



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

## Issued by the Chief Inspector

Name of designated centre:	Crannóg Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	16 January 2020
Centre ID:	OSV-0005006
Fieldwork ID:	MON-0026295

## About the designated centre

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

Crannóg can provide a respite service to children and young people of mixed gender from 3 to 18 years of age, and who have a severe to profound intellectual disability. Crannóg can provide a respite service for 19 nights a month, which includes two weekends. Respite care is provided on the basis of planned, recurrent, short stay placements. The service can accommodate up to five children per night, but usually accommodates a maximum of four. Crannóg is a large comfortable bungalow with a garden. The centre is decorated and equipped to suit the needs of children. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Children are supported by a staff team which includes the person in charge, nurses and care assistants. Staff are based in the centre when children are present and a nurse remains on duty at night to provide support and clinical care. There are also additional staff members based in the complex at night to provide extra support as required, or in the event of an emergency.

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

Number of residents on the date of inspection:	3
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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
Thursday 16 January 2020	14:15hrs to 19:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with three children who used this service, although they did not have the verbal capacity to discuss views about living there. The inspector observed, however, that these children were clearly comfortable and relaxed in the company of staff and in their surroundings, and were enjoying the activities that they were involved in.

## Capacity and capability

The governance arrangements in the centre ensured that a good quality and safe service was provided for children taking respite breaks there. The provider and management team had addressed most of the issues that had been identified in the previous inspection report, and had identified further measures to improve quality of life and safety for children who used this service.

The provider ensured that the service was subject to ongoing monitoring, review and development. Six-monthly unannounced audits of the centre's practices were being carried out by the management team. Audits showed a high level of compliance with regulations and standards, and any audit findings were being addressed in a timely manner.

The person in charge was very familiar with children's care and support needs, and worked closely with the staff team in the centre. There were sufficient staff on duty during the inspection to support children's assessed needs, during their respite break.

The provider had made arrangements to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, including mandatory training in fire safety, manual handling, safeguarding and behaviour management. There were also a range of policies and procedures to guide staff. The provider had also ensured that a volunteer to the centre had been suitably vetted and supervised in accordance with the organisation's policy.

All policies required by schedule 5 of the regulations were available as well as additional policies relevant to the centre. However, some policies were out-of-date, while some were not centre specific and did not reflect the actual practices and procedures being used in the centre. Policies were being developed nationally by the organisation and had been supplied to the designated centre.

The provider had ensured that the centre was suitably resourced to meet children's needs. This was achieved by the allocation of adequate staffing levels, provision of a

comfortable environment, including appropriate assistive equipment, and the availability of transport for children's use.

The provider had also ensured that a directory of residents was being maintained as required by the regulations, and that the service had been agreed with residents' representatives. As there had been some recent change to the allocation of the service, the person in charge had made revisions to service agreements and these were being agreed with families.

There were arrangements were in place for the management of complaints, although there had been no complaints in the centre since the last inspection in July 2018. However, the complaints procedure was not displayed in the centre as required by the regulations.

Overall there was a high level of compliance with regulations relating to the governance and management of the centre.

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each child who received respite services in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe respite service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for all the children who received respite services in the centre. These agreements included the required information about the service to be provided. New agreements had been developed to reflect some changes in the service and these were in the process of being agreed with children's families.

Judgment: Compliant

<b>Regulation 30: Volunteers</b>
The provider had suitable arrangements in place for the management and supervision of volunteers.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The arrangements in place for the management of complaints required some improvement. There was an up-to-date complaints policy and information about the complaints process had been supplied to children's families. However, the complaints procedure was not displayed in the centre as required.
Judgment: Substantially compliant
<b>Regulation 4: Written policies and procedures</b>
All policies required by schedule 5 of the regulations were available to guide staff. While most of the policies were up-to-date, a small number had not been reviewed within the past three years as required by the regulations. Furthermore, some of the policies viewed were not centre-specific and did not include guidance on the processes used in the centre.
Judgment: Not compliant
<b>Quality and safety</b>
Overall, there was a good level of compliance with regulations relating to the quality and safety of the service. The provider's practices ensured that the well-being of children was promoted and that they were kept safe. The inspector found that the children received person-centred care and support that allowed them to take part in activities that they enjoyed, to play, and to attend school during their respite breaks.
Children's quality of life was prioritised while they were in the centre, and their rights and choices were supported. The inspector noticed that staff supported the

preferences of those using the service, and had also established their likes, dislikes and preferences through discussion with their families.

The centre was clean, comfortably furnished, and well equipped, and suited the needs of the children who availed of respite breaks there. There was a selection of toys and sensory items supplied for the children. Each person had his or her own bedroom during respite stays, and these rooms were suitably furnished and equipped. Since the last inspection there had been improvements made to the building to increase comfort, safety and accessibility for the children using the service. Additional overhead hoists had been fitted in bedrooms and communal areas, and there had been a renovation to the layout of the kitchen and sensory room to improve accessibility.

Children were supported to communicate in accordance with their needs. Children's communication needs had been assessed by a multidisciplinary team, including a speech and language therapist. Overall, this information was well documented in children's personal plans although some information had not been suitably recorded to guide staff.

The provider had measures in place to manage risks, including risks associated with fire. These included, the development of personal emergency evacuation plans for each child, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. There were also procedures, such as behaviour support plans, and involvement of a psychologist and behaviour support specialist, for the support the safety of children with behaviours of concern.

Fire safety measures included up-to-date servicing of fire fighting extinguishers and the fire alarm system. Staff had also received fire safety training. Since the last inspection the provider had carried out works to improve the centre's fire safety levels. Ceilings throughout the building had been upgraded to a higher fire retardancy standard, and fire doors of a higher specification were being fitted throughout the building. Fire evacuation routes had also been reviewed and a revised plan had been implemented. This measure had also eliminated a risk that had been evident during the last inspection. However, some aspects of fire safety required improvement. While fire evacuation drills were being carried out, improvement was required to ensure that details of these drills were recorded in sufficient detail to support learning. Personal evacuation plans also required review to establish if they were still relevant following the introduction of the new hoist system.

Personal planning arrangements ensured that each child's needs were met during their respite stays. As respite users were based in the centre at limited times their personal plans support needs were developed in conjunction with their school staff. The implementation of these plans was supported by families, school staff, and staff in the designated centre. Quarterly multidisciplinary reviews of each child's support needs were being carried out, and these meetings were attended by a range of professionals, including staff from both the designated centre and schools, speech and language therapist, occupational therapist, psychologists and social workers. Records of these reviews were retained to inform staff in the delivery



of care.

Children's nutritional needs were well met and suitable foods were provided to meet any identified needs. Speech and language and dietetic services were available to children. Plans of care had been developed to address identified nutritional needs, such as modified consistency diets, weight management and gastrointestinal feeding.

Since the last inspection of the centre, the procedure for the safe management of medication had been strengthened, by the introduction of an improved system for the management of unused and out of date medicines.

### Regulation 10: Communication

The provider had made arrangements to support and assist children to communicate in accordance with their needs and wishes. However, some of this information was not suitably recorded and made available to guide staff.

Judgment: Substantially compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of children who availed of respite service there. The centre was well maintained, clean and suitably decorated, and was equipped to suit the needs of children.

Judgment: Compliant

### Regulation 18: Food and nutrition

Children's' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of children.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had taken appropriate measures to eliminate a fire evacuation risk that had not been suitably controlled during the last inspection of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvement was required to the some of the procedures to protect residents and staff from the risk of fire.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Arrangements for the management of unused and out of date medicines had been suitably reviewed and changed to ensure that this process was safe.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each respite user had been carried out, and individualised personal plans had been developed for all children based on their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

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>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Crannóg Respite Service OSV-0005006

Inspection ID: MON-0026295

Date of inspection: 16/01/2020

## 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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A visual easy read local protocol has been designed and is now displayed in the entrance hall.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: National Office was contacted in relation to the 3 Policies that were out of date and 2 of these have now been reviewed and updated. The 3rd policy in relation to AIRS is in the process of being reviewed and updated.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: All individuals supported have a Communication Passport in their Personal Profile and where a child may have more than one system in place in regard to any of their support provision then this is clearly documented in the Profile to guide all staff.	

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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All Personal Evacuation and Egress Plans (PEEPs) have been reviewed and updated.

A night time fire drill (unannounced) was carried out on the 04/02/2020 to accurately record the time for assistance to come to the respite house. Assistance arrived in 1minute 36seconds and full evacuation took place in 3minutes 35seconds.

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	10/02/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	10/02/2020
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-	Substantially Compliant	Yellow	10/02/2020

	appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/03/2020