



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

Issued by the Chief Inspector

Name of designated centre:	Verna House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	06 August 2020
Centre ID:	OSV-0005676
Fieldwork ID:	MON-0029732

About the designated centre

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

This centre provides residential services to four children (both male and female) from six to eighteen years of age. The centre is based in a rural location in County Kilkenny however, transport is provided so as the children can access the local town and nearby city and avail of community based facilities such as the swimming pool, parks, cafes, restaurants and attend school.

The centre is staffed with a full time person in charge, a team leader and a team of qualified support workers. All children are provided with one-to-one staffing support while in the centre and some with two-to-one staff support while in the community. The centre comprises of a very large detached house and each child has their own room which are decorated to their individual style and preference. Communal areas include a very large well equipped kitchen, a large dining area, a spacious sitting room and a relaxation/therapeutic room. The centre supports the educational needs of each child and provides them with learning opportunities so as to optimise their autonomy and maximise their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 6 August 2020	11:00hrs to 16:11hrs	Carol Maricle	Lead

What residents told us and what inspectors observed

The inspector met with three children on the day of the inspection. All three children were residents at the centre. The children in receipt of shared care were not at the centre on this date.

Each child had a preferred communication style. The children communicated by using facial expression, body language, use of pictures, objects of reference and sign. The observations of the children by this inspector therefore took into account the views of the staff team, reviewing written documentation and by observing the children as they played.

All three children were happy and content on the day of the inspection. It was a sunny day and two of the children were busy playing outside in a large secure garden that had outdoor play equipment. A bouncy castle had been ordered by the staff team already a number of times this summer and one was there on the day of the inspection.

One child was observed playing in the bouncy castle. This child played happily while staff watched on. The inspector spoke with some of these staff who were very informed of the child and their strengths and needs. They knew what the child liked, disliked, what made them happy and they also spoke of learning opportunities they were engaging in with the child. This child briefly acknowledged the presence of the inspector.

A second child was also observed playing contentedly with staff while out in the garden. The inspector observed a close relationship between a number of staff and this child. Staff were extremely cognisant of the needs of this child and their role in preparing them for adulthood. The child was observed laughing with staff throughout the day. From speaking with staff, it was clear that some of the staff team had developed an appropriate bond with this child and were interested to continue to work alongside the child as they progressed to adult services.

The inspector with a third child. This child presented on the day of the inspection as to be content and comfortable. This child had been out on the morning of the inspection and was observed returning from their outing, relaxing in one of the communal rooms and watching what was reported by staff to be their favourite quiz show. Staff were observing giving this child their favourite items to help them feel comfortable. Staff clearly demonstrated an understanding of this child's capabilities and preferences and they spoke of same with the inspector.

All children in receipt of services from this centre each had a scrap book entitled a 'memory book' developed by their key-workers. These booklets told people 'all about them'. They were filled with photographs of their favourite activities, hobbies and trips taken. These booklets helped define their individual personalities.

Capacity and capability

This was the third inspection of this centre. This inspection took place during the COVID-19 pandemic. This inspection was conducted to inform the registration renewal of the centre.

The findings of this inspection indicated a high level of compliance with the Regulations. The management team and staff were very child-centered in how they delivered their service. In particular, the staff team demonstrated a high level of commitment to the children, satisfaction in their work and a number had completed or were completing a high level of continuing professional development in the area of autism and/or behavioural support planning.

The registered provider had put in place management systems in line with the requirements of the Regulations. The provider had ensured that appropriate people were employed to manage and lead the service. There was a clearly defined effective management structure in place. There was an experienced person in charge who worked on a full-time basis in the centre and she was supported in her role by a team leader. She reported to the head of social care. The person in charge was a qualified social care professional and had the required experience and management qualification.

This inspection took place during the COVID-19 pandemic and there was evidence of good leadership both nationally within the registered provider and locally by the management team regarding the management of this risk. The registered provider had contingency plans in place and a nominated emergency team to lead out on the organisational response to this risk. Staff had engaged in mandatory training around matters relating to COVID-19 pandemic.

The registered provider had ensured that the service was inspected internally and the inspector reviewed the previous internal inspection report carried out during the COVID-19 pandemic. The person in charge demonstrated a good response to this action plan and could verbally set out their actions taken to date to address the findings. The registered provider had also prepared an annual review of the centre for the year prior to this inspection and this took into account the views of the residents and or their representatives. In addition, the person in charge and team leader showed the inspector a number of other internal audits they conducted at the centre. Each audit had an accompanying action plan and the inspector could see that, where required, actions had been closed out.

There was an appropriate number and skill mix of staff at this centre. Staff were appropriately qualified, trained and supported and they had the required skills. The team leader showed the inspector the formal supervision schedule for the year of the inspection and this showed some gaps in the delivery of formal supervision,

which not not in line with organisational policy. The person in charge demonstrated a clear plan to address the gaps. The providers own six monthly unannounced inspection audit had also raised this matter as a finding that required action.

The registered provider had ensured that there were sufficient use of resources at the centre. The centre was fully staffed. The children had a vehicle that they had access to daily. The centre had a large back garden with play equipment that the children were observed using. The person in charge had a behavioural support therapist that they could refer to when developing behavioural support plans for the children. The person in charge could also utilise school multidisciplinary teams for consultations and assessments.

The inspector reviewed complaints received over the previous six months. The information showed that complaints were responded to and the satisfaction of the complainant following the resolve of the complaint was outlined.

An issue was observed with regard to the centre notifying the Health Information and Quality Authority (HIQA) of relevant information. In their quarterly returns for quarter two they had failed to submit all of the required information regarding the use of restrictive practices. However, once this was brought to the attention of the person in charge, she set about addressing the issue immediately and returned a corrected version in the day following the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made a complete application for the renewal of registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the centre. This post was full-time. The person in charge had the necessary qualifications, skills and

experience to manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the premises. The registered provider had ensured that residents received continuity of care and support. The person in charge maintained an actual and planned staff roster.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. Staff were supervised however the frequency of formal supervision was not in line with organisational policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre. This included the required information as set out by Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had the required contracts of insurance.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure that identified lines of authority and accountability. Management systems were in place at the centre to ensure that the service is safe, appropriate to the needs of the residents, consistent and effectively monitored. There was an annual review conducted of the centre. The registered provider had carried out unannounced inspections of the centre in the 12 months prior to this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1. This statement had been reviewed prior to this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of all adverse incidents that required notification throughout the year. They had not submitted in full all of the required information on the second quarterly return of 2020 to the chief inspector. This was immediately corrected during and following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had put in place a complaints procedure for residents and this included an appeals procedure.

Judgment: Compliant

Quality and safety

Overall, the service provided to children was safe and of a high standard.

On the day of this inspection there were three children at the centre and this represented the three children that lived full-time at the centre. The centre had a capacity of four children. Two children availed of a shared care arrangement alternating between one bedroom. The centre thus reached their capacity of four when one of the children in receipt of shared care was at the centre.

The condition of the premises both inside and outside was of a high standard. Each bedroom was tastefully decorated in a personalised manner. The centre resembled a home and there were lots of pictures and photographs of the children throughout the house. The outside of the premises was also of a high standard with plenty of space for residents to play freely. There were three communal areas with the centre for the children to rest in.

Overall, there was a good standard of cleanliness noted throughout the centre. Staff were observed adhering to infection control precautions. On arrival at the centre guests were asked to perform hand hygiene. Staff and visitors also had to confirm their temperature upon arrival with staff taking their own temperature at different points of the day thereafter. There were posters displayed around the centre that set out the importance of hand hygiene. The centre was visually clean. Staff wore masks and the office had screens installed between office desks. There were sufficient supplies of personal protective equipment. The children were reliant on staff to engage in good hand hygiene with them due their level of understanding regarding same.

From a provider perspective, there was a centre risk register which detailed generic hazards at the centre. This had been reviewed by the person in charge. The risks associated with COVID-19 were set out in the risk register and the inspector could see that the controls put in place to mitigate against same were carried out. Each child had their own set of individualised risk assessments that set out important information for staff to be aware of. The inspector saw that these were personal to each child.

The registered provider had put in place visiting procedures. Children were given the opportunity to maintain contact with family members throughout the COVID-19 pandemic. Staff in the centre had appropriately facilitated children to have visits from and to visit family members since the reduction in restrictions relating to the COVID-19 pandemic. The registered provider had appropriately communicated with families throughout the pandemic conveying the policy in this regard.

The registered provider had systems in place regarding personal planning arrangements. The inspector found that staff were very familiar with the preferences of each child, their individual likes and dislikes in all aspects of their daily lives. Each child had an assessment of their needs completed in the previous 12 months.

Some staff were appointed as key workers to each child and this role had a number of responsibilities assigned to it. From viewing a sample selection of files, inspectors saw that the children were being supported to achieve personal and social goals and to maintain links with their families. Personal plans were reviewed annually.

The children were being supported to attend school prior to the COVID-19 pandemic. They were also learning new skills at the centre (developed through evidenced informed programmes) so as to optimise their independence.

Each child was supported with their health care needs and had as required access to a range of allied health care professionals, including a general practitioner (GP) and dentist. The children generally accessed multidisciplinary services through their school based team such as occupational therapist and speech and language therapist. The children were also supported in their access to an internal behavioural support specialist. From reviewing documentation and speaking with staff, it was clear that the majority of the children enjoyed good health. Staff worked closely with families in the area of healthcare ensuring that the families were part of decision making processes.

There were systems in place to keep children safe. Staff had undertaken training in child protection and staff reacted and responded to allegations of abuse and peer to peer interactions. Staff understood and had reported concerns regarding child protection and had escalated appropriately concerns of this nature to the management team. The management team had where appropriate, and in conjunction with their designated liaison person notified Tusla of any relevant concerns. The team leader showed the inspector acknowledgment from Tusla of these concerns.

The registered provider had put systems in place to support staff to respond to behaviours that challenge. Staff were trained in the management of acute and potential aggression. Children had, where appropriate, a behavioural response plan that placed emphasis on responding to children when they were distressed before reactionary strategies were used.

A small number of restrictive practices were being used in the centre. The inspector acknowledges that these were primarily used to promote the safety of the children. These restrictions included window restrictors, the front door of the centre was locked and some children used harnesses while in the centre vehicle. From discussions with staff and the management team they were pleased with how they had successfully eliminated the use of a physical intervention with a child having implemented a new response plan, in conjunction with the behavioural support team.

Fire safety management systems were satisfactory with the required equipment and fire containment systems in place and serviced as required. The premises had a fire alarm panel, emergency lighting, fire containment doors and a number of extinguishers present throughout the home. There were systems in place to ensure all fire fighting equipment was serviced as required by a fire safety consultant. Each child had an up-to-date personal emergency evacuation plan in place. The children

participated in fire drills.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported at all times to communicate in accordance with the needs of the resident and their wishes. Each resident had a communication passport on file. The residents were supported to access telephones, televisions and the internet.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated residents to receive visitors. This has changed since March 2020 in line with guidance issued by the health service executive as per the COVID-19 pandemic.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that the personal property and possessions of each resident were recorded and monitored.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had opportunities for play, to be alone and to develop life skills required for adulthood. The person in charge had ensured that the staff team worked well with school staff and key information was shared between both parties. Copies of education plans were on file for the residents.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the centre was designed and laid out to meet the aims and objectives of the service. It was of sound construction and kept in a good state of repair externally and internally. It was clean and suitably decorated. It had outdoor recreational facilities.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had established and maintained a directory of residents at the centre. This contained the required information as set out in the Regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk. The risks associated with COVID-19 pandemic had been identified and controls were identified to mitigate against this risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that they had adopted procedures consistent with guidance issued by the health service executive and health protection and surveillance centre regarding the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. Staff had received suitable training. Residents had participated in fire drills. Fire equipment was maintained throughout the year.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each resident was carried out. Each resident had their own personal plan. The personal plans were subject to reviews and conducted in a way that included the resident, their family and other relevant professionals.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident, having regard to that resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were trained in how to respond to behaviour considered to be challenging. The person in charge had ensured that staff

received training in the management of behaviour considered challenging.
Judgment: Compliant
Regulation 8: Protection
The registered provider had put in place systems to protect residents from all forms of abuse.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Verna House OSV-0005676

Inspection ID: MON-0029732

Date of inspection: 06/08/2020

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>An action plan is in place with supervision dates for each staff established for remainder of 2020 in order to increase the frequency of supervisions to come into line with company policy. This will be continued into 2021 to ensure regular supervisions in line with policy for all staff.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Immediate action was taken on the day following inspection 6/08/20 to resubmit quarterly notifications for Q2 to ensure information overlooked was included. The person in charge will ensure going forward to recheck notifications for accuracy before submitting</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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/08/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	06/08/2020