

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cooleens House
Centre ID:	OSV-0001817
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	Noreen Ryan
Lead inspector:	Carol Maricle
Support inspector(s):	Caitriona Twomey
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 October 2017 10:25 To: 12 October 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The designated centre offered a respite service to children with disabilities. This was the fourth inspection of this centre. The current inspection was scheduled to inform the renewal of the registration of the centre.

How we gathered our evidence:

As part of the inspection, the inspector met with two children and two family representatives. The inspectors also met with members of the staff team including nurses, care assistants, the person in charge, a person involved in the day-to-day management of the centre, the acting manager of residential services and the chief executive officer (person representing the provider). Not all of the children were able

to fully converse with the inspectors, however, the inspectors spent some time with them and observed staff interacting with them. The inspectors also reviewed documentation such as a sample of personal plans, 13 pre-inspection questionnaires submitted by representatives of the children along with other relevant records kept in the centre.

Description of the service:

The centre was a purpose built, spacious detached bungalow with a large rear and side garden. There were six bedrooms at this centre, two bathrooms, a sitting room, a kitchen, dining area and a sensory room. In addition, there was a large indoor play space available for the children to use. There were outdoor recreational facilities located in a rear garden; this was fenced in. The centre was located in a rural area within driving distance to local shops and facilities.

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The centre provided a respite service to children that with a diagnosis of an intellectual disability and or diagnosis of autism. The maximum number of residents that the centre could cater for at any one time was six. There were a total of 25 children eligible to receive respite services. On the day of the inspection there were two children receiving respite. The inspectors found that the service was being provided as it was described in the document.

Overall judgments of our findings:

Overall, it was demonstrated that the children were supported appropriately by staff. There were good governance systems in place. The atmosphere was inviting and the children were observed to be relaxed and comfortable. The person in charge had a detailed knowledge of each child and their needs. The family representatives, with whom the inspectors met with, spoke highly of the service and of the care given to their children by staff. The majority of the feedback given in pre-inspection questionnaires completed by family representatives set out a high level of satisfaction in the service received.

There was a small number of regulations not being complied with in relation to:

- availability of internet facilities (Outcome 2)
- furnishings (Outcome 6)
- recording of drugs that required stricter controls (Outcome 12)
- statement of purpose (Outcome 13)
- records (Outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure that children were consulted with, had information about their rights and that their privacy and dignity were respected. A complaints system was in place. There were financial systems in place to account for pocket monies brought into the centre by the children.

Children were consulted with and participated in decisions about their care and about the organisation of the centre. Family representatives reported that they were regularly consulted with. This was further evidenced by satisfaction surveys reviewed during the inspection and signatures on current support plans.

Information on childrens' rights was on display. In all interactions observed by inspectors the children were supported with respect and dignity. Childrens' choices and preferences were considered in the planning of day-to-day activities in the centre, for example meal planning and outings. Children had opportunities to play while in the centre. Toys were available and accessible in the communal areas of the centre. Children and their representatives were also encouraged to bring some preferred items from home. There was a dedicated indoor play area and a secure outside recreation area.

The complaints procedure was on display in the centre. This was also available in an accessible format. A review of the complaints book indicated that all complaints were recorded, investigated and the outcome was shared with the complainant. There was a nominated person to address complaints within the organisation. There was evidence of changes to practice following complaints. There was also evidence that the complaints officer had completed an audit of all complaints received.

As this was a respite centre, there were minimal financial transactions relevant to the personal finances of the children. Some children arrived for respite with pocket money and where this was the case, the monies were recorded and accounted for. Parents confirmed their satisfaction in this area.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to promote children in their communication with others.

On the day of inspection staff were aware of the different communication needs of the residents, including the use of assistive technology. Of a sample of personal plans reviewed, all had a communication document that had been compiled with input from a speech and language therapist. Each personal plan also included an easy to read summary. Accessible versions of the complaints procedure and residents' guide were available.

There were a number of communication systems in place and evidenced in practice in the centre. These included visual supports regarding staff on duty, residents currently accessing the service, daily activities and who was staying in each room. The design and decoration of the centre also incorporated communication supports, for example, clearly painted pictures on the doors to indicate the purpose of communal rooms. A communication audit of the centre had been completed by a speech and language therapist and clearly outlined actions to be undertaken to further support the residents and staff team in the area of communication. Residents had access to radio and television.

At the time of the inspection, the centre did not have internet facilities available to children. However, children did bring their electronic tablets with them and accessed content that had previously been downloaded by their family representatives. A child was observed using their electronic tablet for communication purposes and staff were observed to be familiar with this method and facilitated same. The person in charge confirmed to inspectors that access to internet facilities were being actively looked at by the wider organisation and a policy was being developed prior to the roll out of same.

Judgment: Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Children were supported to develop and maintain personal relationships and links with the wider community including their school community.

There was evidence to show that children, while on respite, engaged with the wider community; went to the shops and used facilities both within and outside of their local community.

Families' input into personal plans was evidenced by signatures on individual support plans that comprised the personal plan. The person in charge reported that families were kept informed of their child's wellbeing, through telephone and face-to-face contact. Families also received an information leaflet setting out how their child experienced respite, what they ate, where they went and any other appropriate information. This was also reported by family representatives when they met with inspectors. There was documentary evidence of a plan in place to support a child to maintain contact with a parent, using assistive technology, while accessing the centre. Due to the nature of the service, most often families did not visit their children while they were in receipt of respite, however this was facilitated by staff when the child and family requested this. The statement of purpose set out the arrangements for visitors, confirming that visitors were welcome to the centre.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The organisation maintained a policy on admissions. Written terms and conditions between family representatives and the provider were in place. An action from the previous inspection had been satisfactorily implemented.

The statement of purpose set out information on admissions and admission criteria. There was a transition to respite pathway also set out in writing. The statement of purpose also set out a centre specific admissions, transition and leaving policy. All of this information clearly set out to the reader the manner in which applications for respite were managed. During this inspection, the inspectors were informed by family representatives that their child had been admitted to the centre on a planned and gradual basis in conjunction with their needs.

At the time of this inspection, the statement of purpose confirmed that the centre could accept emergency admissions. The person in charge confirmed that in the 12 months prior to this inspection there had been no such admissions.

Children were discharged from the service following each respite stay to their family home or school. These day-to-day discharges were done in a safe and planned manner. Information on the child's experience of respite was given to their family representatives. Upon reaching their eighteenth birthday and following their graduation from secondary school, children were then discharged fully from the service. This was done in a planned manner and the person in charge provided information to families on adult services. The family representatives confirmed to inspectors their awareness of discharge arrangements.

An inspector reviewed a sample of files and these were found to contain copies of written terms and conditions between the family representatives and the provider. An inspector observed an age-appropriate individualised contract developed by a child and the person in charge that set out the day-to-day arrangements of their admission and discharge from the service. This was appropriate given their age and abilities.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The well-being and welfare of children were maintained by a good standard of care and support. The arrangements to meet children's assessed needs were set out in personal plans that reflected their interests, needs and capacities. Personal plans were drawn up with the participation of parents who acted on behalf of their children. There were systems in place for the annual review of personal plans. There was evidence that children were supported in transitions between childhood and adulthood. The actions arising from the previous inspection were satisfactorily implemented and these were in relation to the assessment of the needs of the children and review of personal plans.

The file of each child had an assessment of their needs, a child-friendly personal plan and a range of other documentation such as communication passports, important information to know about each child, consent forms and terms and conditions.

The assessment of the needs of the child was led by the person in charge, which was appropriate given that she was a healthcare professional. However, this also included the viewpoint of the family representatives which was appropriate as the children lived at home with their families. Following each assessment of need, outcomes of assessments were then completed and depending on the outcomes, support plans were created in the relevant areas. Where required, the person in charge sought copies of reports and assessments from multidisciplinary professionals and the recommendations of these professionals were included in the assessment of need. The needs of the children were assessed annually by staff and parents at the review of the personal planning arrangements for each child.

Parents were communicated with throughout the year by the person in charge and they participated in an annual review of their child's personal plan. The parents with whom the inspectors met with confirmed their participation in the reviews of their child's personal planning arrangements. The review was also conducted in a multidisciplinary manner and there was evidence to show that the person in charge liaised on an on-going basis throughout the year with various professionals, both within and outside of the organisation. In this way the review of personal planning arrangements was observed to be an on-going process rather than a once a year event. The person in charge informed inspectors that she regularly liaised with school staff, the team of professionals employed by the provider and statutory organisations and this was demonstrated in the files reviewed by inspectors.

Children had short and long term goals developed by them (where possible), their family representatives and staff, for example, a parent may have requested that a personal

care programme in place at home and at school be continued at the centre. This was set out as a goal and staff recorded progress in this area.

The person in charge was clear on the role of staff at this centre in assisting children in their transition to adulthood and their acquisition of independent living skills. The provider had developed an information leaflet that was distributed to families well in advance of their children discharging from the service. At the time of this inspection, the person in charge could articulate to the inspectors the number of children due to graduate from the service following their completion of second school education. There was evidence that the person in charge liaised closely with the schools regarding their programmes for children leaving their service.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that the premises provided was suitable to meet the needs of the children availing of respite in this designated centre.

The designated centre was a purpose-built spacious detached bungalow, located in rural area that was within a short driving distance to local shops and amenities. Within the centre there were six bedrooms, two of which were ensuite, a large indoor play area, a sitting room, a kitchen, dining area, a sensory room, a bathroom, a shower room, a laundry, a store room and a staff office. All rooms within the centre were observed to be well-furnished.

Efforts had been made to give the centre a homely feel, for example various drawings by children and seasonal decorations were on display throughout the designated centre. Inspectors saw some bedrooms used by children which were observed to be colourfully decorated and appropriately laid out. Children were provided with ample storage through chests of drawers, wardrobes and beside lockers.

Appropriate facilities were provided for children to engage in recreational activities. For example various activities were available in the large indoor play area. In addition the

centre opened out to a courtyard area and large green areas to the side and rear of the property. Such green areas also provided for various recreational opportunities. Parking space was available at the front of the property.

The designated centre was presented in a clean manner on the day of inspection and was generally observed to be in a good state of repair. However when reviewing the premises it was noted that two couches had tears in their cushions, one of the ensuite bathrooms had a piece of protruding skirting board while a section of the external wall and garden fences required painting. Other maintenance issues relating to furniture which had been identified during the previous inspections had been addressed.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that appropriate efforts were being made to promote the health and safety of children, staff and visitors in the designated centre. Actions from the previous inspection had been addressed.

Hand gels and personal protective equipment were available throughout the designed centre.

A fire alarm system, emergency lighting, fire doors and fire fighting equipment including fire extinguishers were present in the centre. Emergency lighting was seen to be operational on the day of inspection while fire exits were also observed to be unobstructed. The fire evacuation procedures were also on display throughout the centre.

Staff fire safety checks were being carried out and documented. Inspectors saw records of certificates of maintenance carried out by external bodies for the fire alarm, emergency lighting and the fire extinguishers. Training records reviewed also indicated that all staff members had received up-to-date fire safety training while staff spoken to indicated that they had participated in recent fire drills.

Residents had personal evacuation plans in place and fire safety drills were being carried out at monthly intervals. Records were maintained of these drills which included the names of staff and residents who took part along with the duration of the evacuation,

the time of day and a summary of the individual drills.

The previous inspection found that improvement was required in relation to the identification and assessment of risk within the centre. During this inspection a risk register was in place containing risk assessments which affected the centre as a whole along with risks assessments relating to individual residents. It was noted that all risk assessments had been recently reviewed. Inspectors identified two risks in the centre which required further assessment but this was addressed by the person in charge before the close of inspection.

Systems were in place for risks to be escalated within the centre's overall governance structure depending on the risk rating applied and inspectors saw evidence that this system was followed. A process for recording accidents and incidents occurring in the centre was in place. Inspectors were told that learning from any adverse events was shared with staff through regular staff meetings. Minutes of such meetings were reviewed which indicated that such issues were discussed.

Appropriate policies relating to health and safety and risk management were in place while audits in such areas were also conducted. Training records indicated that all staff had received training in manual handling.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures to protect the children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that required a response. A restraint-free environment was promoted.

A policy on child protection was in place at the centre and this included reference to the Children First (2011): Guidance for the Protection and Welfare of Children. Staff were

trained in safeguarding. There had been no concerns raised about children that required reporting to the Child and Family Agency (Tusla) in the 12 months prior to this inspection. A small number of concerns pertaining to children that had reached the age of eighteen had been forwarded to the relevant health service executive safeguarding team.

A policy on intimate care was in place and intimate care plans were developed for all children whose files were viewed by the inspectors.

A visitor book was used and contained clear details of all visitors to the centre, the purpose and duration of their visit.

There was a designated liaison person for child protection concerns appointed by the provider and records showed that she was involved in the review of all safeguarding concerns raised by staff and or the person in charge. An inspector saw evidence of her involvement in audits of files and day-to-day involvement in meetings regarding the children.

Staff were observed caring appropriately for the children. During the inspection, the children presented as comfortable with staff and enjoyed sitting with staff and spending time with them. Parents were observed to be made to feel welcome by staff when they visited the centre. The family representatives with whom the inspectors met with commented positively on how their children's needs were met by staff. They reported a high level of satisfaction. Where there were historical concerns raised by family representatives the person in charge demonstrated awareness of these historical concerns and the actions taken to address and resolve the issues at the time.

Staff promoted a positive approach to behaviour that required a response. The children stayed at the centre for short periods of time and the person in charge told the inspector that there were in general, low numbers of incidents that involved behaviour that challenged. The incident and accident log book from 2017 confirmed same. There were systems in place to ensure that where this presented as a need, that staff were equipped through training and support plans to care for children and keep them and others safe.

Overall, children were observed walking freely around the centre, in and out of their own room and communal areas. There were some environmental restrictive practices in use at the centre such as the locking of the front door and front gate for safety reasons. Some bedroom windows were locked depending on which children came for respite (a key was readily available and could be used to open each window). Staff closed a half-door that led directly to cooking facilities and only when they were cooking hot meals. Two children availed of a harness and occupational therapists were involved in the prescription of same. There had been no use of chemical restrictive practices in the 12 months prior to the inspection. Details of all restrictions used were logged by staff in a record book. This information was also submitted to the Health Information and Quality Authority (HIQA) each quarter. The six month unannounced inspection conducted by a representative of the provider set out that all of the above practices required further review by a psychologist, in line with organisational policy. This had been delayed due to change of post-holder. This review was now scheduled for the month following this

inspection following the appointment of a new post-holder.
Judgment: Compliant

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: All incidents requiring notification to HIQA had been submitted within the required timeframe. A system was in place within the designated centre for recording accidents and incidents that took place. A log of such events was reviewed during the course of the inspection where it was found that all notifiable events had been submitted within the timeframes set out by the regulations.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Children were supported to participate in their continuity of schooling when in receipt of respite care. As this was a respite centre, the staff had responsibilities, as set out in the statement of

purpose to ensure that they were informed of each child's individual schooling arrangements. This was evidenced throughout the inspection. Staff were involved in both the collection and drop off of children to and from school, depending on the day of the week. The person in charge liaised with school staff in a formal manner, attending meetings arranged by school staff and seeking appropriate information such as copies of individual educational profiles. The staff team liaised informally with school staff when collecting and dropping children off to school. Staff informed themselves about homework arrangements (where applicable). Parents confirmed their satisfaction in these arrangements.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Children were supported on an individual basis to achieve and enjoy good health while in receipt of respite care.

As part of the assessment process, the healthcare needs of all children in receipt of services were identified prior to and during the admission process. Healthcare support plans were devised to meet these healthcare needs and the staff team took responsibility for ensuring that the plans were put in place. These included plans for weight maintenance, to manage seizures, dietary, feeding and eating, dental and pain management. The inspectors reviewed a sample number of children's files and there was sufficient information on the health needs of each child to enable staff to adequately look after them during their respite stay. There were copies of assessments and reports from a range of healthcare professionals in the children's files. The personal plans contained important information about the child's health such as medical diagnosis, allergies and vaccinations. In addition, parents were asked to send up-to-date written information on their child's health each time their child came for respite. During the inspection, parents confirmed these arrangements and their satisfaction regarding same.

On each shift, there was a nurse on duty with care staff to attend to the children's healthcare needs. Nursing staff wrote daily records on their care of the children and the child's health or nursing needs. At the time of this inspection, the person in charge informed inspectors that the children in receipt of services did not have high

dependency and or complex healthcare needs but that the waiting list of children showed that a number of children due to be admitted to the service did have complex healthcare needs. The records that staff kept of weight monitoring required better signing, dating and lacked guidance to staff. This has been commented upon in Outcome 18.

Food appeared nutritious and varied and available in sufficient quantities. There was evidence to show that the likes and dislikes of children in relation to their food and drink was ascertained, recorded and this information then directly contributed to the food shopping conducted by staff prior to the child's arrival at the centre.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Procedures were in place relating to medicines management to ensure that children were adequately provided for in this area. Some improvement was required in relation the maintenance of records for controlled medicines.

Secure facilities were in place for the storage of medication including controlled medicines. Inspectors reviewed the storage facilities provided for medication and observed them to be neatly organised. A fridge for storing medicines if required was also available in the designated centre. It was noted that records were kept which indicated that the temperature of such fridges were checked on a daily basis.

A sample of prescription and administration records were reviewed by inspectors. It was found that the required information such as the medicine's name, dose and the child's date of birth were contained in these records. Records indicated that medicines were administered at the time stated in the prescription sheets and in the correct dose. Arrangements were also in place for the monitoring of stock levels with records of stock level checks seen by inspectors during the course of the inspection.

Policies relating to medicines management were in place while audits in this area were also carried out. For example, audits on prescription and administration records and medicines processes had been carried out with actions arising from such audits acted upon although these were not always documented. A process was in place for recording

any medicines errors and inspectors saw evidence of how learning was achieved following one recent error.

Inspectors reviewed the log relating to controlled medicines and noted that stock checks were carried out at regular intervals and medicines administration had been signed off by two members of staff. However, when reviewing the log some inconsistencies were observed which were not in line with best practice. For example, in one entry it was observed that a resident had a medicines count of one controlled medicine remaining but there was no subsequent entry in the log to determine if the remaining stock was administered or signed out with the resident.

Medicines were administered by nursing staff within the centre with training records seen by inspectors indicating that such staff members had undergone refresher training in this area.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available in the centre.

During the inspection, the statement of purpose was found to contain most of the information required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

The statement set out the aims and objectives of the service and the facilities and services to be provided. It included criteria for admission, including emergency admissions. It set out the total staffing complement and other arrangements, such as, engagement in social activities, consultation with residents and the reviewing of personal plans.

The statement required a review of the description of the governance arrangements at the centre as the arrangements were not consistently recorded throughout the document. The statement required confirmation on the supervision of therapeutic arrangements.

The statement had been regularly reviewed.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were management systems in place to ensure safe, quality care services. There was a clearly defined management structure that identified lines of accountability. The centre was managed by a suitably, qualified and experienced person with authority and responsibility for the provision of the service. The actions from the previous inspection were addressed.

Management systems were in place to support and promote the delivery of safe, quality care services and a management structure was in place at the centre. Staff were aware of who was in charge. An on-call system was in place. Parents and representatives confirmed the managerial arrangements at the centre.

The person in charge reported to a co-ordinator who in turn reported to an assistant manager of residential services. The assistant manager of residential services reported to the acting manager of residential services. The acting manager of residential services reported to the chief executive officer (person nominated by the provider).

Arrangements were in place for staff to exercise their personal and professional responsibilities for the quality and safety of the service they delivered. Regular team meetings were held and these showed how a wide range of issues were considered and discussed with staff. All staff at all levels engaged in formal supervision and the records were found by inspectors to be of high quality with opportunity given to all staff to reflect on their practice.

The centre had received unannounced visits in 2016 but the acting manager of residential services told the inspector that there had been a significant review within the

organisation of how they conducted and reported their six monthly unannounced inspections in 2016. They told the inspector that the annual review of the centre for 2016 was a better reflection of a detailed inspection of the centre and of the quality of service provided.

An inspector viewed the annual review for 2016 conducted by a nominated person. The review was extensive and clearly set out the results of an inspection conducted by a nominated person. It set out actions that were required and timelines regarding same. The areas that were inspected reflected all aspects of the running of the centre. The person in charge was aware of all the findings and could articulate the progress of all actions. The review incorporated the views of the family representatives.

The provider had arranged an unannounced six monthly inspection of the centre shortly before this inspection. The results of which were mostly positive with a small number of improvements identified, all of which the person in charge demonstrated awareness of and progress against same.

A programme of in-house audits was in place. Areas such as child protection, complaints, communication systems, personal plans, medication management, staff files and finances had all been audited in the 12 months prior to this inspection. The results of each audit were clearly demonstrated and the person in charge could articulate the actions against findings.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service who was in post since April 2014. She had significant experience of working for the organisation in a variety of roles including management roles. She demonstrated an excellent knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She was committed to her own professional development and was included in the centre's training roster. During interview with parents and staff, they were clear about who was in charge. At the time of the inspection the person in charge was supernumerary to the roster. The person representing the provider stated that the person in charge would continue to be supernumerary to allow her to effectively continue to manage and govern the centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of their responsibility to notify HIQA of the absence of the person in charge where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, whether planned or unplanned.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors noted that there were sufficient resources available to meet the assessed needs of the children and to provide the service as outlined in the statement of purpose.

Resources available include bedrooms for each child, vehicles for children to be transported in and a skill-mix to support residents in accordance with their assessed needs.

The six month unannounced inspection reported that a business case had been made to the health service executive (HSE) for funding for additional staff at weekends to facilitate a greater number of social outings for the children. This had also been commented upon in the 2016 annual review of the centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that there were appropriate levels of staff to meet the needs of residents at the time of this inspection while a continuity of staff was also provided for.

During the inspection positive and warm interactions were observed between children and staff members. Having reviewed rosters and from speaking to staff and family members, inspectors were satisfied that there were appropriate numbers of staff to meet the needs of the children at the time of the inspection. Rosters also indicated that there was a continuity of staff while nursing care was also provided for. There was an acknowledgement from the provider that staffing levels would have to be closely monitored going forward to ensure they reflected the changing needs of residents and ensure that the growing demand for use of this service could be met.

At the previous inspection it was found that it was unclear what refresher training some staff members had undergone. Training records reviewed at this inspection showed that the majority of staff had received up-to-date mandatory training in areas such as safeguarding and fire safety. However records indicated that some staff were overdue refresher training but were booked in to receive such training in the weeks following this inspection.

The previous inspection found that improvement was required in relation to the frequency of staff supervision. On this inspection it was found that supervision was taking place at regular intervals with records maintained of supervision meetings between individual staff members and the person in charge. Such minutes of meetings were reviewed by inspectors and staff members and the person in charge commented favourably on the supervision arrangements in the centre.

Staff team meetings were taking place at monthly intervals. Inspectors reviewed a sample of minutes from these meetings where issues such as safeguarding, risk assessments, resident activity and accidents and incidents were discussed. A sample of staff files were reviewed and were noted to contain all of the required information. Inspectors were informed that there were no volunteers involved with the centre at the time of the inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had appropriate policies as per the requirements of Schedule 5. Arrangements were in place to ensure that appropriate records would be kept; however, minor improvements were required. The centre was adequately insured.

The policies and procedures required by the regulations were in place and maintained by the provider.

The systems for record keeping were mostly all appropriate. The inspector viewed a suite of records during the inspection that were completed by staff. This included records kept of all matters relevant to the children and also the operation of the centre. Some records were not consistently signed and dated, such as admissions forms. A form used by staff to record weight did not sufficiently guide staff on the frequency of the measurement. This form also required better signing and dating by staff.

The resident's guide contained all of the information required by the regulations. The guide outlined the complaints process, how to access inspection reports and arrangements for visits. It set out the arrangements for children to be involved in the running of the centre.

There was a directory of residents in place and this met the requirements of the regulations.

There was evidence that the centre was insured.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Carol Maricle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001817
Date of Inspection:	12 October 2017
Date of response:	08 November 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

At the time of this inspection, internet facilities were not available to children at the centre.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

internet.

Please state the actions you have taken or are planning to take:

- All residents have access to a telephone, television, radio and newspapers;
- Residents have, where appropriate, supervised access to internet;
- A policy on internet access for children is presently being developed by the Policy Review Group of the organisation and will be completed by 30th April 2018.

Proposed Timescale: Completed;
Completed;
30/04/2018

Proposed Timescale: 30/04/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Two couches had tears in their cushions, one of the ensuite bathrooms had a piece of protruding skirting board while a section of the external wall and garden fences required painting.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

- One couch has been replaced;
- Skirting board in en-suite bathroom has been repaired;
- One couch will be recovered, awaiting a date from the upholsters for completion;
- Painting of the external walls & garden fencing is weather dependent and will be completed in Spring/Summer months.

Proposed Timescale: Completed;
Completed;
30/12/2017;
30/06/2018.

Proposed Timescale: 30/06/2018

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some inconsistencies were observed in the log relating to controlled medicines.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

- The Person in Charge has a new guideline document attached to the controlled medicines book to ensure all entries are completed correctly;
- Guideline discussed at staff meeting of the 07/11/17.

Proposed Timescale: 08/11/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement required a review of the governance arrangements at the centre as the arrangements were not consistently recorded throughout the document. The statement required confirmation on the supervision of therapeutic arrangements.

4. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

- The Statement of Purpose has been amended to accurately reflect the governance arrangements of the centre.

Proposed Timescale: 08/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some forms required signing and dating such as the admissions forms and weight

measurement forms. The weight measurement form required further guidance to staff on weight measurements.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:

- All forms will be signed and dated at time of entry;
- The form to record weight has been updated to ensure staff are sufficiently guided on the frequency of use.

Proposed Timescale: 08/11/2017