

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Northfields Respite Centre
<b>Centre ID:</b>	OSV-0001863
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RK Respite Services Ltd
<b>Provider Nominee:</b>	Kevin Fahey
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 15 November 2017 10:40 To: 15 November 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the Inspection:

This inspection report sets out the findings of a registration renewal inspection carried out over one day. The provider had applied to the Health Information and Quality Authority (HIQA) to renew registration of this centre. This centre has been inspected four times previously and was registered in 2015.

How we gathered our evidence:

As part of this inspection, the inspector met and spoke with five children who were recipients of respite care on the day of this inspection. The inspector also met a number of staff, the service supervisor and the person in charge who was also identified as the provider nominee. The inspector observed staff members as they interacted with the children, reviewed a sample of policies and procedures and a range of other documentation such as personal plans and incident and accident logs.

Some of the children engaged in an informal chat with the inspector and said that they enjoyed coming to the centre. The children referred to the centre as the 'holiday house' and they liked the recreational activities available to them during their

stays. They spoke about going to the local bowling alley and cinema and the movies they had enjoyed watching during their stay. They also said they found the staff nice and felt safe in the centre. Feedback questionnaires completed by parents/guardians and children prior to the inspection were all complementary and positive about the service provided.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations which described the service provided. The statement of purpose identified that the centre catered for up to six residents at a time, of both male and female gender with a range of diagnoses. The maximum number of children that the centre could cater for was six.

The provider ensured all respite stays were well planned and the age and mix of children was considered before each planned respite stay to ensure compatibility of children ensuring each child's stay was fun and an opportunity to meet their peers their own aged and form friendships.

The centre was located at a premises owned by a voluntary organisation and was made available for the purposes of respite services to children. It was a large single-storey house on the outskirts of a town. A large enclosed garden to the rear of the centre contained facilities and space for children to play. Car parking was provided to the front of the premises. There were 50 children in receipt of respite services from this centre.

#### Overall judgment of our findings:

The centre was well-managed and measures were in place to monitor the quality of care and support and to continually improve the service. The service received by children was child-centred and the environment was comfortable and homely. The provider/person in charge and service supervisor presented as competent persons who understood their responsibilities with regards to the regulations and also for the care and welfare of children attending the service.

As was found on the previous inspection, the inspector observed a genuine, positive rapport between the children and staff working in the centre. Children on the day of inspection appeared very comfortable and happy and were observed to make cups of tea and enjoy a snack before heading out to the local town for an activity they had all decided as a group to do.

Of the 11 outcomes inspected all outcomes were found to be compliant or substantially compliant.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.



**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):**

No actions were required from the previous inspection.

**Findings:**

Children's rights were protected, their dignity was promoted and they were consulted and provided with choices in relation to their care.

Each respite break began with a welcome meeting during which the children made choices regarding the menus and timetable of events for their time in the centre. The inspector reviewed the minutes of these meetings and found that they offered children the opportunity to participate in decision making about their respite break and how they would spend their time there.

Following each respite break the provider sought feedback about the service provided from parents and children. The provider had also enhanced this feedback process by issuing feedback forms to parents and children and asking them to fill them out when they went home rather than in the centre. This decision was made to ensure parents and children could provide feedback as honestly as possible. The service promoted the use of advocates and contact details of an independent advocate were displayed in the entrance hallway.

There were policies and procedures for the management of complaints and information on how to make a complaint was made available to parents and to children in an accessible format. Children could also complete an 'I'm not happy' form during their stay. These were located in each respite bedroom to ensure their accessibility for children during their stay. The person in charge was the complaints officer. There was an appeals process in the event of a complainant not being satisfied with the outcome. A complaints log was available for use but the person in charge told inspectors that no

complaint had been received. Questionnaires completed by children and parents all documented they knew who to complain to but that they had no complaints about the service. Feedback was very positive about the service provided.

Though the capacity of the centre was six, records reviewed and feedback showed that five was usually the maximum number of children present. This meant that each child had the privacy of a single room. The statement of purpose stated that a room would be shared only if friends expressed the wish to share and with their and their parents' consent.

Systems were in place to ensure that children's belongings and finances were protected but children were also given the choice of taking responsibility themselves for any personal items that they brought from home. Inventories of belongings were recorded on admission. A sufficient number of wardrobes and bedside lockers were provided for the safe storage of children's belongings.

Children's ability to exercise choice regarding their activities and routines was respected and facilitated. As part of the admission's process children were asked to state their likes/dislikes or, if they were unable to make these known, their parents were asked on their behalf.

Children who spoke to inspectors said that they thought of the centre as a "holiday house" and that they had lots of fun there. They had opportunities to participate in activities that they enjoyed, and which suited their need to engage in recreational activity with their peers. The respite break gave children the opportunity to spend quality time outside of school with their friends. Records showed that children took part in a range of leisure activities together. These included playing together in the large playroom or outdoors, sharing meals together or engaging in activities such as bowling, meals out, and going to the cinema. A range of toys and games were available in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Each child attending this service had a respite specific personal plan in place. Children attending the centre had the opportunities to participate in activities that were appropriate to their needs, ages and interests. There were also regulatory compliant systems in place for new admissions to the centre. Good discharge planning systems were also in place for when children would reach adulthood and no longer use the service.

The inspector reviewed personal plans for this centre with due regard to the purpose and function of the centre, to provide short term respite breaks for children.

An assessment of needs was carried out prior to each child's admission to the centre. This formed part of the referral and pre-admission process. These assessments were developed with the participation of each child's parent(s) and or guardians.

As part of the assessment allied health professionals involved in the child's care also contributed to the assessment process, for example the child's general practitioner (GP). Allied health professional assessments and recommendations were also incorporated into the assessment. These reports and recommendations formed part of each child's overall personal planning supports during their stay in respite.

Personal plans included information such as the contact details of the child, their medical conditions, educational needs, personal care needs, communication needs, favourite activities, dietary requirements and sleep patterns. Each child's file also contained information of risk taking behaviours that the child might engage in. The person in charge had also prepared a summary of the needs of each child. This summary provided concise information to staff about each child and their support needs in order to care appropriately for them.

The centre provided large indoor and outdoor recreation facilities for children using the service. The indoor play space was inviting and the play items were suitable for younger and older children. Equally the large outdoor play area in the rear garden provided a number of different options for children of all ages to enjoy, including swings, climbing gyms, a grass area for football, basketball, Go-carting, a ground level trampoline and sensory activity areas. Children also went on outings from the centre and participated in activities such as bowling, going to the cinema, excursions and enjoying a meal of their choice in Clonmel town.

The arrangements for admissions were set out in the statement of purpose for this centre. The Health Service Executive (HSE) referred children based on agreed criteria. There was an admissions committee. A plan of admission was formulated following a pre-admission assessment of need. Children were transitioned to the service through a child led process and at their pace.

The person in charge identified each year the children moving to adulthood and commenced liaising with the parent in the child's final year of school and using the

service. The child and parent(s)/guardians were given a provisional schedule for remaining respite breaks and each child's discharge was marked by a celebration at which the child was presented with a certificate of graduation.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre were suitable for its stated purpose. The premises throughout were clean, well maintained and homely.

Northfields Respite Centre is a large single-storey house in a quiet suburban area outside Clonmel Town. Adequate car parking was provided to the front of the premises. A large secure garden was located to the rear.

The centre was well-maintained with suitable heating and lighting throughout. Windows allowed plenty of natural light into the centre. The centre provided children with lots of space to engage in activities both inside and outside the premises. The kitchen was of suitable size and equipped with modern appliances for cooking meals. The dining room was also of sufficient size to accommodate children and staff at meal times.

There was also a large and comfortable sitting room with sufficient seating, a television and DVD player. All of the rooms were suitably decorated. The centre presented throughout as homely despite its large size.

A thorough cleaning schedule was in place and each night waking night staff implemented the cleaning schedule and documented cleaning regimes carried out. The centre comprised five bedrooms for children.

There were two bathrooms available for the children to use during their respite break. Each contained a toilet, wash hand basin and shower. These bathrooms were well maintained and of adequate size to accommodate for children's needs.

At one end of the centre there was a large indoor playroom which contained a ball pool,

a pool table and a range of other games and toys. There was a small but comfortable sensory room off the playroom. As already referred to in outcome 5, a large recreational play area was located to the rear of the premises. It was well equipped with play facilities for children of all ages. Children spoken with during the inspection told the inspector they enjoyed playing football and go-karting during their stay. The inspector observed children using the indoor recreational facilities during their stay.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

**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 promote the health and safety of children, visitors and staff. Actions from the previous inspection had been addressed.

There were risk management processes in place. A risk management policy was in place and it met the requirements of the regulations. The management team completed a checklist prior to the opening of the centre each day and recorded them, these checks included fire safety daily checks of the centre, the inspector reviewed a sample and noted they were up-to-date.

A risk register was in place and this contained a range of centre-specific risk assessments and their controls. The register was divided into activities that were child specific, activities relevant to staff. Staff also completed personal risk assessments where necessary for children and documented the control measures for managing and mitigating those risks identified. These were documented in children's personal plans.

There were suitable arrangements in place for recording, investigating and learning from serious incidents. Accidents, incidents and near misses were recorded by staff and signed off by the person in charge following their review. The person in charge divided incidents and accidents into four categories including behavioural incidents, medication errors, general incidents and medical incidents. The inspector reviewed a sample of incidents recordings over the previous year. The person in charge had carried out a quarterly overview of incidents.

Over the year a pattern of incidents relating to behaviours that challenge had emerged. There was evidence to indicate the person in charge had responded to this emerging pattern and had instigated a more comprehensive recording system to analyse the

incidents and put suitable risk control measures in place.

A system was also in place for responding to emergencies, there was a written plan which set out the arrangements for responding to a range of possible emergencies that might occur.

Satisfactory procedures were in place for the prevention and control of infection. There were sufficient facilities available for hand washing and hand gel dispensers were located around the premises. Colour-coded cleaning mops, buckets and cloths were used.

Fire safety management procedures were in place. Suitable fire equipment, such as fire extinguishers, were located at key points in the centre and had received their required annual service. Emergency lighting was in place also, fire safety checks included checks of the emergency lighting in the centre and documented notes indicated appropriate and timely action was taken by the provider to address any faults identified through daily checks.

Fire exits were observed to be unobstructed during the inspection. A fire alarm system was in place and was serviced quarterly in 2017. Fire drills were carried out monthly. Improvements had been made since the previous inspection whereby response of children during the drill was recorded and updating of personal evacuation plans occurred following the drills if required. Fire drill recordings also now included the number of children and staff that had participated in the drill.

A further action from the previous inspection regarding staff training had also been completed. All staff working in the centre had received fire safety training. The provider was in the process of recruiting a relief staff panel for the centre who could work shifts where there were staff shortages due to annual leave or where extra resources were required to support of activities for children, for example.

The provider informed the inspector that once the panel was full those staff would attend fire safety training as part of their induction to working in the centre.

Staff had received manual handling training. No children attending the service required specific manual handling supports.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were adequate measures in place to safeguard the children and protect them from abuse.

There were child protection systems in place. The person in charge was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance and he was aware of his responsibilities in this regard. There had one incident recorded of which the person in charge had instigated appropriate procedures in line with Children First guidelines. It was demonstrated through review of actions taken that they were appropriate and timely and in line with the person in charge's designated liaison person role for the centre.

All staff had attended training in Children First: National Guidance on the Protection and Welfare of Children (2011) in 2017. Staff members spoken with knew the signs and symptoms of abuse and were clear about reporting child protection concerns to the designated liaison person.

A policy on child protection was in place and had been reviewed following the previous inspection. This action was addressed by the provider.

The person in charge was also the provider nominee, in light of this they had included pathways for parents/guardians to raise a complaint or a child protection concern with organisations, statutory services and persons external to with the provider in the event parents/guardians did not wish to raise their concerns directly with the person in charge or service supervisor.

Each child's intimate care needs had been assessed and a concise plan was documented in each child's personal plan to provide staff guidance on how to support children. The inspector identified that these plans required more specific guidelines to ensure they were robust enough to protect children's personal integrity at all times which in turn provided an additional safeguarding measure. This was discussed with the person in charge during the course of the inspection.

There were systems in place to promote and support positive behaviour. Behaviours of concern were risk-assessed. All staff working in the centre had received training in management of behaviours that challenge. While there were adequate systems in place to support children should they display behaviours that challenge, a trend of incidents, which had occurred over the previous months, indicated more comprehensive behaviour support planning was required for a child.

The person in charge was required to devise a behaviour support plan incorporating

input from relevant allied health professionals, to ensure the child's specific behaviour support needs were managed effectively and in a child centred manner during their stay in respite.

At the time of inspection there were no restrictive practices in place. Quarterly return of notifications to the Chief Inspector, as required by the regulations, also confirmed this. As a risk management measure windows and the front door were fitted with an alarm which alerted staff. As this was a children's service the inspector did not deem this to be a restrictive practice.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Measures were in place to ensure children experienced their best possible health while attending respite. Parents and guardians of children attending the centre took responsibility for their healthcare of their child. Systems were in place however, to ensure the health and nutritional wellbeing of children was supported in line with their personal plan and assessed needs during their stay.

If a health related issue that required medical attention arose while the child was on respite, their parents were contacted to arrange an appointment with their own general practitioner (GP). An out of hours GP service was also available in the area if required.

Each child's personal plan contained a concise guide to each child's medical and healthcare needs this included reference to the child's diagnoses, allied health professional recommendations, allergies and medications that they were prescribed.

At the time of inspection there were no children attending that had complex medical needs.

Staff had received training in first aid. Prior to each respite stay staff contacted the parents of the child and enquired whether any health issues had arisen that staff may need to be aware of. This was documented and formed part of each child's personal planning during their stay.

Personal plan information contained a section on nutrition and plans outlined children's likes and dislikes regarding food. Staff monitored and recorded the food consumed by children during their stay.

Children and staff ate their dinner together in the dining room which was a pleasant home from home like experience. Snacks and treats were also available and children could make drinks or snacks as they wished and in line with their age and abilities also made cups of tea and hot snacks if they wished.

**Judgment:**

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:**

Overall, there were safe and appropriate medication management systems in place. Some improvement was required in relation to medication administration records to evidence the signature of the prescribing physician for against the medication documented.

There was a centre-specific policy on medicines management. Staff were trained in medicines management. There were suitable storage facilities for medicines including a press which was locked.

A separate fridge was available for medicine requiring refrigeration. No child required refrigerated medications at the time of inspection.

Each child's medicine was received at the beginning of each respite from their parent(s) or guardians and any remaining medicine was returned to parents upon the discharge of the child. Therefore, disposal of out-of-date or discontinued medication management systems were not required in this centre.

There was a system in place for recording and managing medication errors. Overall, there had been a low number of medication errors recorded over the previous months.

On admission to the centre the child's medicine was checked and records were maintained in the children's files. Medication files for each child contained a medication prescription chart and an administration chart for recording when medications were

given.

Improvements to these documents had occurred in response to a non compliance found on the previous inspection. Each chart now contained a colour picture of the respective child and child's name and address. Medication charts now also documented the specific times at which medication was to be administered, previously they had documented am or pm only.

One improvement was required however, while prescription charts documented clearly the medication prescribed for the child a signature by the prescribing physician was not documented against the medication.

**Judgment:**

Substantially 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:**

Actions from the previous inspection had been addressed.

The statement of purpose met the requirements of Schedule 1 of the regulations and accurately described the service provided.

**Judgment:**

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:**

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

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

**Findings:**

Management systems were in place to support the delivery of safe, quality care services. The centre was managed by a suitably qualified, skilled and experienced person in charge.

Staff reported to the service supervisor and person in charge. On-call arrangements were in place. There was evidence to indicate these on-call management supports were effective and responsive when required.

This organisation is a limited company. This designated centre is the only centre the company operates. The person in charge also acts as the provider nominee. The parent handbook acknowledged to parents that should they wish to speak to someone other than the existing directors then a number of local and national services were put forward for them to contact. The organisation is accountable to the HSE as part of their service level agreement and through conversations with the inspector the person in charge informed the inspector that they had regular contact and meetings with the HSE as required.

Six monthly unannounced visits by the provider had occurred. The inspector reviewed a copy of the most recent six monthly unannounced audits. There were some actions arising from the audit of which the provider took to address, for example the audit identified that the feedback gathered from children and parents could be improved if the forms were filled out when the child returned home rather than in the centre before leaving. This could ensure more objective and useful feedback to the provider in order to improve their service.

The provider had also produced an annual report for the centre at the end of 2016. The template used by the provider for the 2017 annual report would provide a more informative evaluation of the service over the previous year. This would address a non compliance from the previous inspection.

The previous inspection had also identified the provider was required to review the performance management development systems for the organisation to ensure they and the service supervisor were engaged in appropriate arrangements to support, develop and performance manage them. The provider had since the previous inspection sought the services of an external training agency that could also provide supports with regards to oversight and feedback on the organisation's management and supervision systems.

The provider and service supervisor had begun a training course which would provide them with skills and knowledge in how to develop an improved supervision, oversight and management system for the organisation. Further training dates were set for later in the year. The external agent would then provide ongoing as required services to the provider which could ensure an objective evaluation and oversight of the organisation

and the provider's governance systems.

The person in charge was suitably qualified and experienced. He demonstrated good knowledge of the regulations and standards. As referred already in the report, the person in charge was also the provider nominee. He was committed to his own professional development and, as identified in the previous paragraph, was undergoing supervision and performance management training at the time of inspection. As was identified on the previous inspection the person in charge demonstrated a sincere commitment to providing the best possible respite service for children attending the centre.

They informed the inspector that they were considering, in the future, increasing the number of nights the respite service opened for. He identified that if this did occur the provider would review the operational management arrangements of the centre to ensure a manager was present in the centre at all times.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and a skill mix to meet the needs of children attending this centre. Training and development systems were also in place at an organisational level and improvements had occurred since the previous inspection, the provider had devised a training needs analysis to ensure staff had the appropriate skills to meet the needs of children attending the service.

There were appropriate staff numbers and a skill mix to meet the needs of the residents. There was a core team of care staff, a service supervisor and the person in charge. Most of the core team had worked in the centre for many years. Staff working in the centre also supported children in their school and knew each child very well.

The inspector reviewed a sample of rosters. Since the previous inspection, the person in charge and staff supervisor was now documented on rosters.

Regular staff team meetings took place a sample of meeting minutes were reviewed by the inspector. These evidenced a range of topics discussed including support provisions for children, graduation and discharge planning, scheduling of respite breaks for children and Garda vetting updating discussions in order to meet regulatory requirements and end-of-year deadlines for applications.

Formalised supervision was provided to all staff. The governance team for the service were currently participating in training which would enhance the quality of their supervision system for staff. They were scheduled to attend a further two training sessions, when these were complete a new supervision system would be implemented. This was planned to commence in the New Year, 2018.

The inspector reviewed a sample of supervision meetings, the provider had improved on the frequency of supervision meetings since the previous inspection.

The inspector viewed a sample of personnel files. The information contained in the personnel files met the requirements of the regulations. The person in charge and staff supervisor personnel files were now also maintained in the centre, the previous inspection had found they were not.

At the time of inspection the provider had ensured all staff had applied to receive up-to-date Garda Vetting and were on track to meet the end of year deadline for all applications. From the files reviewed most staff had received up-to-date vetting clearance following their applications ahead of the deadline.

Staff had received training and refresher training in a number of key areas such as first aid, management of behaviours that challenge, children's first and fire safety training.

No volunteers worked in 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:**

Since the previous inspection the provider had updated the child protection policy for the centre. This action was completed.

No other aspects of this outcome were reviewed during the inspection.

**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:***

Ann-Marie O'Neill  
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 RK Respite Services Ltd
<b>Centre ID:</b>	OSV-0001863
<b>Date of Inspection:</b>	15 November 2017
<b>Date of response:</b>	12 December 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 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge was required to devise a behaviour support plan incorporating input from relevant allied health professionals, to ensure the child's specific behaviour support needs were managed effectively and in a child centred manner during their stay in respite

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

**1. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

An individualised, child centred, needs led programme will be developed in consultation with relevant allied health professionals for a particular client whose circumstances were reviewed during the inspection process. This programme, it is envisaged, will include, a dedicated team of staff who will deliver the programme in a consistent manner and receive the training required to do so. A Positive Behavioural Support Programme outlining both proactive and reactive measures in place to support and manage the client will be developed. The use of visuals and schedules to aid and support routines and structures within the placement will be included. Monitoring and tracking of anxiety levels to identify and manage any potential triggers that may be identified on review. A more in depth and detailed care plan and development of links and cooperation with both school and home will all form part of the proposed programme.

**Proposed Timescale:** 31/01/2018

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Intimate care plans required more specific guidelines to ensure they were robust enough to protect children's personal integrity at all times which in turn provided an additional safeguarding measure.

**2. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Care Plans for those clients that are in any way reliant on staff for the delivery of their intimate care needs (as currently identified in existing Care Plans) will be updated and a more robust and detailed version will be developed.

This new version of the Care Plan will outline the specific tasks/interventions required of staff for each of the identified areas of intimate care and how they are delivered in a safe open transparent and respectful manner, while at all times respecting clients rights to dignity, choice and independence at all times.

**Proposed Timescale:** 31/01/2018

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

While prescription charts documented clearly the medication prescribed for the child a signature by the prescribing physician was not documented against the medication

**3. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Current medication sheets/templates will be updated to include a signature by the prescribing doctor for each medication that a child has been prescribed as well as the signature at the end of the document as they are scheduled to be updated.

**Proposed Timescale:** 01/12/2017