



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

Name of designated centre:	Ard Na Gaoithe
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	12 April 2018
Centre ID:	OSV-0005335
Fieldwork ID:	MON-0023992

## About the designated centre

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

Ard na Gaoithe is ran by Resilience Healthcare Ltd. The centre provides a residential and planned shared care service to children with a diagnosis of an intellectual disability, autistic spectrum disorder and behaviours that require a response. The objective of the service, as set out by the statement of purpose is to provide a high standard of care in a living environment that replicates a natural home environment. The centre can accommodate a maximum of four residents at any one time aged from six to 18 years of age and these can be male or female.

The service is open seven days a week and children are supported by a team of support workers and a management team. A behavioural specialist is available to support staff in their care of the children. The centre is a four-bedroomed bungalow based in a rural location. Vehicle access is provided to enable children to access local amenities, school and leisure facilities. There is a large garden available to the children with play equipment.

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

Current registration end date:	09/05/2019
Number of residents on the date of inspection:	4

## 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
12 April 2018	09:50hrs to 16:30hrs	Carol Maricle	Lead

## Views of people who use the service

On the day of the inspection there were four children in receipt of a service. Each child had their own unique method of communicating their needs and wants and did not communicate verbally with the inspector. They were facilitated by staff to communicate their needs using methods such as body language, gestures, prompts and vocalisations. The inspector observed that residents were comfortable with the support provided by staff and they appeared content and well.

The inspector spoke with a parent following this inspection and the parent stated their satisfaction with the care their child received from staff at this centre.

## Capacity and capability

This inspection focused on matters pertaining to keeping children safe and the inspector observed that overall the governance, management and oversight of matters pertaining to safeguarding was good although some improvements were required to bring the centre into full compliance with the regulations.

Arrangements were in place to ensure effective leadership, governance and management. There was a clearly defined governance structure with distinct lines of authority and accountability. Both the person in charge and team leader demonstrated a strong knowledge of all children currently availing of the service and their regulatory responsibilities with regard to their posts. The person in charge had been appointed to the centre in late 2017 as a service manager and had the required experience and qualifications in line with the regulations. She articulated a clear vision for the centre for the forthcoming year in line with the regulations and standards. She was supported in her managerial duties by a team leader. The arrangements in place to ensure good governance of the centre during night-shifts and weekends was led by a shift leader with the support of an organisation led on-call service.

A competent workforce was in place at the centre and this ensured that children were kept safe and well looked after. Adequate staffing levels were in place to meet the required needs of the the children in receipt of services. The staff team had appropriate qualifications to meet the individual needs of the children. There was evidence of the ongoing professional development of the staff team. The management team informed the inspector that the recruitment and retention of a core team at the centre was proving challenging and they used relief staff regularly

to ensure the roster was fully maintained. Induction processes for both permanent and relief staff had been updated and formalised during late 2017 and this meant that there were now more concise records to show that staff were fully inducted into the service in a formal manner. At this inspection it was found that there were small gaps in the staffing documents required by Schedule 2 of the regulations and this needed to be addressed by the provider.

There was evidence to show that staff received training upon their appointment to the organisation and subsequently received continuous professional development. A new policy on formal supervision had been introduced at the centre for 2018 and the management team showed the inspector their written plans for roll out of same in 2018. The team leader was booked to attend formal training in supervision skills in 2018. This would ensure that she had the skills necessary to perform the role of a supervisor. There were some supervision records available for the inspector to review for 2017 but the person in charge acknowledged that the frequency of same was not regular and did not reflect a formal policy within the organisation.

The provider had good systems in place to monitor the quality of care. Processes were in place for the annual review of the service and this was informed by questionnaires completed by the children and or their family representatives. This review was also informed by two provider-led six monthly unannounced inspections of the service conducted within the previous 12 months. Action plans arising from these inspections were in place with clear time frames for the completion of all actions arising. The person in charge was fully conversant with these actions and this meant that these actions had almost all been closed by the time of this inspection.

The provider had ensured that any user of the service could make a complaint. There were adequate systems in place to manage the receipt of complaints although an improvement had been identified which would improve the system. There were systems in place to address incidents of a safeguarding matter and this was in line with current governmental child protection policy.

Overall, it was found that the management team responded well to incidents of a safeguarding nature and the safety of children was prioritised. There was an organisational child protection policy in place and this was complemented by human resource procedures and policies to be used where necessary. The inspector found that information was shared appropriately with statutory services and there was involvement of a designated liaison person in all instances.

### Regulation 14: Persons in charge

The incoming person in charge met the requirements of the regulations as she had in excess of three years prior management experience and an appropriate qualification in management.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the qualifications and skill mix of the staff team was appropriate to the number and needs of the children and that children received continuity of care and support. The inspector reviewed the information and documents specified in Schedule 2 of the regulations and found that most of the documents required had been obtained by the person in charge. There was a small gap in the employment record of one member of staff whose file was viewed by the inspector.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A formal programme of continuous professional development was in place. A new supervision policy was being rolled out at the time of this inspection to the team. Supervision sessions were scheduled for the coming year. The management team informed the inspector that formal supervision had been infrequent in 2017 and the new policy would address this going forward.

Judgment: Compliant

### Regulation 23: Governance and management

There were systems in place to ensure that the service was well managed. There was a clear management and governance structure within the organisation. There

were in-house systems in place to ensure that the centre was visited by a nominate of the provider every six months in an unannounced capacity. The provider did not yet have their annual review of 2017 completed but was nearing completion of same. The person in charge confirmed that this review would include the viewpoint of the children and family representatives and showed evidence of how their views had been collated to date.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was evidence to show that complaints were addressed upon receipt however it was not always explicitly recorded that the complainant was satisfied with the outcome. The management team could articulate this information to the inspector and were observed updating the records on the day of the inspection.

Judgment: Substantially compliant

### Quality and safety

Overall, the inspector observed that the quality and safety of the service with reference to keeping children safe was good.

The children living at this centre were busy with school, their after-school interests and were all facilitated to spend time with their families and visit their homes. They each had their own strengths and areas of growth and development and were supported by a team of multidisciplinary professionals linked to their school. Some of the children lived at the centre full-time while others accessed the service in a shared care capacity. There were good relations maintained between staff and the families of the children and this ensured that all parties were kept informed of the needs of the children.

There were systems to ensure that the children, their needs and their supports were to the fore of the service in keeping with their individual profile. There was evidence to show that staff promoted the rights of the children in areas such as their education, their right to privacy, safety, play and their right to spend time with their family. Each resident had their own bedroom, access to shared spaces and plenty of outdoor play space. There was a sensory room available to children should they wish to use this room to support their sensory needs. The centre was found to be clean and suitably decorated in a child-centred manner.

Children were protected while they were in the care of this service. Their welfare was promoted and it was recognised when things went wrong. Any situation or



matter that could cause harm for the child was identified and addressed, with the child's complex condition considered. Also, to further ensure their safety, any possible abusive type matter or situation was identified, screened and reported to the relevant statutory bodies such as the Child and Family Agency (Tusla). This included reporting of the matter to the designated liaison person. The inspector identified that a safety protocol in place at the centre was not sufficiently set out in writing and this was addressed immediately by the person in charge at the time of inspection.

Over the course of the inspection, staff engagement and interactions with the children was observed to be child-centred and positive in nature. The person in charge acknowledged that it was not set out by all staff that they had read and understood the child protection policy of the organisation. Having spoken with two staff members, they were clear about the need to report child protection concerns and to whom. The inspector reviewed the numbers of staff recorded as to have completed e-learning in child protection. It was found that one staff member did not have a record of such training. The management team informed the inspector that they were confident that this was a recording error more so than an omission however this was not resolved on the day of the inspection. An enhanced training on safeguarding was being planned at an organisational level to to be rolled out in 2018 which would complement the on-line learning that staff already completed

## Regulation 8: Protection

The person in charge was observed attending to this on the day of the inspection. Not all staff had signed to state that they had read the child protection policy. The inspector reviewed access to staff training in safeguarding. On the day of the inspection, one member of the core team was not documented as to have attended formal training in child protection. This was not resolved during the inspection.

Judgment: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Ard Na Gaoithe OSV-0005335

Inspection ID: MON-0023992

Date of inspection: 12/04/2018

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  . All information as outlined in schedule 2 is in place for all staff members.  	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  All complaints are registered. Current register will be updated to include if the complainant was satisfied with the outcome and all future complaints received will include this information  	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  All staff currently employed in this service have received Children's first training  	

## 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	13/04/2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	8/06/2018
Regulation 08(8)	The person in charge shall ensure that where children are resident, staff	Substantially Compliant	Yellow	1/06/2018

	receive training in relevant government guidance for the protection and welfare of children.			
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