/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/04/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Not Compliant	Orange	30/04/2019

	support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has 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.	Not Compliant	Orange	01/03/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Not Compliant	Orange	31/08/2019

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	22/02/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	31/03/2019

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2019