



## Office of the Chief Inspector

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

Name of designated centre:	St Paul's Santry Residential
Name of provider:	St. Paul's Child and Family Care Centre Designated Activity Company
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	05 March 2019
Centre ID:	OSV-0003769
Fieldwork ID:	MON-0022667

## 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. A maximum of four children, between the age of 7 and 18 years, availed of respite in the centre at any one time. The centre comprised of a four bedroomed two story house which was located in the suburbs of Dublin. Each child availing of respite in the centre had their own bedroom, with adequate storage facilities and there was adequate communal space in the centre. There was a nice sized garden to the rear of the centre with a seating area, swing, water play table, green house and mini trampoline for children to play with. 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 purpose of this inspection was to monitor the providers compliance with the regulations and to inform an application by the provider to renew the registration for this centre.

**The following information outlines some additional data on this centre.**

Current registration end date:	10/08/2019
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
05 March 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 with the child availing of respite on the day of inspection and one other child who was identified to transition to the centre who was visiting the centre. Although both of the children were unable to tell the inspector their views of the service; warm interactions between the children and staff caring for them were observed. Both of the children were in high spirits and appeared to be enjoying spending time in the company of staff and in the garden at the rear of the centre. 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. 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 in person with a parent of one of the children attending respite on the day of inspection and spoke on the phone with another parent. Both of these parents were highly complementary of the service provided, the staff and the care and support which their respective child received whilst in respite.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the childrens' needs.

At the time of the last inspection, the centre had provided a residential service for up to four children. In September 2018, a respite service had been introduced on specific nights. In February 2019, the last residential child transitioned to an adult service. At the time of this inspection, the centre provided a respite service for four children between the ages of 7 and 18 years. In general each child received one night of respite per week and every fifth Saturday night. However, the provider had plans in place to reconfigure the service and move three children from this centre to another centre where they could access extended respite for up to three nights per week based on their assessed needs. In addition, it was proposed that 11 children would transition to this centre to avail of respite as per their current service plan of one night per week with every sixth Sunday night. Transition plans had been put in place for this move. The composition of childrens' groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. On the day of inspection, there was one child availing of respite in the centre and

another child, identified to transition to the centre was visiting for the afternoon.

The centre was managed by a suitably qualified and skilled person in charge. She had taken up the role of person in charge in the centre in January 2018 but had previously been person in charge in another of the providers centres located nearby. She held a diploma in education and a certificate in management and had more than three years management experience. Staff members spoken with told the inspector that the person in charge supported them in their role and acted as a good leader.

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 person 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 communication. There was evidence that actions were taken to address issues identified in these audits.

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. With the transition of 11 children to this centre, it was proposed that two staff from the centre where they currently attain respite would move with the children. This would provide continuity of care for these children.

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. The inspector reviewed a sample of staff supervision files for supervision completed 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.

There were appropriate procedures in place for the management of complaints.

There was a complaints policy. Overall, there were a small number of complaints recorded. These were found to have been managed promptly and effectively, and in each case it was recorded if the complainant was satisfied with the outcome and actions taken. The complaints procedure was on display on the centres notice board and included contact details for the complaints officer.

#### Regulation 14: Persons in charge

The person in charge was 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. A number of staff from this centre were due to transition with children from this centre to another of the providers centre located nearby. Likewise, a small number of staff from said centre were due to transition with children from said centre to this centre in the coming period.

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 23: Governance and management

The governance and management systems in place promoted the delivery of a high

quality and safe service.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The centre had a publicly available statement of purpose, dated January 2019, that accurately and clearly described the services provided.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
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
<b>Regulation 34: Complaints procedure</b>
There were suitable arrangements in place for the management of complaints.
Judgment: Compliant
<b>Quality and safety</b>
<p>The children availing of respite in the centre received care and support which was of a good quality, person centred and promoted their rights.</p> <p>There were arrangements in place to support and promote childrens' rights. There was a residents' guide in place which provided information on rights. A childrens' charter of rights was available in the centre. The provider had a rights review committee in place which met on a quarterly basis and had two parent representatives as members. There was an advocacy policy in place, including a child friendly version. There was information available in the centre in relation to advocacy to guide staff and as a resource for parents. Each of the children availing</p>



of respite in the centre had two allocated key workers who acted as advocates for the children availing of respite. There was evidence that children were enabled to make decisions about their care through key working sessions/children advocacy sessions and meetings in the centre. Children's involvement in the development of their personal plans were noted and included artwork such as sketches of their hands and pictures relating to their goals.

The person in charge demonstrated a good knowledge of children's rights and her responsibility to uphold them. Transition plans put in place for children identified to transition to and or from the centre were focused on the individual children's rights and needs. There was evidence that children where possible and their families had been consulted with about the move and arrangements proposed. Records showed that children identified to transition to and from the centre had made a number of visits to their new respite homes. There were arrangements in place to promote residents being treated with dignity and respect. There was an intimate care policy in place and individual plans for the provision of intimate care.

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 the three children due to transition from this centre to another centre, identified to provide extended respite. In addition, transition plans had been put in place for children identified to move to this centre.

The children were each supported to engage in activities in the centre and within the community which were appropriate to their assessed needs. Each of the children attended a school placement with a 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, sensory play items and board games available in the centre. Examples of other activities that children engaged in during their respite stay included, outings to a local nature park and to a local sports ground. There was a nice sized garden to the rear of the centre which had a number of play and recreational facilities including swings, water play table, mini trampoline, green house 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 communication profiles. 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.

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 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.

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. 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 each of the four children availing of respite in the centre had been undertaken in line with the frequency proposed in the provider's statement of purpose.

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, a 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 a small number of restrictive practices in use and there was

evidence that these were subject to regular review.

There were systems in place to ensure the safe management and administration of medications. There was a secure cupboard for the storage of all medicines. Medications were supplied by the child's family for each respite stay with any unused medication returning home with the child. A review of a sample of medication kardexs and administration sheets recorded that medications had been administered as prescribed. All staff had received appropriate training in the safe administration of medications. A monthly audit of medication practices was completed to review and monitor safe medication management practice.

### Regulation 10: Communication

The childrens' 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 26: Risk management procedures

The health and safety of children, visitors and staff were promoted and protected.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Judgment: Compliant

<b>Regulation 29: Medicines and pharmaceutical services</b>
There were systems in place to ensure the safe management and administration of medications.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each of the children's well-being and welfare was maintained by a good standard of evidence-based care and support.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
The children were provided with appropriate emotional and behavioural support.
Judgment: Compliant
<b>Regulation 8: Protection</b>
There were measures in place to keep children availing of respite in the centre safe and to protect them from abuse.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
There were arrangements in place to support and promote childrens' rights.
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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant