



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

Name of designated centre:	Verna House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 August 2018
Centre ID:	OSV-0005676
Fieldwork ID:	MON-0023425

About the designated centre

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

This centre provides residential services to four children (both male and female) from six to eighteen years of age. The centre is based in a rural location in County Kilkenny however, transport is provided so as the children can access the local town and nearby city and avail of community based facilities such as the swimming pool, parks, cafes, restaurants and attend school.

The centre is staffed with a full time person in charge, a team leader and a team of qualified support workers. All children are provided with one-to-one staffing support while in the centre and some with two-to-one staff support while in the community. The centre comprises of a very large detached house and each child has their own room which are decorated to their individual style and preference. Communal areas include a very large well equipped kitchen, a large dining area, a spacious sitting room and a relaxation/therapeutic room. The centre supports the educational needs of each child and provides them with learning opportunities so as to optimise their autonomy and maximise their independence.

The following information outlines some additional data on this centre.

Current registration end date:	08/01/2021
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
08 August 2018	12:00hrs to 16:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met with four of the children who avail of the service. Each child had a communication passport in place and this was informative and respectful of their preferred communication style. The children communicated through a number of mediums to include facial expression, body language, use of pictures, objects of reference and basic sign. They appeared happy and contented in the centre and were observed to be relaxed and comfortable in the company of staff members.

Capacity and capability

The children appeared at home, happy and content in this centre, and the provider had adequate supports and resources in place so as to provide for their assessed educational, healthcare, emotional and social care needs. This in turn resulted in the centre achieving high levels of compliance with the Regulations assessed under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The provider had ensured that the centre was adequately resourced to provide an effective model of care. The model of care delivered in this centre was based on the individual needs of each child, was respectful of their individual choice and supported their autonomy and independence.

The provider had ensured that appropriate people were employed to manage and lead the service. There was a clearly defined and effective management structure in place. There was an experienced person in charge who worked on a full time basis in the centre and was supported in her role by a Team Leader and the Head of Social Care.

The person in charge was a qualified social care professional and had processes in place to provide good leadership and support to her team. She had systems in place so as to ensure available resources were channelled appropriately which meant that the individual and assessed needs of the children were being met as required by the Regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a caring, child centred, responsive and effective service to the residents.

From observing staff in practice over the course of this inspection and from viewing a small sample of staff files the inspector was assured that they had the skills,

experience and knowledge to support the children in a caring, safe and effective way. Most held third level qualifications appropriate to their role and all had undertaken a suite of in-service training courses to include children's first, fire training, manual handling and safe administration of medication. This meant they had the skills necessary to respond to the needs of the children in a consistent, capable and safe way and in line with their assessed needs.

It was observed that there were some gaps in staff training however, the Team Leader was aware of this and had a plan of action in place to address the issue in a timely manner. A minor issue was also observed with regard to the centre notifying the Health Information and Quality Authority (HIQA) about an adverse incident occurring in the centre. However, once this was brought to the attention of the Team Leader, she set about addressing the issue immediately.

The Head of Social Care, Person in Charge and Team Leader provided regular support to the overall governance and management of the centre and ensured it was monitored and audited as required by the regulations. These audits were bringing about positive change to the operational management of the centre in turn ensuring it remained responsive to the needs of the residents.

For example, recent audits identified that some areas of the children's files required review and updating. These areas had been actioned and addressed by the time of this inspection in turn, ensuring effective and responsive oversight and governance of the centre.

There were also systems in place to ensure that the children's voice (and/or their representatives) was heard and respected in the centre. The centre was supportive of ensuring any concern a child or family representative may have was heard and acted upon. Where required, the children and/or family representative were also supported to make a complaint. From viewing a sample of files the inspector saw that where a complaint was made, it was logged and acted upon in a timely manner. At the time of this inspection some complaints had been closed off to the satisfaction of the complainant, while some were active and in progress.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy with their living arrangements and appeared happy and content in their home.

Regulation 14: Persons in charge

There was a full time, experienced and qualified person in charge working in the centre. Although she was fairly new to the role, she had worked in services for many years at management level and this inspection found she was knowledgeable and aware of her remit to the Regulations.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff were provided with all the required training so as to provide a safe and effective service. Some gaps were identified in training with regard to the safe administration of medication and positive behavioural support however, the Team Leader was aware of this and had a plan of action in place to address it.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the children.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of

the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre was generally notifying HIQA as required by the Regulations however, some minor gaps were found with regard to the notifying of incidents. When this was brought to the attention of the Team Leader, she set about addressing the issue immediately.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedures were available to residents and family representatives in the centre.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. From reading a sample of documentation, the inspector saw that complaints were being responded to appropriately in the centre. Some complaints had been closed off to the satisfaction of the complainant, while other remained in progress.

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Judgment: Compliant

Quality and safety

The children were supported to have meaningful and active lives in their

community. The quality and safety of care being provided to the children was to a good standard and their health, emotional, educational and social care needs were being supported and comprehensively provided for in a responsive, child centred and caring manner.

Some minor issues were identified with the management of risk, however, the Person in Charge and Team Leader assured the inspector that these issues would be addressed as a priority.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, inspectors saw that the children were being supported to achieve personal and social goals and to maintain links with their families. The children were being supported to attend school each day, learn new social and personal skills so as to optimise their independence and to use local amenities such as swimming pools, parks and cafes.

Each child was supported with their health care needs (in co-operation with family representatives) and had as required access to a range of allied health care professionals to include a GP, dentist, occupational therapist and speech and language therapist. The children were also supported to enjoy best possible mental health and where required had access to a behavioural support specialist and psychologist. It was also observed that most staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required.

There were systems in place to promote the children's safety in the centre and the community. Staff had undertaken Children's First training and there was a suite of environmental and individual risk assessments in place so as to promote a safe environment for the children. Each child was supported on a one-to-one staff ratio basis while in the centre and two-to-one staff ratio while accessing the community. This meant that there were adequate resources and systems provided to promote the safety and welfare of each child while in the centre and whilst using the community.

It was observe that some aspects the process of risk management required review as some of the measures in place that promoted the safety of the children at night time in the centre was not documented.

There were systems in place to ensure all fire fighting equipment was serviced as required by a fire safety consultant. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were being facilitated and each child had an up-to-date personal emergency evacuation plan in place.

There were policies, procedures and systems in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. There were also systems in place to audit medications and address a medication error should one occur. The inspector observed that a recent drug error resulted in the issue being discussed at a team meeting and the re-training of

a staff member in the safe administration of medication.

Overall the children appeared very happy with the service provided, they were systems in place to promote and support their safety and well being, their independence was being supported and encouraged and their educational, health and social care needs were being comprehensively provided for.

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Each resident had a suite of individual risk assessments on file and the inspector saw that where a risk was identified, a number of steps and measures were in place to mitigate it.

However, some areas of risk management required review as measures in place to mitigate some risks (for example night time arrangements) were not documented. This was not in line with the centres procedures for managing risk and did not provide for suitable oversight of the risks involved.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so. (It was observed that there was some minor gaps in medication training however, only staff with the safe administration of medication were permitted to administer medication).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. The children were being supported to achieve personal educational and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that childrens health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required. The children also had regular access to GP services, access to a range of allied healthcare professionals and their medication requirements were being

regularly reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the children had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern. Where required, the children had access to a range of multi-disciplinary supports to include behavioural support therapists and psychology. Staff also had received specific training in positive behavioural support.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the safety and welfare of the children.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Verna House OSV-0005676

Inspection ID: MON-0023425

Date of inspection: 08/08/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>AN Action plan was in place to address the training gaps identified. Staff members in question have since completed the required training. A training matrix is used to ensure staff are up to date with all relevant training. As part of the induction process, training needs are identified and a plan established to ensure training occurs in a timely manner</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The new manager, person in charge has registered with the online portal system so going forward all notifications will be made within the required time period.</p> <p>The inspection process provided a learning opportunity in regards to notification of incidents that occur in other settings. The person in charge will ensure all such incidents are notified in time</p> <p>A retrospective notification was made in regards to one incident that occurred in a school setting.</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>A retrospective risk assessment was completed for night staffing arrangements with a review process in place. Training will be given to staff by the clinical risk manager in hazard identification and controls . Included in this training will be the use of positive risk assemsent. Due for completion end of Novemeber 2018.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	Training action plan enacted 8/8/18 A monthly review is carried out by PIC to ensure training compliance of all staff on an ongoing basis.
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	November 30 th 2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Substantially Compliant	Yellow	Retrospective notification made on the 8/8/2018

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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