



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

Issued by the Chief Inspector

Name of designated centre:	Pebble Beach
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	20 July 2020
Centre ID:	OSV-0003682
Fieldwork ID:	MON-0029981

About the designated centre

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

This centre is run by Resilience Healthcare Ltd. The centre provides a residential and shared care service to children with a diagnosis of an intellectual disability, autistic spectrum disorder and behaviours that require a response. The objective of the service, as set out by the statement of purpose is to provide a high standard of care in a living environment that replicates a natural home environment.

The centre can accommodate a maximum of four children at any one time aged from six to 18 years of age and they can be male or female. The service is open seven days a week and children are supported by a team of support workers and a management team. A behavioural specialist is available to support staff in their care of the children. Each child is supported by the required number of staff they each are assessed to need. The centre has four bedrooms, all of which have en-suite facilities. It is a bungalow based in a rural location. Vehicle access is provided to enable children to access local amenities, school and leisure facilities. There is a large rear garden available to the children with play equipment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 20 July 2020	10:30hrs to 17:00hrs	Lucia Power	Lead

What residents told us and what inspectors observed

The inspection started in this centre late morning as it was the first day back to school for some of the residents, as previously school had been cancelled due to COVID-19. The residents were returning to complete their July provision and as it was their first day back the inspector did not want to arrive too early so they could adjust to their first day returning.

On arrival at the centre, the inspector met with two residents and observed them in the playground area which was situated at the back of the house. This area was spacious and well laid out to suit the residents recreational needs. One of the residents was on a swing and they were enjoying this activity. This resident was supported by two staff and the activity was observed as fun and recreational. Staff took their time with the resident and support was observed as respectful and caring. The other resident was sitting outside the back door listening to music and had their headphones on, this resident was observed to enjoy their own company and did not engage with the inspector.

Later in the afternoon the inspector met with two more residents after they had returned from school. One of the residents was observed being supported by a staff member and was out the back walking around the recreational area. This resident engaged with the inspector and communication was through gestures and facial expressions. The resident appeared very happy in their surroundings and the inspector observed the supports staff were providing, for example, this resident liked to walk through various areas of their home and the staff took direction from the resident to support them with this activity. Another resident was supported in the beach hut, this is a purpose built hut with a beach theme and was used as a relaxation area. This hut stands alone and is based in the recreational area of the back garden. The inspector observed the staff supporting this resident standing at a respectful distance outside the hut, while the resident was inside relaxing. The inspector asked the resident's permission to come in and meet them in this hut. The inspector maintained the 2 metre distance and observed the resident, the resident appeared very content in this beach hut and there was a couch, television and the hut was decorated internally using a beach theme. The resident appeared to want their own company and after a while the resident made a gesture for the inspector to leave, the resident appeared very relaxed in this environment.

The inspector spoke with some of the staff about the residents support needs and the staff told the inspector about the positive changes for some of the residents over the last year. They also spoke about suggestions they had to improve quality of life for residents and they had sent this to management with a view to discussing it at the next team meeting. Staff highlighted that they can always bring back suggestions to the provider about suggested improvements for residents and that the provider supports this.

The inspector reviewed two questionnaires which were completed by the residents'

families , feedback was noted to be positive and there was no recommendations for improvements.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a good standard and ensured that their assessed needs were met at all times. Residents were supported to achieve their personal goals although these had been subject to changes due to the effects of COVID-19 public health restrictions. However, following the easing of public health restrictions, residents were beginning to access their local community and return to school to complete July provision.

Governance arrangements were in place in this centre with a clearly defined management structure that identified clear lines of accountability and authority. The centre's person in charge was suitably qualified and experienced as described in the regulations and was both knowledgeable about residents assessed needs and the day-to-day management of the centre. In addition, the person in charge was also responsible for two other designated centres, but had the support of a service manager in place specifically for this centre. The inspector spoke with the service manager throughout the inspection and this manager demonstrated a very good understanding of residents needs, they were able to tell the inspector about the complex needs of the residents and the importance of supporting staff so that the service could provide a consistent approach to all the residents. The inspector noted evidence of communication to staff, updates recorded from staff meetings and other records highlighting the importance of support strategies. It was also evident that the service manager communicated with families and updated them on the progress of the residents, especially during the COVID-19 pandemic.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the registered provider's training department. The training matrix for eighteen staff was reviewed by the inspector and discussions with staff demonstrated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, children's first, medication management, positive behaviour management, fire safety and infection control. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care.

The provider is required to carry out an annual review of the centre and two unannounced visits at least every six months, this is cited the Health act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013. The inspector noted that the annual review was carried out on 16 December 2019, identifying the actions to be taken as a result of

findings and the date of completion. The unannounced visit by the provider which was due to take place in the first six months was not carried out in the normal circumstances due to COVID -19, however the provider carried out a self assessment on the 16 June 2020 and the 23 June 2020 respectively. This assessment reviewed the service user views, staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. There was areas identified for improvement, with an action plan and dates for completion. The provider had also carried out a medication audit which resulted in the decrease of medication for some residents

Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills and qualifications to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skills mix of the centre was appropriate to the assessed needs of the residents. The person in charge had ensured that all documentation in respect of staff was in line with schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training as part of their continuous professional development and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management system in the designated centre that identified the lines of

accountability.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider prepared in writing a statement of purpose containing the information as set out in schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge submitted any adverse incidents within 3 working days to the chief inspector as cited in regulation 31.
Judgment: Compliant
Quality and safety
<p>The inspector reviewed the quality and safety of residents in the centre and found it to be of a very good standard.</p> <p>The provider has ensured that there was a comprehensive needs assessment in place for residents. From a sample of the files reviewed the inspector noted that the residents' individual education plan was also on file and that staff from the designated from the centre were also included in these school planning meetings. There was also records on file from the school ensuring updates were been communicated so as to support residents needs. The inspector reviewed a transition plan for one resident who transitioned in early 2020, this transition plan reviewed education and training, self help skills, communication, health and well being, independent living skills, inventory of favourite things amongst other areas so as to ensure the needs of the resident when transitioning into their new home. However, during the COVID -19 pandemic this resident went home to their parents and has now only recently transitioned back to the centre again, staff told the inspector that the resident had previously just settled in and that the resident is now having to adjust again. The staff were able to tell the inspector of the supports and strategies put in place for this resident and how they were implementing such supports. Assessments in place for all residents reviewed the health, personal and social care needs of each resident and included input from health care specialists</p>

based on the presenting need of the residents.

The inspector reviewed a number of positive behaviour support plans, these plans were comprehensive and reviewed the background to the behaviour, the triggers, crisis management protocol and had clear guidelines for staff. The inspector spoke with the service manager and staff and they gave clear examples of the interventions used, the impact for residents and the learning outcomes.

As noted earlier in the report, school was cancelled for some residents due to COVID-19. The inspector noted during this period that residents were supported with a number of activities. The inspector reviewed an activities log which had pictorial references so the residents could choose an activity, such as going to the beach, baking, cooking, walks and games. The staff team had also organised a graduation ceremony for some of the residents due to finish school this year. They got school staff to make short videos and send them to the provider. The provider then organised a ceremony in the house and created a special memory for the residents, this was recorded and sent to the families. The inspector also noted photographs of activities on the walls, of birthdays, activities and other special events.

The inspector observed that the premises required improvement, the walls in a number of the rooms required painting as the paint had peeled and some walls had smudges from wear and tear. The provider had also identified this as an issue and was awaiting quotes back from contractors as part of a tendering process. The provider also acknowledged that the kitchen units required repair as some of the doors and wood was damaged. The provider showed the inspector kitchen plans that had been drawn up so as to improve this area for residents. The provider was aiming to have all these works completed by the end of 2020.

The inspector noted from a review of one of the rooms that a resident's possessions were kept in the sensory room as there was no storage space in the resident's bedroom, a wardrobe had been ordered, but was not yet in place. The inspector observed that the resident did not have control over their clothes and they were stored in an area that others could access.

Regulation 12: Personal possessions

The provider had not ensured that each resident retained control over his or her clothes.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had access to appropriate care and support, having regard to the nature and extent of the residents disability and assessed needs and his or her wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the centre was in a good state of repair and improvements were required.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge ensured that residents received support as they transitioned, and that information on services and supports was made available.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place and systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of healthcare associated infections are protected and the provider had adopted procedures in line with the national guidelines. The inspector observed the provider was following the guidance from the health prevention surveillance centre and the health

service executive, specific to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge shall ensure that a comprehensive assessment was carried out by an appropriate health care professional, of the health, personal and social care needs of residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider provided appropriate health care for each resident having regard to that residents personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. The registered provider ensured that, where restrictive procedures were used they were in accordance with national policy. The inspector noted that every effort is made to alleviate the cause of the residents challenging behaviour and alternative measures were reviewed. Restrictive practices were reviewed by the person in charge.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured residents were free from abuse and that staff had the appropriate training in relation to safeguarding residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre respected the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pebble Beach OSV-0003682

Inspection ID: MON-0029981

Date of inspection: 20/07/2020

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A new wardrobe is to be purchased by the provider for one service user. This will be placed in the bedroom to ensure that there the service user has access to clothing and personal possessions. All other residents have storage in their own bedrooms and this will be maintained.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting of all areas of the premises is due to be completed by end of 2020 and will take place when residents have returned to school.</p> <p>Renovations to the kitchen and dining areas of the premises is due to take place in the first quarter of 2021.</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 12(3)(a)	The person in charge shall ensure that each resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	09/09/2020
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	31/12/2020