



Office of the Chief Inspector

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

Name of designated centre:	Silverpine House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 May 2019
Centre ID:	OSV-0002038
Fieldwork ID:	MON-0021082

About the designated centre

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

The designated centre is located in a town in County Wicklow. It is operated by Enable Ireland and provides planned short term day and overnight respite services on a six or seven night a week basis to children with a disability. Children availing of the service are between the ages of eight to 18 years of age, both male and female. The centre has capacity to accommodate up to five children at a time in the house. At the time of the inspection, the centre provided respite care to a total of 40 children. The centre is a detached single story building which consists of a kitchen come dining room, sitting room, a games room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There is a well maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Current registration end date:	16/02/2021
Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
09 May 2019	09:45hrs to 16:00hrs	Conan O'Hara	Lead

Views of people who use the service

The inspector had the opportunity to meet with three children availing of the service during the course of the inspection. Some children communicated their thoughts and opinions verbally while others used non verbal methods to communicate.

Overall, the children availing of respite appeared happy and content in the centre and were also seen to be comfortable in the presence of both staff and management. One of the children spoken with told the inspector that they enjoyed attending the service for respite and said it was a holiday. Other children showed the inspector their room and some of their personal belongings.

Throughout the course of the inspection, the children were observed by the inspector as they engaged in their daily activities such as accessing school, playing games and accessing the local community. Positive interactions were observed between the staff team and the children, and the childrens' presenting needs were responded to in a prompt and caring manner.

Capacity and capability

The provider demonstrated they had the capacity and capability within their governance structures to provide a respite service in Silverpine House that was of high quality and one that ensured childrens' needs were met in a safe manner.

The centre had a clearly defined and effective management structure in place. The centre was managed by a full time person in charge who reported to the Director of Service, who in turn reported to the Regional Director of Service. The person in charge was suitably qualified and experienced and demonstrated a good knowledge of the respite users and their needs. There were a number of quality assurance audits in place to ensure the service provide was safe and effectively monitored. These included an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports as required by the regulations. In addition, there were systems in place to monitor and audit aspects of the service including personal plans, health and safety and medication management. The quality assurance audits identified areas for improvement and developed corresponding action plans.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the staff roster and found that there was sufficient staff in place to meet the assessed needs of the children. In addition, there was evidence

that staffing levels changed in order to meet the needs of the particular group availing of respite. However, there was currently two vacancies in the staff team - a staff nurse and social care worker. This impacted on the skill mix in the centre. The staff nurse vacancy was also identified on the last inspection. The centre was in the process of actively recruiting for these roles and ensured continuity of care by covering shifts with members of the current staff team.

There were systems in place for training and development. The inspector found that the staff team were up-to-date in mandatory training. In addition, the staff team had received training to support respite users with particular needs including epilepsy awareness, percutaneous endoscopic gastrostomy (PEG) feeding and assisting in feeding, eating, drinking and swallowing (FEDS). A training needs analysis was completed for 2019 and identified where refresher training was required. This meant the staff team were appropriately trained to meet the assessed needs of the children availing of respite.

The inspector reviewed a sample of incidents and found that they were being appropriately reviewed and responded to. Incidents and accidents were notified to the Office of the Chief Inspector as required by the Regulation 31.

The service being delivered was observed to be in keeping with the centre's current statement of purpose dated September 2018. The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

Overall, there were effective systems and oversight in place to ensure that the service provided is safe and appropriate to childrens' needs.

Regulation 14: Persons in charge

The centre was managed by a full time person in charge who was suitably qualified and experienced. The person in charge demonstrated a good knowledge of the children and their needs.

The person in charge demonstrated their awareness of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff in the centre to meet the assessed needs of the children. However, there was currently two vacancies in the staff team - a staff

nurse and social care worker. This impacted on the skill mix in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for training and development. The staff team were up-to-date in mandatory training. In addition, the staff team had received training to support respite users with particular identified needs.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined and effective management structure in place to ensure that the service provided is safe and appropriate to childrens' needs. There were a number of quality assurance audits in place to ensure the service provide was safe and effectively monitored. The quality assurance audits identified areas for improvement and developed corresponding action plans.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents were notified to the Office of the Chief Inspector as required by the Regulation 31.

Judgment: Compliant

Quality and safety

Children availing of respite in the centre received good quality care which met their needs and kept them safe. Their needs were met in a timely and respectful manner and the care provided to them was person centered. However, improvements were required in relation to premises and personal plans.

The inspector reviewed a sample of the childrens' personal plans and found that they were person-centred. Each child had an assessment of need and care plans were developed in line with their assessed needs. The personal plans in place guided staff in relation to the supports the children required while availing of the service. While, there was evidence that personal plans were reviewed, two of the personal plans were not reviewed in a timely manner. The person in charge provided evidence that these plans were in the process of being reviewed. The children were given appropriate support to enjoy best possible health while attending the respite service. Their healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the child with their healthcare needs.

There were behaviour support plans in place for children who required support to manage their behaviour as required. The positive behaviour support guidelines were developed by the person in charge and clearly guided staff practice in supporting the children to manage their behaviour during the respite stay. All staff were trained in positive behavioural support. There were some restrictions in use in the centre such as bed rails and lap belts to promote the safety of the children. The inspector viewed a sample of the restrictions and found that they were assessed and reviewed regularly.

There were systems in place to safeguard children availing of respite from adverse incidents. All staff had completed training in Children First. The planning of respite bookings considered the preferences, compatibility and safety of children. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required. This included discussions at team meetings, updating personal plans, informing parents, reporting the incident to line manager and other bodies as appropriate.

The centre was suitable for its stated purpose and was decorated in an age-appropriate manner. The centre is a detached single story building which consists of a kitchen come dining room, sitting room, a games room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There is a well maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. The last inspection found that some improvement was required in relation to the upkeep of the internal and external paint and parts of the external plaster of the centre. The inspector observed that the provider had painted the external and internal premises which included a mural to the front garden of the centre. However, the plaster work identified on the last inspection remained outstanding. The person in

charge informed the inspector that the centre was a protected structure and the provider was in the process of addressing this.

There were appropriate systems in place for the management of medication. The medication was stored in a secure location and records maintained when medications were received in the centre and returned to families. In addition, there were appropriate systems in place to manage controlled medications when they were present in the centre. The inspector reviewed a sample of medication prescription and administration records and found that they contained all of the necessary information. The prescription sheets were being transcribed by a registered nurse and signed by the prescriber. The inspector reviewed a sample of medication errors and found that they were reviewed and responded to appropriately.

Regulation 17: Premises

The centre was suitable for its stated purpose and was decorated in an age-appropriate manner. There is a well-maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. However, the external plaster required updating and repair. This was identified at the last inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the management of medication. The medication was stored in a secure location and appropriate records were maintained. Medication errors were found and they were reviewed and responded to appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each child had an assessment of needs and care plans developed in line with their assessed needs. The personal plans in place guided staff in relation to the supports they required. However, two of the personal plans were not reviewed in a timely manner.

Judgment: Substantially compliant

Regulation 6: Health care

The children were given appropriate support to enjoy best possible health while availing of the respite service.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were behaviour support plans in place as required and clearly guided staff practice in supporting the children to manage their behaviour while on respite stays. All staff were trained in positive behavioural support.

The inspector found that the restrictive practices in place were appropriately assessed and reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard children availing of respite from adverse incidents. The planning of respite bookings considered the preferences, compatibility and safety of children. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Silverpine House OSV-0002038

Inspection ID: MON-0021082

Date of inspection: 09/05/2019

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A recruitment drive is currently in place to recruit new Social Care workers to fill the vacant post. Interviews to take place by 31st August for a nurse. We are also in discussions with agency nursing to attempt to source a full time staff nurse.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The works on the external wall of the extension wall are due to commence September 2019 to be completed November 2019.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Staff will now meet with families earlier and have the personal plans completed one</p>	

month prior to review date to ensure compliancy. Reminders will be inputted on keyworkers electronic calendars with reminders of review dates, to alleviate going over the review date.

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.	Substantially Compliant	Yellow	31/08/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an	Substantially Compliant	Yellow	30/06/2019

	appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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