



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

## Issued by the Chief Inspector

Name of designated centre:	St Paul's Dromawling
Name of provider:	St. Paul's Child and Family Care Centre Designated Activity Company
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	26 April 2022
Centre ID:	OSV-0003768
Fieldwork ID:	MON-0028065

## About the designated centre

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

St. Paul's Dromawling is a designated centre located in a quiet estate in North Dublin. The designated centre provides a respite service for up to four children and adolescents between the ages of 5 and 18 years with a diagnosis of autism. The house is a five bedroomed house with ample communal space for children to use including a large sensory room. There is a well-proportioned garden to the rear of the centre with a seating area, swing, slide and other play equipment for children to play outside. The service is provided in partnership with parents and input from the children's school. The provider has a range of health and social care professionals employed such as occupational therapy, speech and language therapy, psychology and children also have access to the medical director and a child psychiatrist. The centre is staffed by a person in charge, nurses, social child care workers and care assistants.

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

Number of residents on the date of inspection:	4
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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 (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
Tuesday 26 April 2022	09:00hrs to 15:30hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This inspection took place to inform a registration decision. The centre provides a respite service to children with autism between the ages of 8 and 18 years. There were twenty four children in total accessing the service at the time of the inspection, with a maximum of four children at any one time. The composition of the groups of children attending together was influenced by age, suitability, dependency levels and gender mix. The inspection found the centre to provide a child-centred service in partnership with the children's families and their school. Children had access to a number of activities and their rights and choices were respected and promoted. The inspection findings were positive, with high levels of compliance with regulations inspected.

The house is located in a small housing estate in north Dublin. The house was a two- storey house with five bedrooms and three bathrooms. Downstairs, there was a staff office, a large kitchen/ dining area, a sensory room, a utility space and a bathroom. There was a lovely garden to the rear of the house which had play equipment such as a swing, slide and a sand pit for children to use. The premises was spacious and homely and had ample space for children to explore, relax and play in. Upstairs, there were five bedrooms, two of which were used as staff sleepover rooms. Each child had the same room for every stay and accessed the service on the same day of the week in as much as possible. Children were offered activities in line with their known preferences and they sampled other activities during their stays. Some of the activities reported that the children enjoyed were bowling, going to a trampoline park, walking, using the sensory room and engaging in sensory and water play.

On arrival to the centre, the inspector met two young people who had done an overnight stay the night before the inspection. They both accessed respite together every week. The young people were dressed in their uniforms and relaxing with staff members before leaving for school. One of the young people greeted the inspector using a Lámh sign and pointed to indicate where they wished to go. Staff were responsive to their request and encouraged them to independently go where they wished. A staff member showed the inspector a new software application on a tablet which this young person was learning to use to support their communication. The staff was very familiar with how to support the young person to use it and showed the inspector how they modelled its use for the young person. This was led by a speech and language therapist. The child was also supported through the use of visual supports to aid them to understand their routine (now and next) and there was photographs of staff members on duty as well as the child who was staying with them on a notice board in the sitting room. The other resident had a musical toy and was enjoying playing with it before going on the bus. They were smiling and appeared very comfortable in their surroundings. Both of the residents were supported by staff to go to school shortly after the inspector arrived.

The inspector received four feedback questionnaires which had been circulated to

children and their families in advance of the inspection. The questionnaire seeks feedback on a number of aspects of the centre such as the physical environment, staff, activities available, meals and complaints. Two of the forms were completed by children while the other two were completed by family members. Feedback was extremely positive about the service. Children and their families reported enjoying the back garden, the sensory room, going for walks and drives, playing board games with staff. One family member stated "I value the feeling that my child is happy and it gives us as a family a chance to recharge for the week ahead". Another family member described the staff as "patient" and "compassionate". A parent who was relatively new to the service reported there to be constant communication between home, school and respite to support their child to meet their goals. "Seeing my son run in with a smile on his face is just brilliant". To gain further insight into the experiences of children and their families using the service, the inspector viewed surveys from families which they had done as part of their annual review. Again, feedback was very positive with some parents stating that the centre was "Amazing...It's the one place I don't need to worry about" "Most important is that my child loves going every week and loves the staff". Another parent described the service as "a second home".

Later in the day, the inspector had the opportunity to meet with two younger children as they arrived into the centre from school. One child was having their first overnight stay in the house. The child had been to the house for a number of visits and some meals prior to the inspection to ensure a smooth transition to overnight stays. Both of the children were noted to be happy and running into the house, with one child calling it "the happy house". Both children's needs and preferences were considered prior to them arriving. For example, one of the children liked soft bedding and this had been put on their bed for them in line with their known preferences. Staff had set up a gym ball and a play mat for one of the children before they arrived. One of the children greeted the inspector. They were very active and approached staff and gave them a hug. Each child had a one-to-one ratio for their stay and they planned to go out for a walk later in the afternoon and return to make dinner together. Staff on duty described how they supported the children to make choices about food and activities in respite. They gave an example of the previous night where there had been three separate meals cooked to cater for the children's requests.

Parental involvement was noted to be a key feature of the service. There was a parents council and a parents junior group which fed back to the executive management team. Parents had access to advocacy training and advocacy briefing sessions. They inputted into their children's personal plans and were invited to attend annual respite meetings. Two parents sat on the provider's rights committee. The provider supported parents to run summer camps and mid-term camps for children to give families additional support. Families were invited to attend festive events such as a summer barbeque. The provider sought information on each family's views and beliefs to ensure that the children's care was informed by their cultural backgrounds and/or religious beliefs.

In summary, based on observations of the children, discussions with the person in charge and staff and a review of documentation, it was evident that the centre was

providing a good quality service which enabled children to have an overnight stay where their individual needs were supported. The children were observed to be happy and comfortable in their surroundings and interactions between the children and staff were noted to be friendly and kind. The environment was well equipped to cater for the children's needs. Feedback from families was very positive. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

## Capacity and capability

The provider was found to have strong governance and management arrangements in place to oversee and monitor the quality and safety of the respite service provided to the children. There were clear lines of reporting in place, with the person in charge reporting to the director of service who in turn reported to the executive management team. There were a number of committees established within the organisation such as a health and safety committee, a quality and safety committee, a rights and restrictive practice committee and a child welfare and protection committee. These committees monitored key aspects of the children's care and support in addition to driving quality improvement and providing assurances to the board of management on the quality of the service. The provider had carried out an annual review and six monthly unannounced visits in line with regulatory requirements. The annual review included consultation with the children and their families. Feedback from both families and children was very positive with staff being described by parents as "patient", "compassionate", "skilled" and "amazing". Families reported that respite provided them with a break and that they were comfortable their child was happy and well looked after in respite.

In order to continue to assess and drive quality improvement, the provider had developed a number of audits in areas such as personal plans, medication, finances, incidents and accidents and health and safety. These were audited at prescribed intervals (bi-monthly, monthly or quarterly). Action plans were developed and reviewed on an ongoing basis by the person in charge and their line manager. The findings of audits and the status of the actions arising were fed back to the quality and safety committee. Clinical audits of the service also took place. The psychology department did an annual review of positive behaviour support plans, restrictive practices and carried out observations of staff and children who had behaviour support needs. The most recent audit indicated that staff were judged to create a positive atmosphere and a low arousal environment which was required by many of the children. The speech and language therapy department did an annual communication audit which evaluated the communication environment of the children and interactions between children and staff.

The person in charge had been appointed twelve months before the inspection. They worked in a full time capacity and were responsible for the day to day

management of the service. The person in charge knew each of the children and their needs well and was responsible for doing rosters for all centres in the organisation. They were supported in their role by shift leaders who took on additional responsibilities as required. For example, some of the childcare workers in the service were undertaking training in supervision to enable them to provide supervision to some other staff in the centre. Others were identified as lead worker representatives who carried out audits. The person in charge had monthly meetings with other persons in charge and the director of service in the organisation. The persons in charge in the organisation were working within a close distance to one another and were in daily contact to provide support and share learning from centres with one another. Monthly house meetings were chaired by the person in charge and attended by staff and members of the multidisciplinary team. There was a standing agenda in place to ensure that all relevant service areas were discussed. Handovers between staff each day were structured and well documented. This included the needs of the children coming into respite were discussed in areas such as known risks, medications, the child's preferred activities and any necessary restrictive practices such as door alarms required during their stay.

The provider had resourced the centre with a sufficient number of staff to meet the children's needs. Each child had a formal dependency level assessment every six months and this was used to identify staffing requirements for each group of children accessing respite at any one time. The service was staffed by social childcare workers, nurses and care assistants. On the day of the inspection there was two vacancies, both of which had been recruited for and were due to start in the weeks that followed the inspection. The inspector viewed the planned and actual rosters and noted that they were well maintained. Shift leaders were identified on the rosters. There was minimal use of relief staff. Where shifts needed to be covered, staff from other houses in the organisation were called upon. A sample of staff files were reviewed and found to contain information required by Schedule 2 of the regulations.

The provider had an admissions, discharge and transfer policy in place. There was a respite admission team in place with input from health and social care professionals. Children and their representatives were provided with the opportunity to visit the centre for a number of short periods of time before a child did their first overnight stay. There were written contracts of care in place between the provider and the parents and these outlined the terms of the respite service and the quantum of service they would receive. Transition planning for children approaching school leavers age was done in a gradual manner for children who were aged sixteen and over. This was to ensure that young people were well supported to transition into adult services.

The provider had developed a Statement of Purpose which described the service observed on inspection and this was regularly reviewed. There was a directory of residents in place which met regulatory requirements. The inspector noted the provider had notified the office of the chief inspector of incidents as required by the regulations.

The provider was found to take a proactive approach to staff training and



development. There was a training needs analysis committee who had an annual meeting with persons in charge and the director of services to ensure ongoing review and development of staff skills in the service. The inspector viewed the staff training matrix and found that all staff had completed mandatory training in areas such as fire safety, safeguarding, manual handling, safe administration of medication and managing behaviours of concern. Training in safeguarding was supplemented with a briefing on child protection from the social worker in the service and an assessment of staff knowledge took place following this session. Staff had completed an additional suite of training courses relating to infection prevention and control (IPC) such as hand hygiene and standard and transmission based precautions. Supervision took place every eight weeks with the person in charge. There was a schedule of sessions done for the year. A sample of notes viewed by the inspector showed a contract was in place between the staff member and their supervisor and there were set items on the agenda. This included a review of staff members' progress with reading policies and procedures and carrying out audits to ensure actions required were completed.

The provider had a complaints policy in place, with a clear system for recording and resolving complaints and an escalation pathway where it was required. There was a child friendly complaints form in place. The inspector viewed the complaints and compliments log for the previous year. There were no complaints recorded. One of the compliments recorded indicated that the family member felt that they had been listened to if any concern had arisen and that it was "managed professionally".

### Regulation 15: Staffing

The provider had resourced the centre with a sufficient number of staff with the appropriate skills to provide a service to the children. Staffing levels for each stay were determined by formal dependency assessments which were done twice a year. The inspector found there to be a good staff ratio, with each child having a one-to-one staff available to them. Rosters were well maintained and identified shift leaders for each shift. A sample of staff files noted that they had all information required by Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed mandatory training in areas such as fire safety, safeguarding, manual handling, safe administration of medication and managing behaviours of concern. Training in safeguarding was supplemented with a briefing on child protection from the social worker in the service and an assessment of staff knowledge took place following this session. Staff had completed an additional suite

of training courses relating to infection prevention and control (IPC) such as hand hygiene and standard and transmission based precautions. Supervision took place every eight weeks with the person in charge. There was a schedule of sessions done for the year and sessions had a set agenda in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had a directory of residents in the centre which met regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was found to have strong governance and management arrangements in place to oversee and monitor the quality and safety of the respite service provided to the children. There was a clear management structure in place, with defined roles and responsibilities. There were a number of committees established within the organisation such as a health and safety committee, a quality and safety committee, a rights and restrictive practice committee and a child welfare and protection committee. These committees monitored key aspects of the children's care and support in addition to driving quality improvement and providing assurances to the board of management on the quality of the service. The provider had carried out an annual review and six monthly unannounced visits in line with regulatory requirements. The annual review included consultation with the children and their families. The provider carried out a number of audits which allowed them to self-identify areas requiring improvement and put a plan in place to continually improve the quality of the service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had an admissions, discharge and transfer policy in place. There was a respite admission team in place with input from health and social care professionals. Children and their representatives were provided with the opportunity to visit the centre for a number of short periods of time before a child did their first overnight stay. There were written contracts of care in place between the provider and the

parents and these outlined the terms of the respite service and the quantum of service they would receive. Transition planning for older children was done in a holistic and gradual manner.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had developed a Statement of Purpose which was regularly reviewed and had all information required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider notified the Office of the Chief Inspector of incidents within required time lines as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place, with a clear system for recording and resolving complaints and an escalation pathway where it was required. There was a child friendly complaints form in place. The inspector viewed the complaints and compliments log for the previous year. There were no complaints recorded. One of the compliments recorded indicated that the family member felt that they had been listened to if any concern had arisen and that it was "managed professionally".

Judgment: Compliant

## Quality and safety

The service provided in the centre was found to have good structures in place to continually assess and improve quality, leading to better outcomes for children and their families. Children accessing respite had access to a range of health and social care professionals such as occupational therapy, speech and language therapy,

psychology, psychiatry and social work. They also had access to psychiatry and input from the medical director of the service. Many of them accessed these services through a school associated with the service and the clinicians had input into ensuring the environment was capable to support the children with their communication and with behaviour support. Each child had an annual assessment of need carried out which was done in consultation with the child, their families and their school. Person centred plans were developed and the inspector found them to be appropriate and achievable for a respite setting. The children's person centred plans were reviewed every six months. Where the children had medical needs, a health plan was put in place and reviewed by the medical director every six months. An audit of plans took place on a monthly basis to ensure that goals were progressing and that all relevant documentation was in date.

Children who required support with behaviour had behaviour support plans in place. As stated earlier in the report, a recent audit carried out in March 2022 had positive findings and noted staff to make appropriate use of body language and respond to children at an appropriate level. An action plan was developed to further improve practices and documentation. On review of a sample of files, the inspector noted that the language on one of the behaviour support plans was not clear enough on the appropriate level of support required by a child to aid them to decompress. This was rectified during the inspection. The provider had a restrictive practices committee in place which approved and reviewed all restrictive practices in designated centres. The small number of restrictive practices used in this centre were for health and safety reasons and included window restrictors, alarms on bedroom doors and sharps and chemical in locked cupboards locked. For each grouping, restrictions varied in line with children's needs and were regularly reviewed. There was evidence to indicate that restrictions had reduced for some children as they became more familiar and comfortable in respite.

The inspector found the service was providing the children with a range of opportunities to engage in play and leisure activities. Children had access to play equipment in the house and garden and they were supported to go for walks, go shopping, to the cinema and to other local amenities which the children enjoyed. Contact was made with families to inform them of their child's progress during their stay. The children's individual education plans (IEPs) were also used to inform care plans. Children were supported to develop life skills such as making their bed or helping to prepare meals where they wished to do so.

Children were found to be well protected from all forms of abuse in the centre. The provider had a number of procedures for staff to follow which were in line with national policy and practices in child protection. Staff had completed a number of courses in safeguarding which included an in-house briefing and assessment with the social worker in the organisation. There was a family supports and child protection and welfare committee in place and a code of conduct for staff. The inspector found there were clear internal reporting procedures in place in addition to adherence to statutory reporting. A list of mandated persons was on display for staff. Staff on duty were knowledgeable about how to recognise, respond and report any safeguarding concerns and they described the process of recording and reporting of any body marks noted on a child. Intimate care plans were developed

for each child in partnership with their parents and were respectful of the children's rights to privacy and dignity.

It was evident that children's rights were respected and upheld in the service, particularly around choice, the right to privacy and dignity and the right to having clear information provided to them. The provider had a rights committee in place which included membership from the clinical team, parents and an external advocacy agency. The committee met on a quarterly basis. The provider had sourced external training on advocacy for staff and there was an advocacy policy in place. Each child had a charter of rights for children with autism in their personal plans and this document indicated how best to support each child with their rights. Throughout the inspection, staff were observed following the children's lead, responding to their communication attempts and supporting and enabling them to make choices to ensure they had fun and enjoyed their stay. Children had one-to-one advocacy sessions with their key workers and had access to external advocacy where it was required. A sample of key working sessions were viewed by the inspector and were found to be supporting children to make choices using a number of different communication methods appropriate to each child such as using objects, using Lámh and photographs.

Overall, the inspector found the house to be in a good state of repair internally and externally. The premises was well suited to the children's needs, with spaces to play and relax in and bedrooms had ample space to store their belongings. There was an appropriate number of bathroom facilities for children. Some upgrading works had taken place on the utility room and replacing flooring downstairs and in some bedrooms. However, there was a need to upgrade some of the bathrooms and flooring in some bedrooms. These were self-identified and there was a plan in place to address these areas. All areas were found to be clean and in good working order.

The inspector found there were good risk management systems in place. The provider had a risk management policy which gave direction to staff on how to identify, assess and manage risks within the service. The risk register was reviewed every two months and this register informed the corporate risk register. The safety statement was up to date and was a guide for staff on ensuring the ongoing health and safety of themselves, the children and any visitors to the centre. There was a safety management structure in place which included a health and safety committee and regular health and safety audits took place. Staff members were invited to complete an annual health and safety questionnaire which was used to improve the safety of the service. Any adverse events were documented and reported in line with the provider's policy. All incident reports were signed by the person in charge and the director of services. They were reviewed on a monthly basis and learning from these events were actioned and reviewed. Staff members were required to read every incident form completed in the centre and sign to indicate they had completed this. Incidents and accidents were also discussed at monthly meetings and risk assessments were updated where required.

The inspector reviewed documentation and practices relating to infection prevention and control (IPC) in the centre. The provider had access to an infection prevention and control department in an acute hospital which it was affiliated to. The director

of services was appointed as the covid response manager and there were lead worker representatives in the centre who had additional responsibilities in carrying out checks and audits relating to IPC. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support children and staff to manage the service in the event of an outbreak of COVID-19. This was reviewed every twelve weeks by the person in charge and the director of services and an action plan which was time bound was developed from each review. Risk assessments were completed relating to Covid -19 at both centre and individual levels. There were clear procedures in place in relation to each child's transition between home, school and respite. There were appropriate systems in place for the management of laundry and waste. Staff had access to an industrial washing machine nearby and to water soluble bags where required for contaminated or soiled laundry. An external company completed a check for legionella annually and a report was kept on file. The inspector viewed the cleaning schedules in place and found them to be detailed, with daily and weekly tasks in addition to touch points being done four times daily. For the most part, the schedules contained information on cleaning of equipment such as curtains, toys, mattresses and curtains. However, the sensory room and the equipment in it was not on the daily task list. The person in charge reported that this was done on a daily basis but there was no documentary evidence available to demonstrate that this was regularly cleaned by all staff. This posed a risk of infection transmission. Staff members reported using disinfectant wipes with other household cleaners rather than cloths to clean which was not appropriate for every day cleaning.

The provider had good fire safety management systems in place. Detection and containment systems were in place, with all fire doors in place noted to have swing closers and hold-open devices. Fire fighting equipment and emergency lighting was available. Servicing and maintenance documentation was viewed and all were found to be in date. Staff carried out daily, weekly and monthly checks of equipment and these were presented to the management team to provide assurances. Each child had a personal emergency evacuation plan developed which gave clear instructions on any emergency medication required and what communication support each child needed to ensure they understood the need to evacuate. The provider had grab bags available which had been purchased since the last inspection. Drills were well documented and there was a schedule for each child to ensure that they had the opportunity to take part in a fire drill on a regular basis. A record of staff attendance was also kept to ensure that all staff completed a fire drill on a six monthly basis.

### Regulation 13: General welfare and development

The inspector found the service was providing the children with a range of opportunities to engage in play and leisure activities. Children had access to play equipment in the house and garden and they were supported to go for walks, go shopping, to the cinema and to other amenities which the children enjoyed. The

centre was run in partnership with families and families were contacted each day by staff to let them know how their child was doing. The children's individual education plans (IEPs) were also used to inform care plans. Children were supported to develop life skills such as making their bed or helping to prepare meals where they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

Overall, the inspector found the house to be in a good state of repair internally and externally. The premises was well suited to the children's needs , with spaces to play and relax in and bedrooms had ample space to store their belongings. There was an appropriate number of bathroom facilities for children. Some upgrading works had taken place on the utility room and replacing flooring downstairs and in some bedrooms. However, there was a need to upgrade some of the bathrooms and flooring in some bedrooms. These were self-identified and there was a plan in place to address these areas. All areas were found to be clean.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found there to be good risk management systems in place. The provider had a risk management policy in place which gave direction to staff on how to identify, assess and manage risks within the service. The risk register was reviewed every two months and this register informed the corporate risk register. The safety statement was up to date and was a guide for staff on ensuring the ongoing health and safety of themselves, the children and any visitors to the centre. Adverse events were recorded and reported in line with the provider's policy. These were reviewed by management and all other staff to ensure that identified learning took place and was shared.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had developed a number of tools and guidance for staff members to protect children and themselves from health care acquired infections. There was a clear contingency plan in place and the provider had used the HIQA self assessment

tool to develop action plans and drive quality improvement. There were appropriate systems in place in relation to waste and laundry management. Cleaning schedules were found to be detailed and included information on how to clean equipment. However, the sensory room which was used by most children was not included on the daily schedule and this posed a risk of infection transmission. Staff were noted to use disinfectant wipes and household spray for every day cleaning which was not appropriate.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good fire safety management systems in place. Detection and containment systems were in place. Fire fighting equipment and emergency lighting was present. Servicing and maintenance documentation was viewed and all were found to be in date. Staff carried out daily, weekly and monthly checks of equipment and these were presented to the management team. Each child had a personal emergency evacuation plan developed which gave clear instructions on any emergency medication required and what communication support each child needed to ensure they understood the need to evacuate. Drills were well documented and there was a schedule for each child to ensure that they had the opportunity to take part in a fire drill on a regular basis.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each child had an annual assessment of need carried out which was done in consultation with the child, their families and their school. Person centred plans were developed and the inspector found them to be appropriate and achievable for a respite setting. The childrens' person centred plans were reviewed every six months. An audit of plans took place on a monthly basis to ensure that goals were progressing and that all relevant documentation was in date.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Children who required support with behaviour had behaviour support plans in place. As stated earlier in the report, a recent audit carried out in March 2022 had positive



findings and noted staff to make appropriate use of body language and responding to children at an appropriate level. An action plan was developed to further improve practices and documentation.,The provider had a restrictive practices committee in place which approved and reviewed all restrictive practices in designated centres. Any restrictive practices used in this centre were for health and safety reasons and included window restrictors, sharps and chemicals locked in a cupboard and some children required alarms on their bedroom doors. For each grouping, restrictions varied in line with children's needs and were regularly reviewed. There was evidence to indicate that restrictions had reduced for some children as they became more familiar and comfortable in their environment.

Judgment: Compliant

### Regulation 8: Protection

Children were found to be well protected from all forms of abuse in the centre. The provider had a number of procedures for staff to follow which were in line with national policy and practices in child protection. Staff had completed a number of courses in safeguarding which included an in-house briefing and assessment with the social worker in the organisation. There was a family supports and child protection and welfare committee in place and a code of conduct for staff. The inspector found there was clear internal reporting procedures in place. A list of mandated persons was on display in the office. Staff were knowledgeable about how to respond and report any safeguarding concerns and described the process of recording and reporting of any body marks noted on a child. Intimate care plans were developed for each child in partnership with their parents and were respectful of the children's rights to privacy and dignity.

Judgment: Compliant

### Regulation 9: Residents' rights

It was evident that children's rights were respected and upheld in the service, particularly around choice, the right to privacy and dignity and the right to having clear information provided. The provider had a rights committee in place which included membership from the clinical team, parents and an external advocacy agency. The committee met on a quarterly basis. The provider had sourced external training on advocacy for staff and there was an advocacy policy in place. Each child had a charter of rights for children with autism in their personal plans and this document indicated how best to support each child with their rights. Throughout the inspection, staff were observed following the children's lead, responding to their communication attempt and supporting and enabling them to make choices to ensure they had fun and enjoyed their stay. Children had one to one sessions with

their key workers and had access to external advocacy where it was required. A sample of key working sessions were viewed by the inspector and were found to be supporting children to make choices using a number of different communication methods appropriate to each child such as using objects, using Lámh and photographs.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Paul's Dromawling OSV-0003768

Inspection ID: MON-0028065

Date of inspection: 26/04/2022

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"><li>• Action 1: Person In Charge updated cleaning schedule template to include specific room (sensory room and equipment in it) to record cleaning being done on a daily basis by staff as documentary evidence. In place from 27/04/2022</li><li>• Action 2: Management will review and update St Paul's CFCC internal documents to specify cleaning procedure's which will include recommended cleaning agents and equipment to be used on daily basis. This will take effect from 30/06/2022</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2022