

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	The Meadows
<b>Centre ID:</b>	OSV-0003399
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Cyril Gibbons
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 25 January 2017 13:45 To: 25 January 2017 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the third inspection of this centre and it was completed to monitor the centre's compliance with the regulations and standards.

How we gathered our evidence:

The inspector met a number of care workers and the person in charge. The inspector also reviewed a sample of documentation such as personal plans and records pertaining to health and safety.

The inspector met with all of the children who were recipients of respite care on the day of the inspection. The inspector was given a tour of the centre by one of the children who communicated their satisfaction with aspects of the service being provided to them.

The inspector and children were not all able to have a verbal conversation with one another and the inspector therefore observed the level of care being provided to the children by care staff. All of the children presented as happy and content to be at the centre.

#### Description of the service:

The centre provided respite care for up to five children at a time. These children had different types of disabilities and were aged between six and 18 years of age. Respite care was provided for 75 children over a six day week. Services provided were on a scheduled basis depending on the needs of the children and funding arrangements and at the time of this inspection five children were availing of respite in the centre. During this inspection, there were a sufficient number of staff attending to the needs of all five children.

The provider had produced a document called the statement of purpose which described the service provided. This inspection found that the service demonstrated a commitment to delivering child centred service by an experienced person in charge and a team of staff. There were effective systems in place to ensure a high quality and safe service to children who accessed respite care.

The centre was located in a detached bungalow on the outskirts of a town and comprised of six bedrooms in total. There was a living room and a sitting room, a large well-equipped kitchen with a dining area and a utility room. There was an enclosed garden to the rear of the centre containing a spacious lawn and play equipment. The area to the front of the centre was used for car parking and was enclosed by a wall and electronic gates. The centre had access to local towns.

There were two dedicated vehicles for use by staff and the children.

#### Overall judgment of our findings:

Overall the inspector found the centre was operated in compliance with the regulations and standards and the children enjoyed a good quality service. Governance systems in place supported staff in the delivery of a service which ensured residents needs were being met in a consistent manner.

Good practice was identified in 12 of the 14 outcomes inspected against. Minor improvements were required in the following areas:

- percutaneous endoscopic gastrostomy (PEG) feeding (outcome 11)
- minor adjustment to the statement of purpose (outcome 13)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in the area of awareness of rights and advocacy and the complaints policy and procedure.

There were posters displayed around the centre informing children of their rights. As this was a respite centre the parents or representatives of the children in general acted as advocates to their children. Notwithstanding this, the provider also employed advocacy officers and these officers could be accessed by children at this centre. The person in charge told the inspector that an external advocate was booked to come to a staff team meeting in 2017 to talk about advocacy in general with staff.

The inspector reviewed the complaints log and all complaints were closed off and the satisfaction of the complainant was noted. There was an easy to read guide for children on how to make a complaint. There was a complaints box displayed at the centre. The complaints procedure was set out in the statement of purpose. The inspector reviewed a sample of files and these showed that parents or representatives had signed a statement confirming their receipt of the complaints procedure sent to them by the person in charge.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in the area of internet access and communication plans. Staff had not received training in communication techniques.

At this inspection, the inspector reviewed a sample of children's files and these files contained sufficient information on each child's abilities and challenges in the area of communication. Key-workers sought copies of speech and language assessments from the parents and or professionals in order to inform them of the needs of the children.

The communication preferences of children were known by staff as evidenced during interviews between the staff and the inspector. There were communication visuals placed around the centre to help children communicate about their needs and feelings. Training had been provided to staff in 2015 on autism learning styles, visual methodologies and the making of visual aids.

There were internet facilities at the centre.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary as there were no contracts of care in place. Referrals to the centre were not in line with centre policy. An assessment of a child's suitability to be placed with other children had not been completed.

At this inspection all of the children were reported by the person in charge to have contracts. The inspector sampled a number of children's files and these files contained the contract of care signed by the parent or representative of the child.

The admissions process was referred to in the statement of purpose and the person in charge also described this process to the inspector. Referrals for the service were received by the Health Service Executive (HSE) respite referral team. It was this team that determined the suitability of the referral and the priority of the referral. The provider then held the wait list for the service and commenced the assessment of the child's needs and capabilities while the child awaited their place.

Following on from the assessment a child then commenced their transition to the service which was designed to suit each child. Information gathered in the assessment process further informed the suitability of the child to the service. The person in charge booked children for respite based on their need and funding package but also took other factors into account such as age, friendships and mobility.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The wellbeing and welfare of children was maintained by an appropriate standard of evidence-based care and support.

At the previous inspection a number of non-compliances were found in this area. During

this inspection, the actions required were found to be satisfactorily implemented.

There was a suite of policies, procedures and processes in place to promote the wellbeing and welfare needs of each child in line with the regulations. At pre-assessment, information was collated through the referral system which was operated by the health service executive team. The initial referral information informed staff of the child's diagnosis, involvement with healthcare professionals and suitability of the child to the service.

Following the receipt of the referral from the referring body, staff at the centre then commenced an assessment of need alongside the parent or representative of the child. There was evidence that staff worked closely with the parents or representatives of the children and sought relevant up-to-date reports and assessments from the various healthcare professionals if these had not already been received.

As this was a respite centre, the parent or representative of the child provided the majority of the information on the child and they helped to complete the assessment of need. The information was then further evidenced by copies of relevant reports and previous assessments given to staff by the parent or directly by the various healthcare professionals.

The inspector noted that staff at the centre did not sign and date to show their completion of the assessment of need. The record only showed the signature of the parent and as such the document did not reflect that a healthcare professional completed this document in accordance with the regulations. The person in charge committed to reviewing this recording issue following the inspection.

There were appropriate systems in place for personal planning. Each child had a personal plan entitled 'my support plan' and the sample that the inspector viewed were found to have been reviewed regularly. These plans were written from the child's perspective and included their individual wishes, choices and preferences.

The personal planning also took into account their social, health, educational and communication needs. There was a high level of participation by family members and an appropriate level of external professionals in the development of plans.

The person in charge informed the inspector that personal plan reviews were annual events and in 2016 all bar five of the children had their review. She articulated clearly the reasons for the remaining five children not having their annual review and the reasons were found to be acceptable by the inspector. The person in charge clearly set out her plan to address the outstanding personal plan reviews. Personal plan review meetings were organised by key-workers and each meeting had a set agenda in order that the same core items were covered for each child.

There was a key-working system in place and the inspector could clearly see how the key-workers kept assessments of need and personal plans up-to-date and treated these documents as live documents. The person in charge audited the personal plans, the results of which were clearly outlined at the front of each file and the key-worker had to complete any actions identified by the person in charge.



Each child had at least one goal that they were actively working towards during their respite stay. The goals took into account the abilities and age of each child and some were task centred and others more aspirational. In addition each child had a scrap book and this contained photographs and commentary about activities and goals that the child was engaged in during respite.

Key-workers were assured that the wider staff team were aware of the goals for the children that they key-worked as this information was shared at shift planning meetings. The inspector observed a shift-planning meeting taking place upon their arrival to the centre.

There was a transition process into the centre and children first attended the centre for periods of time and they then progressed to an over-night stay. This was clearly set out in the statement of purpose and the intent of this was to introduce the child to the centre at a pace that suited the child.

Communication records in the file of each child showed that parents were contacted prior to and during respite breaks. Day to day discharges were organised very well and each child went home with an accompanying record of how they experienced their respite stay. An original of the document was received by their parent or representative and a copy was kept at the centre.

The person in charge had a well organised and efficient system for the discharge of children that progressed to adulthood. She identified quickly to the inspector the children due to be formally discharged from the service in 2017 and she showed the inspector evidence of the planning and preparation that was being completed with the child and their parent or representative. The families were written to two years in advance and then again one year in advance. Each child had a transition plan.

There was documentary evidence of the person in charge helping parents identify suitable onward adult respite placements and she advocated where necessary for children with the relevant services such as the HSE.

There were photographs displayed at the centre showing pictures of the children when they graduated from the service and the celebrations that ensued. All children due to be discharged from the service were provided with training on using public transport in preparation for their progression to adulthood. This training was adapted for each child depending on their abilities.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The health and safety of children, visitors and staff was promoted by the centre.

The centre had a suite of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. There was a policy on risk management. There was an organisational and local safety statement. There were procedures in place to assess, notify and analyse risk in the centre. There was a local risk register in place and this identified a number of hazards such as the risk of absconding, behaviours that challenge and slips, trips and falls.

Children who received their nutrition through PEG feeding had the appropriate risk assessments in place. Regular hazard checklists were completed at the centre by a nominated staff member. The staff team had completed training in people handling. Most of the staff team had trained in occupational first aid. There was a computerised system in place within the organisation for the recording of incidents and accidents. The internal system categorised incidents and accidents under three headings which were safety, medication and behaviour.

There were adequate measures in place in relation to infection control. On a walk around the centre, the inspector found that it was clean. There was a cleaning rota in place and both day and night staff had duties in this regard. There was an adequate number of bathrooms and washing facilities for the number of children in receipt of services and paper hand towel dispensers in bathrooms were within easy access of all potential residents. Alcohol gel was distributed throughout the centre to facilitate hand hygiene practices and there was signage in relation to hand-washing. Coloured coded chopping boards were used by staff.

There were appropriate systems in place regarding fire safety. The centre had a fire alarm system which was checked on a quarterly basis by an external contractor. There was emergency lighting in place and this was also checked on a quarterly basis. There was fire fighting equipment displayed at the centre that was checked and serviced annually. There was signage in relation to fire procedures that was displayed prominently throughout the centre.

There were procedures in place in the event of an evacuation and the assembly point was indicated through signage. Fire exits were observed to be clear on the day of the inspection. Centre records showed that regular fire drills were carried out and the drill records confirmed the names of children who participated in the drill and any observations of the behaviour of the children that was relevant. Personal emergency egress plans were developed for children.

All of the core team were recorded as having completed fire safety training.

There were two centre vehicles available for staff to use. One vehicle was a car and the other a bus. Both vehicles had the required motor tax, insurance and certificate of testing. Each vehicle had a full service in the previous 12 months.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were systems in place to protect children from harm and abuse.

At the previous inspection a number of non-compliances were found in this area. During this inspection, the actions required were found to be satisfactorily implemented.

There was an organisational policy in place to guide staff in the safeguarding of children. During interview, staff were aware of the procedures to be followed in the event that they had a child protection concern. A designated liaison person was identified by the organisation for decision making on child protection matters and their contact details were displayed in the centre. Where safeguarding concerns had been identified, the person in charge had ensured that these had been forwarded to the relevant statutory authorities.

There was a child protection policy in place and a behavioural therapist available within the provider on a referral basis.

In particular the inspector noted how well versed the person in charge was regarding all of the children attending this service and their involvement with statutory services. The inspector viewed records that showed how she actively advocated for such children. She attended meetings organised by statutory services. She corresponded with professionals in the statutory services regularly and was pro-active in submitting progress reports where required. She had a very good understanding of safeguarding systems.

The inspector observed staff caring for children in a positive manner at the pace of the

child.

There were intimate care plans in place for children. The inspector met with a staff member who was asked how she ascertained the needs of children in this area and she referenced this plan as a key document. She also cited the shift planning meeting as a forum where this would be discussed for each child arriving that day for respite.

Children were appropriately supported in their behaviours. There were organisational policies in place to guide staff in their promotion of positive behaviour. Children had behavioural support plans where required. There were a number of children that had positive behavioural plans created for them by staff and these were signed off by the behavioural therapist employed by the provider.

Staff were trained in the management of actual and potential aggression. The person in charge told the inspector that there had been no use of holds in the previous 12 months and staff were aware of the circumstances in which they could use it.

The training matrix demonstrated that the core staff team were trained in the management of actual and potential aggression and new staff were scheduled to attend in 2017.

The person in charge clearly set out the use of restrictive practices at the centre. Some children used bed-rails and bumpers, others used harnesses when being transported and the front door of the centre was kept locked as there was a busy road located close to the entrance. A visual monitor was used for two children who experienced seizure activity. The use of restrictive practices was closely monitored by the team leaders and the person in charge. During the inspection, the children were observed having lots of freedom and walking freely around the centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A record of all accidents and incidents was kept in the designated centre. The inspector reviewed this record and found that all notifiable events had been submitted to HIQA as required.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had appropriate systems in place to support children to achieve and enjoy the best possible health.

At the previous inspection personal plans did not reflect the assessed healthcare needs of the children. During this inspection, this action was found to be satisfactorily implemented.

Children had access to healthcare services provided by both the organisation and the primary healthcare services. As this was a respite centre, the primary provider of information about the children and their healthcare was the parent or representative.

The health of the children was determined at pre-admission stage at both referral and also as part of the assessment of need. The healthcare needs of the child was also set out in the personal planning documentation and then reviewed annually thereafter through the personal plan review. In addition, parents and staff communicated with each other prior to and during each respite stay and healthcare information was discussed. A discharge procedure was in place in the event of a child becoming ill while on respite and this was set out in the statement of purpose.

Staff liaised closely with the parents and worked with them in developing individualised guidance for staff to follow on some of the healthcare needs of the children. They also contacted healthcare professionals for copies of assessments and reports. There was a concise guide to the child's diagnosis and relevant healthcare information in each of their files.

Children had access to healthcare services through their primary care team and some services could be accessed directly through the provider. As this was a respite service, the parent or representative of the child was responsible for ensuring that children were referred to the relevant services.

The person in charge discussed with the inspector how she on occasion advocated for

the children with regard to their need for services such as psychology services and or speech and language and this involved writing letters to the relevant services in support of the child and their need for the required service.

The inspector viewed food being prepared at the centre for the evening meal. The food offered to children in general was a mixture of home cooked food and convenience meal, which was in line with their peers. There was sufficient food at the centre and food was available to children at times to suit the children, such as snacks when they came in from school. The advice of dieticians where applicable was adhered to.

The inspector reviewed the support provided to children who received nutrition and hydration via PEG due to a regulatory notice issued to all providers by HIQA in 2016. The person in charge was familiar with the regulatory notice.

PEGs were managed by care staff in the centre. The person in charge demonstrated that staff were trained and experienced in relation to all aspects of PEGs but she also identified to the inspector that some of the staff team required refresher training as some had completed the training more than two years previously. The refresher training was already organised to take place in 2017 and the person in charge was also organising separate training on the actual feeding apparatus from the manufacturer of a feeding machine to take place in 2017.

There was a local policy developed by the person in charge on PEG feeding however not all of the PEG feed arrangements in place at the centre were referenced in the centre specific policy. The organisational policy was being updated at the time of this inspection.

The inspector viewed a sample of the records regarding PEG feeding. PEG regimes for the children were written by the relevant clinician and reviewed as and when required. A feeding regime viewed by the inspector was transcribed by the person in charge to an organisational guidance document for staff and this record did not carry a signature from the prescriber that the regime was correct although there was documentary evidence to show that the prescriber confirmed that she had viewed the document and was in agreement regarding same. PEG feeding was appropriately risk assessed with controls identified to minimise any potential for harm.

The feeding regime in general was followed by staff members although the inspector did identify one occasion whereupon the record did not absolutely reflect that the feeding regime was administered as per the prescription.

It was identified by the inspector and person in charge that an incorrect version of the record template to document PEG feeds had been used in the month of January 2017 meaning that the staff members were not prompted by the document to confirm in writing that the child was observed as they received the feed. The person in charge immediately showed the inspector the more up to date version of the record that did clearly have a section for the staff member to state this information. The person in charge committed to addressing this error immediately by only keeping on site the correct version of the recording template for staff to use. This was rectified during the inspection.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were systems in place to protect children in the management of medicines.

There were organisational policies in place regarding medicines management and the person in charge showed the inspector the most recent version of the medicines management policy that had been reviewed in December 2016 and was due to be released to all centres shortly after the inspection. There was a separate centre specific procedure on aspects of medicines management dated 2014. The centre specific procedure set out arrangements in areas such as prescribing, administration, storage, review, disposal, transport and ordering and receiving of medicines.

Medicines were safely stored. Medicine errors were recorded appropriately on computerised systems. The person in charge demonstrated to the inspector how she could determine patterns and trends using the on-line recording systems. All staff were trained in the safe administration of medicine management and the administration of buccal midazolam. There were some relief staff and newer staff who did not have this training done but this was clearly noted on the centre training matrix and the person in charge gave assurances to the inspector that staff were aware they were unable to administer medicines without having first completing the relevant training.

At the time of this inspection, there were some children that were prescribed drugs that required stricter controls and the person in charge was aware of her responsibilities in this regard. There was a separate safe for the storage of these drugs and a bound register available for staff to complete.

Medicines were not stored on-site outside of respite hours and they only arrived into the centre upon the child's admission and left the centre upon the child's discharge. The parents provided the medicines to staff which were prescribed on medicine prescription sheets.

A medication audit had taken place at the centre in January 2017. A copy of this report was made available to the inspector and there were a number of recommendations

arising from the audit. The inspector could clearly identify the progress that the person in charge had made against each action as this was set out.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The statement of purpose contained the majority of the information as required by the regulations.

The statement was dated October 2016 with a date for review in October 2017. The statement set out the aims and objectives of the service and the facilities and services provided for the children.

The statement did not contain the whole time equivalent of the total staffing complement.

There was evidence of the statement of purpose being made available to the parents or representatives of the child.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management



**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were adequate systems in place to manage the centre.

The management system at the centre was clear. Care workers reported to team leaders who in turn reported to the person in charge. The person in charge reported to an area manager who in turn reported to the person nominated by the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided.

There were systems in place for the annual review of the centre and the six monthly unannounced inspections. The inspector viewed the annual review of 2015 and a copy of a six monthly inspection conducted by a person nominated by the provider from 2016. The person in charge was knowledgeable about the actions arising from these inspections and was able to describe the key findings to the inspector.

The inspector viewed a sample of satisfaction questionnaires completed by the parents or representatives of the children. The person in charge demonstrated good oversight of these questionnaires and the feedback received. She confirmed that the feedback would be incorporated into the annual review of 2016. Feedback forms were provided in the hallway for children and their family or representatives to complete should they choose.

There were systems in place for auditing of practice at the centre in addition to the six monthly inspections. The person in charge returned quantitative data on key performance indicators to their manager each month on data such as bed nights, staffing levels, frequency of supervision sessions and aspects of health and safety.

The team leaders and the person in charge completed regular checks on the individual files of children. The results of which were located at the front of the file for the key-worker to view and action. The person in charge was aware of the patterns and trends that arose from these audits and confirmed to the inspector the challenges they sometimes experienced when seeking copies of reports such as educational assessments.

The centre was managed by a service manager (person in charge). She had the relevant qualifications and was experienced in managing staff. She had an appropriate knowledge of the standards and regulations. This was a busy centre with 75 children in receipt of services. She had put in place robust systems to ensure that the centre ran efficiently.

The person in charge was very organised in the systems she had created at the centre, for example, she had put in provisional dates for the personal plan review meetings for all 75 children and in addition had created a system that would prompt her to review the risk assessments of all children throughout the year in line in an effort to track and risk assess hazards and the risk they posed.

<b>Judgment:</b> Compliant

**Outcome 15: Absence of the person in charge**  
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge was aware of the responsibility to inform HIQA if there was an expected absence of the person in charge for a period exceeding 28 days. There were suitable arrangements in place should this occur. The regional manager was identified as the person in charge should the need arise. In the event of an absence of the person in charge for less than 28 days, the inspector was advised that the team leaders were in charge on a day to day basis and support was available to them from the regional manager.

**Judgment:**  
Compliant

**Outcome 17: Workforce**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There was a sufficient number of staff in the centre to deliver a safe and effective service.

The staff team consisted of care workers, two team leaders and the person in charge. A regular group of internal relief staff were used to supplement the roster. The number of staff on the day of the inspection was sufficient and staff were observed caring for the children in a caring and considerate manner. There was a staff roster in place and the person in charge showed the inspector how she organised the staff roster to meet the needs of the children. She discussed the use of relief staff with the inspector and confirmed that there was a core team of staff in place and that relief staff were used accordingly.

On the day of the inspection the inspector was introduced to the staff team who had commenced their shift preparation meeting. A new member of staff joined the team that day. Throughout the inspection, staff were observed to have the time to sit with the children and spend time with them.

Regular staff team meetings were held. These meetings covered a wide range of issues such as health and safety, incident reports, supports plans, safeguarding issues and medication management plans. Formal supervision was provided to staff by the management team who had all attended training in supervision skills. The person in charge forwarded documentation to HIQA which showed that in 2016 on average staff members received eight supervision sessions from their supervisor.

There were appropriate systems in place for training and development. The person in charge had access to all of the training records of staff. The staffing training matrix clearly showed the names of staff members and the dates of courses completed, along with the refresher dates. The person in charge had sought on-going training for staff in 2017 on PEG feeding. Staff were due to attend training in puberty and sexuality which was appropriate given the age range of the children attending for respite.

Recruitment procedures were in place and were dealt with centrally by the human resource office within the organisation. An inspector from HIQA viewed a sample of personnel files and these were found to be compliant with Schedule 2 of the regulations.

There were no volunteers who came to the centre.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection some policies had not been reviewed with three years.

At this inspection the three policies identified at the previous inspection had all been reviewed as evidenced by the action plan update that the person in charge had compiled following that inspection.

There was a directory of residence in place and this showed the information as required by the regulations. The inspector noted to the person in charge that some key dates did not always have the full date and only referenced the month and the year. The person in charge committed to adding this immediately following the inspection. The details of children who had discharged from the centre in 2016 were contained within the directory.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Carol Maricle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0003399
<b>Date of Inspection:</b>	25 January 2017
<b>Date of response:</b>	15 March 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were some aspects of PEG feeding arrangements that required improving.

##### **1. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

The need to record exactly what the child has received as per their peg feeding guidelines was discussed at team meeting on 21.2.2017

The recording sheet has been replaced with one that specifically prompts the staff member to record how often the service user was observed.

PIC has demonstrated to staff members how the recording sheet should be used.

Team leaders and manager will monitor the management of PEG feeding within the service on an ongoing basis.

**Proposed Timescale:** 21/02/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The whole time equivalent of the staffing complement was not set out in the statement of purpose.

**2. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The whole time equivalent of the staffing complement has been set out in the statement of purpose.

**Proposed Timescale:** 07/03/2017