



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

Issued by the Chief Inspector

Name of designated centre:	Kilcar House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	28 January 2022
Centre ID:	OSV-0007715
Fieldwork ID:	MON-0028888

About the designated centre

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

Kilcar House is a dedicated respite service that provides 4 respite beds to children within the Kilkenny/Carlow area over 3 nights in active partnership and in line with the needs and wishes of the child and family. The house is a four bedded, single storey house with a kitchen, sitting room, dining room, sensory room and play room. Three bedrooms are en suite and all bedrooms have an overhead hoist. There is also an outdoor play area. The house is located in a rural setting, within easy reach of several towns. A wheelchair accessible vehicle is allocated to the house.

Children who may attend respite age between five and eighteen years of age and children are grouped together within their age group, interests and ability when planning respite. Children do not share rooms unless a parent of siblings request that siblings share a room which compliments their home living arrangements and consent to the same.

This service is provided to children with Autism Spectrum Disorder (ASD), Intellectual, Physical and Sensory Disabilities. Respite breaks are available to children with low, medium and high dependency levels. The number of respite breaks available to individual children is dependent on the referral, admission and assessment process in place. Care is provided by a team consisting of nurses and support workers. Where necessary the respite team will liaise with schools, clinicians and other agencies in order to ensure consistent support with health and social care needs.

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
Friday 28 January 2022	11:00hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector found evidence throughout this inspection that children and teenagers using this service for respite stays were supported to be safe, happy, and able to spend their time in the house in line with their own choices and preferences. The care and support team had arrangements in place to ensure that the time spent in the house was used to effectively support the children and to ensure both the children and their families benefited from the service provided.

On the day of inspection three children were staying in the respite house. To gather a sense of what it was like to stay in the designated centre the inspector firstly spoke with staff, reviewed documentation and completed a walk around of the premises. The children arrived at the centre later in the evening and the inspector spent some time speaking with the children and observing care and support practices. Overall, a child-centered service was provided, where the children's preferences around daily routines, likes and dislikes informed service provision.

Residential respite was mainly provided on Friday, Saturday and Sunday nights. Approximately 50 children availed of this service. The majority of children had between five and 14 nights respite assigned to them across a calendar year. The registered provider and person in charge worked closely with families to ensure the children availed of the respite to best benefit each child and families individual circumstances. Although this centre was registered in March 2020, overnight stays had only commenced in November 2021. The centre had capacity to accommodate four children at a time, but due to the ongoing pandemic, a maximum of three children were availing of an overnight stay at any one time. The registered provider was in the process of reviewing this with the hope of introducing full capacity respite stays in the coming weeks.

The person in charge completed a walk around of the premises with the inspector. The premises presented as a large, very well maintained, clean, warm and child friendly environment. The premises consisted of a bungalow building outside a town in Co. Carlow. There was a large open plan kitchen/dining area, a separate sitting room, a play room, a sensory room, four individual bedrooms, three of which had en suite bathrooms. There was also a main bathroom, a small bathroom with a toilet and sink, staff sleep over room and office spaces for staff to work from. Outside was a well maintained garden area with a climbing frame and trampoline for the children. The home had been designed to ensure accessibility was considered and that children that required support with their mobility needs could access the service. The house had spacious corridors and each bedroom and bathroom had overhead hoists. All bathrooms had accessible equipment and aids. Ramps with handrails were in place at relevant exit and entry points. The playroom and sensory room were designed to ensure that children would benefit from suitable recreational spaces during their stay. The playroom had ample storage with toys and activities available for children of different ages. The sensory room was equipped with appropriate equipment such as different textured surfaces, lights, projectors, and

proprioceptive equipment which allowed children to relax and also engage in regulating activities in line with their individual sensory profiles.

The inspector reviewed the complaints, comments and compliments records on the day of inspection. It was noted that there were no complaints recorded up to the date of the inspection in 2022. There were some compliments and thank you cards which detailed that children and parents/guardians were happy with the service being provided. Parents complimented the staff and referenced how much the child had enjoyed their 'sleep over'.

The most recent unannounced provider visit completed in December 2022 report sought the views of families in regards to the service provision and also the infection control measures that were in place to mitigate the spread of Covid-19. The families stated that they felt they were listened to and also involved and consulted in regards to their child's individual plans. Parents commented on the community access and how it was important to both them and their child. They commented on activities such as walks, swimming, eating out and cinema visits and how these activities were benefiting their child.

The children arrived to the centre at approximately 5.15pm in the evening time. The respite service collected them from school or their respective homes. Once the children were collected they decide on an activity and following the activity they return to the respite home. On arrival staff supported the children to bring in their relevant belongings. Children were seen to freely move around the home and request different activities and items from staff. Children were observed to watch their favourite program, go outside to play or relax and eat a snack. Staff were preparing dinners and each children's individual preference around meals and snack were accommodated and respected. Staff were kind and caring in their interactions with the children. One child expressed that they missed their family and the staff reassured and distracted the child appropriately.

One child interacted with the inspector and spoke about some of their favourite people and activities with the support of staff. The other two children present did not interact with the inspector. All children were observed to be comfortable and content during the observation period. Children were offered choice in terms of activities offered. Staff were particularly knowledgeable around each child's routine and preferences and explained to the inspector the importance of this to ensure their stay was a positive experience.

The next two sections of this report will present the findings in relation to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

This was the first inspection of this service since it commenced. Overall, the inspector found that the children were receiving a quality service and that there were good governance and management arrangements in place which supported the delivery of this service. Some minor improvements were required in relation to staff supervision and staff training.

Overall, staff were appropriately trained and experienced for their respective roles, and had been supported to identify and attend specialised training sessions to effectively deliver support for the children's assessed needs, including autism, epilepsy and eating drinking and swallowing training. Some gaps had been identified in the training around some of the assessed needs of children. The registered provider had mitigated this risk by ensuring a qualified nurse was on duty during these times to ensure specific assessed needs of children were met. However, the long term suitability of this arrangement required review. The provider had identified this as an area of improvement. The inspector found evidence that staff were familiar with children's goals and preferences, and that they supported children to continue plans and routine set out at home or at school. The team was led by a person in charge based in the house, and suitable on-call arrangements were in place in their absence. The inspector reviewed a sample of supervision and performance management sessions between staff and their respective line managers. These records indicated that staff had the opportunity to identify training and support needs, raise concerns, and pursue leadership and development opportunities. However, supervision of staff was not occurring in line with the relevant policy. Again this had been self-identified by the provider and they had plans to address this in the coming months.

There was a clearly defined management structure in place in the designated centre. A person in charge was appointed who was suitably qualified and experienced. They were aware of their regulatory remit and were motivated to ensure each child and family were in receipt of high quality services. The person in charge reported into the service manager who was the person participating in management of the service. A clinical nurse manager had recently been appointed to support the person in charge in their role.

A number of systems of oversight were in place to ensure the quality of care and support was monitored at all times. A suite of audits had been completed by the person in charge, which included infection prevention control audits, medication, and health and safety. In addition to this, two provider unannounced visits had occurred. Although the service had been registered since March 2020, the service only fully commenced in November 2021. No annual review had yet occurred, however there were plans for it to commence in March 2022. The two unannounced provider visits set out clearly defined action planned in order to address areas which required improvements. Actions were allocated to a relevant manager and were time bound. There was evidence that actions were followed through on. For example, the unannounced provider visit in December 2022 had identified that not all families were aware of the complaints procedure. The registered provider had addressed this and was sending out relevant information to the families that had brought this to the providers attention.

Regulation 15: Staffing

Although there were some staffing vacancies, 89 hours a month of nursing cover and one whole time equivalent respite relief worker, the provider was actively recruiting for these roles. There was sufficient staff in place to cover any vacancies as the centre was not at fully capacity.

A planned and actual roster was in place. A review of the rosters demonstrated that staffing and skill mix were appropriate to the number and assessed needs of the children. Nursing care was made available to children that required the same.

During observations on the day of inspection, staff interactions were child-centred, kind and appropriate to each child's individual needs. Staff spoke about the importance of using routines with children to ensure their stay in the respite house was a positive experience.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part staff were up-to-date in mandatory training which included fire safety, safeguarding, Children First, infection prevention and control and medication management. Many staff had completed additional training in areas required to meet the multiple assessed needs of the children accessing respite. For example, all staff had completed training in feeding, eating drinking and swallowing (FEDS) and managing behaviour that is challenging (MAPA). There were some training gaps identified for respite support workers in relation to meeting some children's specific medical needs. This had been mitigated by ensuring nursing staff were in place at all times. This arrangement needed to be reviewed as it was taking considerable planning to ensure this was always possible.

Improvements were needed to ensure all staff had access to regular formal supervision in line with the provider's policy. This was an area of improvement identified by the provider and some systems were in place to address this.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. There

was an audit schedule in place in the centre and the provider had completed six monthly reviews. An annual review of care and support in the centre was scheduled to commence in March 2022.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed on a regular basis.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the children's wellbeing and welfare was supported during their stay in the respite home. Children were supported to be as comfortable as possible and preferred routines were imperative to this. There were detailed person-centered plans in place to ensure children's preferences around routines and relevant support needs were met during their stay.

A sample of personal plans were reviewed by the inspector. They were found to be detailed, concise and personalised to each child and adolescent using the service. Plans were updated as required. For example, changes had been identified in a child's night time routine at home. This had been communicated to the person in charge who had updated their night time routine document in the child's plan. Personal plans overall contained sufficient detail on supports such as personal hygiene, meal preferences, communication styles, recreational and educational

activities, and how to effectively and safely support children with needs such as continence, epilepsy and PEG (Percutaneous Endoscopic Gastrostomy) feeding. Respite goals were chosen for each child to ensure they had an enjoyable stay. Goals included swimming, walks, cinema, beach visit and other day outings. A goal tracking sheet was in place in each child's file to track progress with each respite goal identified.

The provider prescribed and utilised some restrictive practices in the house and vehicles, the majority of which were to mitigate safety risks. The inspector found that where environmental measures such as locked doors were used, these were subject to regular review and oversight. Children's parent were notified of the rationale of their use and relevant consent sought and documented. Children that had been identified to require specific support in relation to behaviour management, had written plans in place to guide staff practice. These plans were called UPR (Understanding, Preventative, Responding) plans and documented the possible function of specific behaviours, relevant triggers and how best to respond to the child if they were distressed. The provider and person in charge also had support from psychology and behaviour support as required. A collaborate approach between home, school and relevant health and social care professionals was utilised to ensure each child's specific needs were best addressed.

The house was suitable in design and decoration to provide a safe, homely living space for the children during their stay. The house was clean and in a good state of maintenance, and suitably equipped to control risks associated with fire or with infection control. All bedrooms and communal areas were equipped with doors which could contain smoke and flame in the event of a fire, and were equipped to allow doors to be held open without compromising containment measures. The house was equipped with emergency lighting and fire extinguishing equipment which was regularly serviced and tested. Routine fire drills took place in the house to assure the provider that all children and staff members could safely and quickly evacuate to a place of safety.

Regulation 17: Premises

As previously mentioned, the premises was designed and laid out to meet the children's needs. It was found to be warm, clean, comfortable and homely. Children had plenty of communal and private space available. For example, there was a sitting room , a sensory room and a play room. Best practice in relation to accessibility had been considered when the property was being renovated and overhead hoists, large corridors, accessible bathrooms and ramps were in place.

As this was a respite house it was decorated in a child friendly manner but decor was kept neutral. Each child had ample storage of their belongings during their stay.

Judgment: Compliant

Regulation 26: Risk management procedures

The children were protected by the systems which were in place to identify, assess, manage and review risk in the centre.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required.

There was a small number of incidents and accidents recorded in the centre. They had been reviewed, and were informing the review of the risk register and the development and review of risk assessments if required.

Judgment: Compliant

Regulation 27: Protection against infection

The children was protected by the infection prevention and control policies, procedures and practices in the centre.

The provider had developed contingency plans in relation to COVID-19.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly. Audits were also completed in relation to infection prevention and control practices and were in line with the findings of the current inspection

There were stocks of PPE (Personal Protective Equipment) available and a stock control system in place. A box of essential PPE had been prepared to utilise if a child had to go into isolation while staying in the respite home.

Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE. The provider was commencing a new schedule of training in the coming months to ensure all staff continued with refresher training as required.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. The provider had identified the possible need for evacuations of children with mobility needs. There were double patio doors installed in one bedroom which would allow a bed to be used as an evacuation device if required.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. The children had a personal emergency evacuation plans in place which detailed the support they may require to safely evacuate the centre.

Fire drills were found to be occurring regularly and children were evacuating with ease.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The children had an assessment of need and personal plan in place. These documents were found to be child-centred and identifying each child's wishes, preferences and goals. Specific routines were written in detail to ensure staff were replicating routines from the child's home. For example meal routines and preferences around food choices were facilitated during the children's stay. These documents were being reviewed and updated regularly to ensure they were effective.

Plans were reviewed as needed and information was updated as required. For example, an epilepsy care plan had been updated following a recommendation from a health care professional to discontinue a specific medication.

Judgment: Compliant

Regulation 6: Health care

As the children only spent short periods of time in the centre, their health care needs were primarily the responsibility of their parent or guardian. To ensure children had their specific health care needs met during their stay relevant protocols had been written up to guide staff practice. In addition to this relevant correspondence was kept in relation to health care recommendations from health and social care professionals. Nursing care was available to children as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Children were being appropriately supported around their behaviour support needs. UPR plans contained information on how to best support a children during times of distress. There was good oversight of restrictive practices and evidence to indicate that they were only used to address an identified risk. Consent was sought on the use of restrictive practices. Staff had suitable training in de-escalation techniques.

Judgment: Compliant

Regulation 8: Protection

The registered provider had safeguarding measures in place. Relevant child protection policies were in place and all staff had suitable training. From discussion with staff it was evident they were aware of their responsibility in relation to keeping children safe and relevant reporting requirements. The needs of each child were considered when grouping children together for a stay to ensure they were compatible with each other. Intimate care plans were in place as required. To date there had been no safeguarding incidents in the centre.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	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 Kilcar House OSV-0007715

Inspection ID: MON-0028888

Date of inspection: 28/01/2022

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 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>Additional training needs identified for staff to support specific medical needs of the children attending service was epilepsy training. The first phase is scheduled for February 23rd and 2nd date for remainder of staff who require this training is scheduled for April 20th. Further training is identified and planned in accordance to the children’s identified support needs. The training matrix is reviewed on an ongoing basis by respite Admin and overseen by PIC. A supervision plan is in place for the current year for staff from December '21 to December '22 which highlights supervision on a quarterly basis. Supervision training is also currently been completed by the CNM1 and a social care worker to support the PIC with same.</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	20/04/2022