



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

Name of designated centre:	Crannóg Respite Service
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	17 July 2018
Centre ID:	OSV-0005006
Fieldwork ID:	MON-0022079

About the designated centre

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

Crannóg can provide a respite service to children and young people of mixed gender from 3 to 18 years of age, and who have a severe to profound intellectual disability. Crannóg can provide a respite service for 19 nights a month, which includes two weekends. Respite care is provided on the basis of planned, recurrent, short stay placements. The service can accommodate up to five children per night, but usually accommodates a maximum of four. Crannóg is a large comfortable bungalow with a garden. The centre is decorated and equipped to suit the needs of children. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Children are supported by a staff team which includes the person in charge, nurses and care assistants. Staff are based in the centre when children are present and a nurse remains on duty at night to provide support and clinical care. There are also additional staff members based in the complex at night to provide additional support as required, or in the event of an emergency.

The following information outlines some additional data on this centre.

Current registration end date:	24/01/2019
Number of residents on the date of inspection:	4

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
17 July 2018	10:15hrs to 18:15hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with all three children who were availing of the respite service at the time of inspection. These children did not have the capacity to discuss the service with the inspector. However, the inspector observed that the children were relaxed and happy in the centre and in the presence of staff. It was evident that staff prioritised the welfare of the children, and ensured that they were supported to take part in things that they enjoyed doing during the day based on each child's individual abilities and preferences. The inspector received feedback and views from families of some of the children who used this respite service. Overall, these families expressed a high level of satisfaction with the service their children received, and all were very complimentary of staff. However, some families stated that they were not satisfied with certain aspects of the service.

Capacity and capability

There were effective governance and management arrangements in place to ensure that the service received by children taking respite breaks in the centre was safe and of a good quality.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support children's assessed needs, including their activity programmes. Children were supported by nursing and care staff. It was evident that staff knew the children and their care needs well. During the inspection, staff focused on ensuring that children were happy and enjoying their stay at the centre. Staff were observed interacting warmly with children, singing to them, playing, and bringing them outdoors for walks.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. The person in charge was based in the centre and worked closely with the children and staff. She also ensured that staff had formal supervision sessions at least three times each year. Throughout this registration cycle, inspectors had found the person in charge to be very familiar with children's care and support needs and competent in her role. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

Since the last inspection, the provider and management team had ensured that any issues that required improvement had been addressed, which improved the overall

quality and safety of service to the children. Some of these improvements included a safer medication management system, more robust storage and checking of oxygen cylinders, and a formal staff supervision plan.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as first aid, safe administration of medication, and feeding, eating and drinking. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as staff supervision and management meetings to ensure that the service was provided in line with children's needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service, and these had been agreed with the families of all children using the service. However, the sample of agreements viewed by the inspector did not clearly describe all aspects of the service to be provided to the children.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations and had not been made available to all residents' representatives.

The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of resident care. The provider's practices ensured that children's well-being was promoted at all times and that they were kept safe. The inspector found that the children received person-centred care and support that allowed them to enjoy activities that they enjoyed, to play, and to attend school during their respite breaks.

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Children's quality of life was prioritised while they were in the centre, and their rights and choices were supported. The inspector noticed that staff assessed the

children's preferences on an ongoing basis during the inspection and had also established children's likes, dislikes and preferences by discussion with their families.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of the children who availed of respite breaks there. The decor in the centre was colourful and suitable for children. There was a selection of toys and sensory items supplied for the children. Each child had his or her own bedroom during respite stays. Each bedroom was decorated with a cheerful and colourful theme. For example, there was a butterfly room, a bumblebee room and a spring room. There was adequate furniture in which children could store their clothing and belongings while they were staying in the centre. Prior to each respite break, rooms were personalised with children's own belongings and bed linen. Assistive equipment, such as hoists and adapted bathroom facilities, was also provided to enhance comfort and safety for the children. Children also had specialised beds and seating suited to their needs.

The centre had an enclosed garden equipped with swings and other toys. There was also a covered outdoor area, with tables and a supply of toys and activities, where children could play. Children were involved in planting projects and there were tubs of sunflowers and other colourful plants that staff and children had developed.

The provider had measures in place to reduce the risks associated with fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system, and the provision of fire doors in all bedrooms. Staff also carried out a range of fire safety checks and all staff had received fire safety training. While fire evacuation drills were being carried out, some improvement was required to ensure that all staff attended these drills and that evacuation times were correctly recorded. Improvement was also required to ensure that all information in fire evacuation plans were clear, and that there were suitable arrangements for the containment of fire and smoke if required.

Overall, risks in centre had been identified and control measures were in place to manage risks. However, the management of one risk identified during the inspection required improvement.

Personal planning arrangements ensured that each child's needs were met during the duration of their respite stays. Given the short duration of residents' stays in the centre, their health and social care needs were supported jointly by their families, day service staff and staff at this centre, who met annually to review each child's care and to develop personal plans for the coming year. The inspector could see that children were being supported to go out for walks in the complex, attend school and were involved in the wider community, and it appeared that they enjoyed this.

The provider had ensured that residents had access to medical and healthcare services to ensure that their healthcare needs were supported while in the centre. All children were under the care of the family general practitioner. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider and could be arranged as required. Plans of care for good health were developed, which identified the

children's specific care needs. This ensured that each child's requirements for good health were identified, and that plans were in place to ensure that this care was appropriately delivered during respite stays. Staff were trained to administer children's medication as required. Overall there were robust procedures in place for the safe management of medication, but some improvement to the management of unused or discontinued medication was required.

Regulation 13: General welfare and development

Suitable support was provided to children in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Arrangements were in place to support children to attend school while availing of respite breaks. Children also took part in social and developmental activities both at the centre and in the community. These included outings, sensory activities, playing with toys and books, shopping and going to restaurants.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met children's individual and collective needs. The centre was appropriately furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents and their representatives in central areas in the house. This included information about staff on duty each day, residents' rights, and how to make complaints. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to ensure that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge. However, a risk in relation to fire containment had not been identified and control measures were not documented. Although staff who spoke with the inspector knew how to manage this risk, the absence of documented guidance presented a risk that all staff might not be aware of the control measures.

The management team had introduced an increased inspection regime for oxygen cylinders and had also relocated these cylinders to safer sites. This had addressed a risk that had been identified at the last inspection of the centre

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were arrangement in place to reduce the risk of infection in the centre. The house was maintained in a clean and hygienic condition throughout, and there was a colour coded cleaning system in operation.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, and individualised emergency evacuation plans for all residents. However, some improvement to fire safety practices was required. Although frequent fire evacuation drills were being carried out, accurate recording of times taken to complete night evacuation drills were not being recorded, and two staff had not attended any fire drills in 2017 or 2018. Arrangements for containment of fire and smoke also required improvement. Furthermore, some information regarding fire procedures was not consistent, such as the use of compartmentalisation in the building, and identification of fire doors. There was one exit door that was partially obstructed on the outside, and it was unclear as to whether this door was intended for use as an emergency exit.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Overall, there were safe medication management practices in the centre. Residents' medication was securely stored and staff who administered medication had received training in safe administration of medication. However, improvement to the management of unused or discontinued medication was required.

During the last inspection of this centre there was improvement required to photographic identification of children, and to the management of medication stock while children were transitioning to and from their respite breaks. Both these issues had been suitably addressed at this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the residents' representatives, day centre staff, staff from the designated centre, and multidisciplinary supports, were being held. Residents' personal goals were agreed at these meetings. As respite users were based in the centre at limited times their goals were primarily developed with day service staff, and these plans were supplied to the designated centre. The achievement of these goals was supported by families, day service staff, and staff in the designated centre.

Residents' personal goal records included time frames for achievement, progress updates and identified support.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. While children's families primarily took responsibility for their

healthcare and appointments, plans of care for good health had been developed for children based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard children from harm or abuse. All staff had received training in safeguarding children. Information on safeguarding was made available to residents, and there was a designated safeguarding officer in the organisation to support children, their families and staff if required. During the previous inspection of the centre, the inspector had highlighted a need for more informative intimate care plans to guide practice, and this had been addressed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Crannóg Respite Service OSV-0005006

Inspection ID: MON-0022079

Date of inspection: 17/07/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>In the service level agreement document, we will set out what services will be provided for the children on admission to Crannog Respite service, and at times of review or as circumstances change. This will include items provided by the service and items which will be supplied by the family.</p> <p>We will also outline expectations around outings and community involvement for a child's development and leisure needs.</p> <p>New service level agreements will be sent out to the relevant families. Meetings will be arranged to discuss and sign the documentation. This will be completed by 20th December 2018.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Revisions were made to the Statement of Purpose shortly after the inspection and submitted to the inspector as requested. A copy of the SOP is on display in the hall entrance and a copy will be sent out to all families on 20th September 2018.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>26 (1) (a)</p>	

The specific Risk and control measures in relation to fire containment will be addressed as follows:

Bedroom doors that are kept open ajar at night pose a fire management risk in relation to fire and smoke being safely contained in the event of a fire at night. A full review/assessment will be carried out of all bedroom doors with the organisation's Health and safety officer and facilities Manager, with the Person In Charge. This will identify and prioritise any doors for replacement and ones that require automatic door closures to be fitted. This will be carried out in Crannog on the 19th September 2018. Identified bedroom doors that are currently left ajar, will be added to the Risk Management Register by 16th September 2018.

26 (1) (b)

The interim control measure on the risk register, will state that all staff must close any open bedroom door in the event of a fire or drill. This information will be verbally communicated to staff and written in house communication book –It will also be discussed at the October 3rd 2018 staff meeting. Minutes will be available for all staff to read. Other relevant documentation, such as the House evacuation plan and individual plans will reflect this as an immediate action for staff. A staff team fire drill will also be carried out at the October staff meeting to practice identified control measures.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

28 (3) (b)

A full review/assessment will be carried out regarding fire safety with the organisation's Health and safety officer and facilities Manager, with the Person In Charge. A plan will be drawn up with time lines for any works that need to be completed, in line with the identified risks.

This assessment will take place on 19.09.2018

28 (4) (b)

A team meeting will discuss and inform all staff of controls required to ensure fire safety and a practice staff fire drill will also be carried out, highlighting identified risks.

28 (5) (b)

The plans will be adjusted to reflect correct fire exits and documentation will be changed and displayed as required in the respite centre by 21st September 2018.

Information will be communicated verbally but also discussed and documented at staff meeting on 03rd October 2018, to ensure minutes reflect actions and be available for all staff.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and

pharmaceutical services:

A written procedure has been placed on the inside door of the medication cupboard, stating how and where to store any identified discontinued medication. A written note was made on 12 September in the communication book to inform all staff to read the procedure. A labeled box was placed in the medication cupboard following the inspection for the safe storage of discontinued medication, until it can be handed over directly to parents and guardians for collection.

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	20/12/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	20/09/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	12/09/2018 (Date placed on Risk Register) 03/10/2018 Staff Team Meeting
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	19/09/2018

	containing and extinguishing fires.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	19/09/2018 and 03/10/2018
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	21/09/2018 and 03/10/2018
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	Actions Completed 18/07/2018 and 12/09/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/07/2018
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	20/09/2018