



Office of the Chief Inspector

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

Name of designated centre:	St Paul's Dromawling
Name of provider:	St. Paul's Child and Family Care Centre Designated Activity Company
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 February 2019
Centre ID:	OSV-0003768
Fieldwork ID:	MON-0025063

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated January 2019. The centre provided a respite service for 13 children between the ages of 10 and 18 years. A maximum of four children attended at any one time and in general each child received one night of respite each week and every sixth Sunday night. The composition of childrens' groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. Three children who availed of respite in the centre attended on their own due to their assessed needs. On the day of inspection, there were two children availing of respite in the centre. Each of the children had their own bedroom, with adequate storage facilities and there was adequate communal space in the centre which included a well equipped sensory room. There was a nice sized garden to the rear of the centre with a seating area, swing, slide and other play equipment for children to play with. The purpose of this inspection was to monitor the providers compliance with the regulations. The provider is a limited company with its own board which is closely associated with a large teaching hospital. The chief executive officer of the hospital chairs the board of the service, which in turn reports into the board of the hospital. The hospital provides support services to the centre, such as human resources, risk management and payroll function.

The following information outlines some additional data on this centre.

Current registration end date:	08/10/2019
Number of residents on the date of inspection:	2

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
13 February 2019	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met briefly with the two children availing of respite on the day of inspection. Although one of the children was unable to tell the inspector their views of the service, warm interactions between the child and staff caring for them were observed. The other child indicated to the inspector that they were happy to be attending the centre for a respite break and that they were looking forward to the outing planned that evening. Both of the children were in high spirits and appeared to be enjoying spending time in the company of staff and in the centre's sensory room. Each of the children availing of respite in the centre had a full-time school placement, with a number of the children attending a school affiliated with the provider but a more significant number attending schools that were not associated with the provider. Staff spoken with outlined how they considered that the centre met each of the children's care and support needs whilst they were availing of respite.

There was evidence that the children, and their family representatives, were consulted with and communicated with, about decisions regarding the care provided and the running of their house. The inspector met with a parent of one of the children attending respite on the day of inspection. This parent was highly complementary of the service provided, the staff and the care and support which their child received whilst in respite.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to the children's needs. However, some improvements were required so as to ensure effective monitoring of fire safety precaution arrangements.

The centre had two named persons in charge, on a job sharing basis to fill a whole-time position. The governance, operational management and administration of the centre was overseen by the persons in charge who had been in the positions for more than four years. Staff members spoken with told the inspector that the persons in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The persons in charge, worked

opposite each other on a one week rotational basis with face to face handover one day per week. The persons in charge reported to the director of service who in turn reported to the chief executive officer of the hospital associated with the service. There was evidence that the director of service visited the centre at regular intervals to assure herself of the quality of the service being provided.

The provider had completed an annual review of the quality and safety of services and unannounced visits to assess the quality and safety of the service as required by the regulations. There was evidence that a number of audits had been completed on a regular basis. Examples of these audits included, hygiene and environmental, health and safety, person centred plans, incident categorisation, medication management, fire, behaviour interventions, restrictive practices and supervision. There was evidence that actions were taken to address issues identified in these audits. However, the inspector identified that audits undertaken in relation to fire safety arrangements had failed to identify deficits in fire drill arrangements, and that a piece of fire fighting equipment may not have been serviced for an extended period.

There was a recruitment and selection policy, dated September 2018. The full complement of staff were in place and had worked in the centre for a satisfactory period. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the children availing of respite. There was an actual and planned staff rota in place which was well maintained.

Training had been provided to staff to support them in their role and to improve outcomes for the children availing of respite. There was a staff training and development policy, dated August 2018. Additional specific training had been provided for staff to assist them in care for children with specific needs. A training programme was in place which was coordinated centrally. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. There was a supervision policy in place, dated August 2017. The inspector reviewed a sample of staff supervision files for supervision completed by each of the persons in charge and found they were of a good quality and undertaken in line with the frequency proposed in the providers policy. This was considered to support staff to perform their duties to the best of their abilities.

Regulation 14: Persons in charge

The centre had two named persons in charge, on a job sharing basis to fill a whole time position. The persons in charge were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and found to have the right skills, qualifications and experience to meet the assessed needs of the children availing of respite.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for the children availing of respite in the centre. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated November 2018, that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. However, the inspector identified that audits undertaken in relation to fire safety arrangements had failed to identify deficits in fire drill arrangements, and that a piece of fire fighting equipment may not have been serviced for an extended period.

Judgment: Substantially compliant

Quality and safety

The children availing of respite in the centre received care and support which was of a good quality, person centred and promoted their rights. Some improvements were required in relation to fire safety arrangements.

The children's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans in place reflected the assessed needs of the individual children and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. 'Vision' and 'daily living' goals were set for each of the children. There was evidence that progress in achieving these goals was monitored at regular intervals. Goal daily progress notes were maintained. Personal plans in place were reviewed at regular intervals with the involvement of the children's multidisciplinary team, the child and family representatives. A detailed transition plan was in place for one of the children who had turned 18 years and was due to transition from the centre once their school placement finished.

The children were each supported to engage in meaningful activities in the centre and within the community. Each of the children attended a school placement with a small number of the children attending a school affiliated with the provider. Individual education plans were available on a sample of files reviewed by the inspector and it was noted that staff were supporting children to adhere to these plans. This promoted consistency for the children whether in school, home or respite. There was a good range of craft materials and board games available in the centre. Examples of other activities that children engaged in during their respite stay included, outings on public transport, cinema, home cooking, bowling, walks in number of local parks, meals out and shopping trips. There was a nice sized garden to the rear of the centre which had a number of play and recreational facilities including swings, slide and seating area. A record was maintained of activities that children engaged in.

Children were assisted and supported to communicate in accordance with their needs and wishes. There was a policy on communication. Individual communication requirements were highlighted in children's personal plans and reflected in practice. There were communication tools, such as picture exchange and object of

interest in place, to assist children to choose diet, activities, daily routines and journey destinations. One of the children attending respite on the day of inspection and staff were observed to communicate clearly with them on the day of inspection using tools available.

The centre was found to be suitable to meet the children's individual and collective needs in a comfortable and homely way. Each of the children had their own bedrooms with suitable storage facilities. This promoted the children's independence, dignity and respect.

The children were provided with a nutritious, appetizing and varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the children. There was evidence that a healthy eating programme was promoted. On admission to respite each of the children agreed with staff what they wanted to eat for their overnight stay and this was facilitated.

The health and safety of the children, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for children. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified.

Overall, suitable precautions were in place against the risk of fire. There was a fire safety policy and a fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. However, it was identified that a fire blanket on display in the kitchen did not appear to have been serviced for an extended period. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving some children had been undertaken. However, it was identified that a number of children had not attended a fire drill in an extended period and or in line with the frequency proposed in the providers statement of purpose. There was limited processes in place to ensure that each of the children attending respite in the centre attended a fire drill at a regular interval. This meant that some children, and therein staff supporting them, might not be adequately prepared to quickly, calmly and safely evacuate the centre in the event of fire.

There were arrangements in place for investigating and learning from incidents and adverse events involving the children. The risk management department in the hospital, associated with the governance of the centre, provided advice and support to the centre on the management of incidents and near misses. Analysis reports on the number and types of incidents were made available at regular intervals. Overall, low number of incidents and near misses were reported in the centre. There was

evidence that incidents were discussed at monthly staff team meetings. This promoted opportunities for learning to improve services and prevent incidences.

There were measures in place to protect the children from being harmed or suffering from abuse. There were no allegations or suspicions of abuse in the preceding 12 month period.

The children were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of the children were being appropriately responded to. Positive behaviour support plans were in place for children identified to require same. These provided a good level of detail to guide staff in meeting the needs of the individual children. There was evidence that plans in place were regularly reviewed by the provider's psychologist. Incidents associated with challenging behaviour were found to have been appropriately responded to. A log was maintained of all restrictive practices in use and there was evidence that these were subject to regular review.

Regulation 10: Communication

The children's communication needs were being met.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each of the children availing of respite in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The children were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of children, visitors and staff were promoted and protected.
Judgment: Compliant
Regulation 28: Fire precautions
Precautions were in place against the risk of fire. However, it was identified that a number of children had not attended a fire drill in an extended period and or in line with the frequency proposed in the providers statement of purpose. There was limited processes in place to ensure that each of the children attending respite in the centre attended a fire drill at a regular interval. It was identified that a fire blanket on display in the kitchen did not appear to have been serviced for an extended period.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Each of the children's well-being and welfare was maintained by a good standard of evidence-based care and support.
Judgment: Compliant
Regulation 7: Positive behavioural support
The children were provided with appropriate emotional and behavioural support.
Judgment: Compliant
Regulation 8: Protection
There were measures in place to keep children availing of respite in the centre safe and to protect them from abuse.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Paul's Dromawling OSV-0003768

Inspection ID: MON-0025063

Date of inspection: 13/02/2019

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:

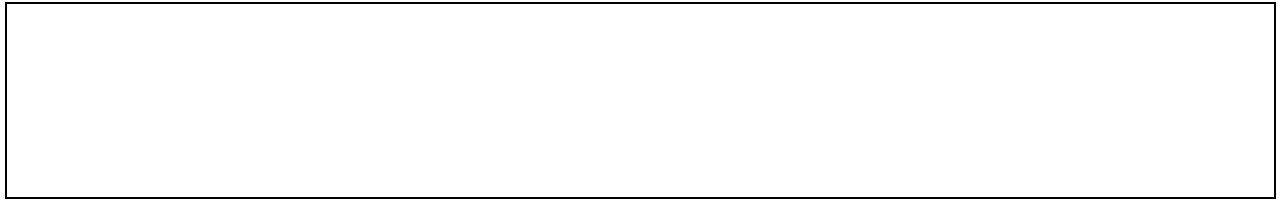
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A) Audit tool –PIC has updated Fire Audit tool to include visual check of Fire Blankets</p> <p>B) Fire Blanket –PIC has linked with appropriate external company to enquire why one Fire Blanket was not reviewed in the scheduled timeline when updating the other Fire Equipment. External company to inspect Fire Blanket.</p> <p>C) Fire evacuation – PIC has updated the Staff Fire Evacuation schedule to include a Children Fire Evacuation schedule, thus ensuring compliance with SOP and Service Policy. All children in Dromawling have now participated in a Fire Evacuation drill in February 2019 and are scheduled again for August 2019.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A) Audit tool –PIC has updated Fire Audit tool to include visual check of Fire Blankets</p> <p>B) Fire Blanket – PIC linked with appropriate external company to enquire why one Fire Blanket was not reviewed in the scheduled timeline when they were updating the other Fire equipment. External company to inspect Fire Blanket.</p> <p>C) Fire evacuation – PIC has updated the Staff Fire Evacuation schedule to include a Children Fire Evacuation schedule, thus ensuring compliance with SOP and Service Policy. All children in Dromawling have now participated in a Fire Evacuation drill in February 2019 and are scheduled again for August 2019.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/03/2019
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	03/04/2019
Regulation 28(4)(b)	The registered provider shall	Substantially Compliant	Yellow	23/02/2019

	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.			
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