



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

Name of designated centre:	Liffeyvale Farmleigh Respite Service
Name of provider:	Health Service Executive
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	06 and 07 November 2018
Centre ID:	OSV-0003375
Fieldwork ID:	MON-0022066

## About the designated centre

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

Liffeyvale Farmleigh provides specialist respite care for 60 children with autism both male and female on a rotational basis. The maximum number of children accommodated for a respite break at the same time is nine. The centre consists of two houses both of which are located close to a variety of local amenities and public transport links. The first house consists of five single bedrooms with four ensuite bathrooms, a staff office, a kitchen, dining area, two sitting rooms and a playroom room. The second house has four bedrooms one of which is ensuite, two bathrooms, a kitchen come dining room, sitting room, playroom and multisensory room. Children are supported by a staffing team 24 hours a day seven day a week and the team comprises of a person in charge, clinical nurse manager, staff nurses, health care assistants and household staff.

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

Number of residents on the date of inspection:	5
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
06 November 2018	09:00hrs to 16:45hrs	Marie Byrne	Lead
07 November 2018	10:00hrs to 12:40hrs	Marie Byrne	Lead

## Views of people who use the service

The inspector had the opportunity to meet and spent some time with three children availing of a respite break during the inspection. The inspector observed parts of the children's daily life such as snack time and transitions from school.

Throughout the inspection the children appeared relaxed and comfortable with the support offered by staff. The children who spoke with the inspector described how they were supported to engage in activities both in the centre and in the local community. They described how and where they liked to spend their time during their respite break. They were complimentary towards the staff who supported them and the food choices available to them. They all said that they felt both happy and safe in the centre.

Eight satisfaction questionnaires were completed by children or their representatives prior to the inspection. Feedback in the questionnaires was mostly positive and complimentary towards care and support in the centre, food choices, choice of activities and the complaints process. They were particularly complimentary towards how professional and caring the staff team were and how knowledgeable they were in relation to children's likes, dislikes and needs. Areas for development were identified to include the availability of more staff to facilitate more suitable times for admission to respite.

As part of the annual review of quality and safety the opinions of children and their representatives are sought through satisfaction questionnaires. The results of these questionnaires for 2018 indicated that children and their representatives were 90% satisfied with respite services, 96% satisfied with staff and support and 90% satisfied with the environment. Themes were identified following this survey to include a recognition that the service was understaffed and the impact this was having on admission times to one house. Specific requests relating to activities and food choices were also included in the completed questionnaires. The person in charge was in the process of following up on these specific requests.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for children in the centre. There were clearly defined management structures in place which identified the lines of authority and accountability.

There was an annual review in place and six monthly visits by the provider or their

representative. These reviews were made available in a format accessible to children using the service and were on display in a prominent area. It was evident that improvements were made as a result of the findings of these reviews which were positively impacting on children using the service.

There was a suite of audits being completed including; food audits, infection control audits, supervision audits, care plan audits, medication audits, person in charge observations of meal times and activities, annual quality and safety self audit and health and safety walk around audits. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as respite meetings, management meetings and staff meetings. Childrens' care and support needs were central on the agenda of all of these meetings.

The inspector found that the children appeared happy, relaxed and at ease with the support offered to them by staff. Staff were observed by the inspector to be caring and respectful in all interactions with the children. The staff who spoke with the inspector were knowledgeable in relation to the childrens' needs and likes and dislikes. However, there were not sufficient staff numbers to meet the number and needs of children availing of the service. There were six staffing vacancies which equated to half of the required whole time equivalents. The provider and person in charge were acutely aware of the importance of consistency for the children and attempting to minimise the impact of the vacancies by staff completing extra hours and by using regular agency staff on contracts. They were also in the process of converting agency staff to health care assistants.

On reviewing training records staff had completed training and refreshers in line with childrens' assessed needs. In addition they had completed additional training in line with childrens' needs such as sign language, picture exchange communication systems, autism, epilepsy, communication, risk assessments and health and safety. Staff were in receipt of regular formal supervision to support them to effectively carry out their duties.

Children were protected by the policies and procedures in place. The policies and procedures required by Schedule 5 of the regulations were in place and had been reviewed in line with the time frame identified in the regulations.

## Regulation 15: Staffing

Staff were knowledgeable in relation to childrens' care and support needs. However, there were a large number of nursing and care staff vacancies. The provider was attempting to minimise the impact of these vacancies by staff completing overtime and by using regular agency staff to fill the required shifts.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff had access to training and refreshers in line with childrens' needs. They had also completed additional training in line with childrens' and were in receipt of regular formal supervision to support them to carry out their roles and responsibilities effectively.

Judgment: Compliant

## Regulation 22: Insurance

Children were protected by appropriate insurance in place against personal injury and property damage.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the centre was well managed and that children were in receipt of person-centred care and supports. The management team were meeting regularly to monitor care and support and identifying areas for improvement and putting plans in place to complete actions to bring about these improvements. There was a suite of audits being completed which were bringing about positive changes for children.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and it had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were in place and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the quality of the service provided to children availing of respite was good. Each child was supported in a person-centred manner in keeping with their assessed needs and preferences.

The inspector found that both premises was clean and homely. There was adequate private and communal space for children. Rooms were of a suitable size and layout to meet childrens' needs. Children had suitable storage to store their personal belongings and access to laundry facilities should they wish to launder their own clothes.

The inspector found that children had an assessment of need in place and care plans in line with their assessed needs. These care plans clearly guiding staff to support children. There was evidence of regular review and update of personal plans to ensure they were effective and changes were made in line with childrens' changing needs. Care plan evaluation sheets were completed every six months and a respite review was completed at the end of each respite break. Amendments were then made to care plans and risk assessments as required. Each child had access to the support of a keyworker. The inspector had the opportunity to meet two keyworkers who walked the inspector through childrens' support plans and risk assessments. They were knowledgeable in relation to each childs' care and support needs and their particular likes and dislikes. Keyworkers completed a yearly report which was discussed with parents in relation to what care plans children had in place and there input was sought formally and informally throughout the year.

Children had communication support plans in place as required which outlined how they liked information to be presented, how they received information, how they made decisions and how staff could support them to understand. They had care plans developed as required and detailed all about me documents which clearly outlined their communication needs and preferences. Social stories were developed to support children as required. Pictures and accessible documentation were in use throughout the centre such as visual schedules, an accessible area specific young persons protection policy, complaints procedure, information for respite and how to access advocacy services.

The inspector found that children had access to appropriate facilities for play in line



with their interests. They were partaking in a variety of activities during their respite break in line with their wishes and preferences. They had access to equipment for play both indoors and outdoors. They were supported to develop life skill and supported to attend school during their respite break.

Meal times were observed to be a positive and social event. There was adequate quantities of food and drinks available to children. Choice at mealtimes was evident and there were picture menus used as appropriate. Each child had a dietary needs sheet in place which outlined their likes, dislikes, snack preferences and food allergies. Cooking, cooling and reheating records were maintained and food labels were in place for when foods were opened and dates to be used by.

There were suitable arrangements to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each child had a personal emergency evacuation procedure. Fire evacuation procedures were available in a format accessible to children using the service and there was a social story available in relation to safe evacuation in the event of an emergency. There was evidence that personal emergency evacuation procedures were reviewed regularly and that changes were made in line with learning from fire drills.

Children were protected by risk management policies, practices and procedures. There was a system in place for keeping them safe while responding to emergencies and there were systems in place to identify, record, investigate and learn from incidents. There was a risk register and evidence that it was reviewed and updated regularly. General and individual risk assessments were reviewed and updated as required. There was evidence that vehicles were regularly serviced, insured and equipped with appropriate safety equipment. They were in the process of acquiring a new vehicle for one of the houses.

Children were supported to manage their behaviour. Positive behaviour support plans in place clearly guided staff practice to support them. They included proactive and reactive strategies. There was evidence that they were reviewed and updated regularly in line with childrens' changing needs. There was evidence that restrictive practices were regularly reviewed to ensure the least restrictive measures were used for the least amount of time.

The inspector found that the provider and person in charge were proactively protecting children from abuse. There were policies and procedures in place and staff had access to training appropriate to their role and responsibilities in relation to child protection. Allegations were appropriately investigated and followed up on in line with national guidance and reported to the Office of the Chief Inspector as required.

## Regulation 10: Communication

Children were supported to communicate in line with their needs and wishes. They

had communication passports and support plans in place. Accessible information was available throughout the centre to support them to communicate their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Children were supported to participate in activities in accordance with their wishes. They had opportunities to play and age appropriate opportunities to be alone. They had access to equipment to play both indoors and outdoors.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for children and the physical environment was clean.

Judgment: Compliant

### Regulation 18: Food and nutrition

Children were supported to eat and drink in line with their needs and preferences. They had access to meals and snacks at times suitable to them.

Judgment: Compliant

### Regulation 26: Risk management procedures

Children were protected by the risk management policies, procedures and practices in the centre. Arrangements were in place for the identification, recording and review of incidents. There were systems in place to respond to emergencies.

Judgment: Compliant

## Regulation 28: Fire precautions

Children were protected by the policies, procedures and practices in place to detect, contain and extinguish fires. Staff had completed suitable training and fire drills were being completed regularly. Childrens' personal emergency evacuation plans were updated regularly and in line with learning following drills.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each child had an assessment of need completed and care plans and risk assessments were developed as required. There was evidence that childrens' personal plans were reviewed regularly with multidisciplinary team meetings scheduled at least annually. An end of respite review was completed after each respite break and changes made to documentation in line with findings of this review.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Children had positive behaviour support plans in place to support them to manage their behaviour. In addition they had care plans and risk assessments developed as required. Staff who spoke with the inspector were knowledgeable in relation to childrens' support needs. Audits of restrictive practices were being completed to ensure the least restrictive measures were being used for the least amount of time.

Judgment: Compliant

## Regulation 8: Protection

Children were being protected from abuse through appropriate policies, procedures and practices. Allegations were followed up in line with national guidance and reported in line with the requirements of the regulations. Staff who spoke with the inspector were knowledgeable on their responsibilities in relation to child protection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Liffeyvale Farmleigh Respite Service OSV-0003375

Inspection ID: MON-0022066

Date of inspection: 06/11/2018 and 07/11/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Local and National Rolling Recruitment Campaign will commence In January 2019 with a view to addressing the Staff shortages, and ensuring the skill mix of staff is appropriate to the number and assessed needs of the young people attending respite, the statement of purpose and the size and layout of the designated centre.</p> <p>Local HR Team have been contacted and will support this campaign.</p> <p>Time Frame for start of Campaign: January 2019 - 30th April 2019 (for results of first campaign.)</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2019