

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002650
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Carol Maricle
Support inspector(s):	Patricia Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2015 10:15	04 February 2015 18:00
05 February 2015 09:00	05 February 2015 13:50

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

This centre is a designated centre for children with disabilities that opened in 2000. The centre operated a respite service and at the time of the inspection opened 284 days a year. In addition to the respite service, the centre operated an after-school and day-centre service. The statement of purpose stated that the centre catered for children, aged four to eighteen years of age with a diagnosis of autism. The maximum number of children that the centre could cater for respite purposes was five children of both male and female gender. The centre was a purpose built, spacious detached bungalow with a large rear, front and side garden.

This registration inspection was announced and took place over one and a half days.

As part of the inspection, inspectors met four children, three care staff members, the person in charge, a team leader and a person involved in the management of the centre (regional manager) who would assume the role of person in charge in the event of a 28 day absence or more. The inspector met the provider nominee on the 17 February 2015 following this inspection. Inspectors met three parents whose children used the respite service and one parent whose child at the time of the inspection was receiving only the after-school service.

At the time of the inspection, 32 children were eligible to receive respite services from this centre. All four children present on the day of the inspection were described by the person in charge as having high dependency levels. The age range of the children was from seven to eighteen years of age and all attended local specialist schools.

During the inspection, there were sufficient staff on duty. The inspector observed practices and read documentation such as a sample of children's care files, personnel files, the centre statement of purpose and function, policies and procedures. The inspector viewed four questionnaires returned from parents whose children used the services of the centre.

In general, the inspector found that the children in receipt of respite services from this centre were safe and received an individualised service. The service was led by a committed person in charge, she was experienced in working for the organisation, had the relevant qualifications and was knowledgeable about the standards and regulations. The parents with whom the inspectors met gave very good feedback on the centre and it was clear that they valued the service and were confident that their children were looked after well by the staff and those in charge.

Overall, evidence of good practice was found across all outcomes. A number of improvements were required in the following areas; social care needs, safe and suitable premises and leadership, governance and management.

The Action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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:

Children, through their parents participated in decisions about their care, although consultation mechanisms with children required improvement. They had access to child-centred information about the service through their resident's guide which included information about their rights. The privacy and dignity of children was respected by staff. Children were enabled to exercise control over their life as much as possible in accordance with their preferences and abilities. Children had access to advocacy services within the organisation. The complaints and concerns of children and their families were listened to and acted upon and a formal complaints procedure was in place at the centre.

Consultation with children required improvement. There was no formal system in place for staff to consult with children about the planning and running of the centre, although the child's likes, dislikes and interests were assessed at admission and throughout their receipt of services from the centre. An admission and discharge procedure used at the centre prompted staff to discuss with children upon admission how they could share their needs or concerns with their key-worker.

As this was a respite service, the primary advocate for the children was their parent/guardian. Notwithstanding this, the organisation provided an internal advocacy service for all service users and information on how to access this service was contained in the organisation charter of rights and responsibilities posters displayed throughout the centre, the child's contract of care, the resident's guide and the centre statement of purpose. Some of these documents were in a format suitable for children, therefore there was opportunity for the child to read about their rights to access the advocacy services.

A comprehensive policy and procedure was in place for complaints and this contained an appeals process. Parents told inspectors that they knew how to make a complaint if they needed to and who to make a complaint to, which was in the first instance, the person in charge. A child's version of how to make a complaint was set out in the child's resident guide and the contract of care that their parent/guardian signed on their behalf. The complaint policy was displayed in the centre. Nominated persons to deal with complaints were named in the complaints procedure and complaints posters. There were no formal complaints made in the 24 months prior to the inspection. Informal concerns, which did not meet the threshold of a formal complaint were documented in a local concerns book, held by the person in charge. An inspector reviewed a sample of these concerns and found them have been appropriately addressed in a timely fashion with the concerned person but it was not always clear if the complainant was satisfied with the outcome of the complaint.

The dignity and privacy of children was respected by staff. The organisation had a policy in place regarding personal care. An inspector viewed intimate care plans and risk assessments regarding personal care in the files sampled for the purpose of the inspection. These guided staff in the assistance that they gave to children who required help in their personal care. Staff were observed being respectful of children. Children were able to have private contact with friends, family and significant others as the centre was large and spacious. Children had their own bedrooms and were able to be alone when they wished. Children also had access to an external purpose built playground at the rear of the property and could play here by themselves or with others. Children also had access to an internal soft play area and sensory room.

This centre had external CCTV in place and this was described by the person in charge as a form of security used for the purpose of the entire campus that the respite service was based within. The use of the CCTV was supported by a procedure in the organisation data policy.

The centre was managed in a way that supported a child's capacity to exercise personal independence and choice in their daily lives in as much as was possible. The abilities and disabilities of the children varied from child to child. This meant that each child required a personal assessment of their abilities which in turn guided staff on how much the child could exercise personal independence and choice. The personal support plans and individualised risk assessments guided the staff in this regard. Routines and practices of the centre revolved around the grouping of children that were staying for respite on each occasion, rather than the routines of the centre. The team leader described to the inspector how she grouped children for respite based on a range of considerations, from their abilities, to age, to friendships that had formed through the years.

Children, through their parents were facilitated to exercise decision making about their care through their parents and this was done informally through discussion and chat, which was observed by an inspector and more formally, through the review system, which was also confirmed by parents through their interview. Children were offered choice in their meals, although the choice offered to them at dinner time was not obvious to inspectors and appeared to be a set meal each day.

The property of children was kept safe whilst they stayed overnight at the centre. An admission procedure was in place at the centre and this prompted staff to do an inventory of the child's property upon admission with their parent. Inspectors met parents who told them that they were satisfied with how their children's property was looked after at the centre. There was sufficient space in the bedrooms for the property of children, such as clothes and toys. There were appropriate practices in place for the receipt and spending of pocket money that some parents elected to give to the centre upon their child's admission.

Children had opportunities to participate in activities that were purposeful to them and suited their needs, interests and capacities. Parents reported a high level of satisfaction in this area and told inspectors that their child/ren enjoyed coming to the centre. There were group activities outside of the centre and where children required more one-to-one attention from staff, he/she was facilitated in this manner. Some parents told inspectors that their child was happy to just be at the centre, play with the toys and use the in house activities, such as the soft play area. Children were observed by inspectors being taken for walks by staff.

There were appropriate opportunities for play for children. There were a range of toys available for children to play with. Children brought their own toys into the centre, this included their touch screen tablets. There was a sensory room and large soft play area inside the centre. An inspector met a parent whose child used this area of the centre frequently and reported that their child enjoyed playing there. There was a purpose built playground for children to play in at the rear of the property.

Judgment:

Substantially 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:

The communication needs of the children were met.

Children were communicated with well by staff at the centre. A policy on communication was in place at the centre and this guided practice in this area. Each child had their communication needs assessed upon admission and at their reviews. Some of the children were described by the managers as being highly functional in their ability to

communicate whilst others had significant needs in this area and required assistance. There was a range of communication methods used by staff, including picture exchange systems. Pictures regarding food choices were displayed in the dining area. Pictures were placed on the doors of bedrooms helping children to identify which bedroom was theirs on each occasion of respite. As part of the child's support plan their communication needs were addressed and the ways in which staff could support them in this area. Staff attended multi-disciplinary meetings at schools during which communication was discussed by staff and through their discussions with the parents, their observation and interactions with the children and the updates from the child's school they were confident that they had the up-to-date knowledge and skills necessary to communicate effectively with the children. Parents expressed satisfaction in this area.

The centre was at the time without internet access but there were plans in place to introduce this to the centre in 2015 along with touch screen tablets for children to use and these plans were viewed by an inspector.

The centre was located inside a wider campus that consisted of a local specialist school and two residential centres, one adult and one children's centre. This campus was situated just outside of a local village. The extent to which the centre was part of the local community was not obvious to inspectors although parents of children attending the school came in and out of the campus on week days.

Judgment:

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:

Families were encouraged to remain involved in the lives of children during their respite stay at the centre. Children were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between children and their family members were supported. There was a high level of satisfaction from parents regarding how they were involved in this service. Parents told inspectors that there were no restrictions on visits, although they did not visit the centre often whilst their child was receiving respite. Notwithstanding this, parents frequently called in to the centre for the purposes of medication management or bringing the child to and from the centre. Inspectors observed parents

and the siblings of children being warmly received by staff. It was clear that the parents knew staff at the centre well and vice versa and parents and staff spoke of relationships between each other that spanned years, as a number of children had been receiving services from the centre for a number of years. It was clear that parents felt comfortable in the main office and other parts of the centre. Staff were observed being very supportive to parents and spoke respectfully to them and about them to the inspectors.

Parents confirmed that they were kept up-to-date about their child's experience during their respite stay and their well-being. Parents confirmed their attendance at review meetings. The person in charge described to inspectors a feature of the after-school and day-centre service of the centre and how in accessing these services, this in turn, acted as a phased introduction to the respite service so that by the time a child's parents may express an interest in making an application for overnight respite, they and their child were already familiar with staff and the running of the centre. At the time of the inspection, sixteen children received an after-school service or day-centre service and the person in charge expected some of the parents/guardians of these children would utilise the respite service at some point in the future.

As all of the children in receipt of services from this centre lived at home, they were part of their own local community alongside their family and friends. Children were facilitated however to make friends at this centre and the team leader described to an inspector how she organised the respite bookings in this regard so that children could be facilitated to develop and maintain friendships over the years with children that they knew from school or indeed children that they met as a direct result of coming for respite at 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:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Admissions and discharges were in line with the centre statement of purpose. Children had a service agreement/contract of care that their parents signed on their behalf but improvements were needed to ensure that the contract met the requirements of the regulations.

There were policies and procedures in place for admissions and discharges of children to and from this service. Admissions and discharges from this service were set out in the centre statement of purpose, more so than the generic organisational policy on admissions and discharges. As this centre operated a respite service, the admission and discharge of children in and out of this service was on occasion daily, dependent on the child's respite duration and the opening days of the centre. The team leader organised how often children received respite and which group a child would be allocated to, for example children of similar ages or abilities were often grouped together. The process was explained to an inspector but was not written down formally. An admission procedure used by staff was particular to respite and documented key information upon admission and discharge. The admission sheet acted as a prompt for staff with responsibilities in this area to record that they had spoken to parents and children upon their admission about key issues such as their property, their rights and responsibilities, fire evacuation procedures and their health. There were a small number of gaps in some aspects of the record keeping of these records, particularly in relation to discharges which was discussed with the team leader and person in charge during the inspection. Children were supported to transition to the centre gradually for their first overnight respite stay and these arrangements were set out in the centre statement of purpose.

Contracts of care were in place at the centre but required improvements in relation to fees. Inspectors viewed a sample of children's files at the centre and these contained a 'service agreement/contract of care' which was signed by the parent of the child and the centre manager. This contract was child-centered in its format and set out the service to be provided and what was described as a 'contribution fee' for overnight care. The fee was further described in this document as a voluntary contribution that would affect the child's respite should they be unable to pay. The contribution fee was described by the person in charge as a contribution only and that the reference to it affecting the respite a child received was a typographical error which would be immediately changed and was not current practice. Some parents told inspectors at interview that their ability or inability to pay this contribution fee did not affect their child's receipt of respite services. The inter-changeable use of the word contribution fee and voluntary contribution may be confusing for parents. The services to be provided in the centre as set out in the service agreement/contract of care were generic and not specific to the centre, for example, there was little reference to the after school or day centre service that was provided at the centre and whether children accessing overnight respite services could also access these services.

Judgment:

Substantially 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 was maintained by a good standard of evidence based care and support. The arrangements to meet children's assessed needs were set out in personal support plans that reflected their interests, needs and capacities however some improvements were necessary to ensure that the personal support plans in place met the requirements of the regulations. Personal plans were drawn up with the participation of parents who acted on behalf of their children. Children were supported in transitions between childhood and adulthood.

The care and support provided to children was documented in their personal plans and some improvements were necessary. The majority of children eligible to receive respite had been receiving services prior to the introduction of the regulations. This meant that for these children evidence of a comprehensive assessment to include a health assessment conducted by a health care professional prior to or on admission was not completed. However, all children whose files were viewed by inspectors had their health and well-being, personal support needs and communication needs documented in their personal plans which were reviewed regularly by staff at the centre in conjunction with their parents. For children whose first admission to this centre followed the introduction of the regulations, it was not the practice at the time of the inspection for an assessment of the health of the child to be undertaken by a healthcare professional prior to or on admission. These children lived at home with their parents and attended their local general practitioner. Their parents communicated any relevant health or medical information to staff upon the child's admission to the centre or during their reviews. As the nature of the service was for respite only, the need for children's personal plans to contain all information in line with the regulations was proving challenging for those involved in the management of the centre. A plan for how the management team would adapt their current systems to bring them in line with the regulations was not yet in place although by the close of the inspection the person in charge discussed her plans to address this with an inspector. The provider nominee was also aware of this gap and was considering ways in which the organisation could meet the requirements of the regulations for children in receipt of respite services given the high number of children involved.

All children in receipt of respite services had a personal support plan in place. This plan was compiled at time of admission and regularly reviewed. Inspectors reviewed a sample of these personal plans. The support plans in place for children set out their health and well-being, their personal supports and communication needs. The plans did not set out the child's educational needs or contain plans for staff on how to manage the needs of children when they were engaging in behaviour that challenges.

Personal plans were drawn up by staff and the parents of the children where the children were not able to contribute to the plan themselves. Parents told inspectors that they were satisfied with the personal plans created for their children in this regard but the personal plans viewed by an inspector were not in an accessible format for the child.

Personal plans were kept under review. Parents confirmed their involvement in the review of personal plans but they were not asked to sign a copy of their child's personal plan. Children received multi-disciplinary input from professionals attached to their specialist schools such as occupational therapists and psychologists. Reviews conducted were not attended by representatives from the multi-disciplinary team with whom the child may be attending but staff did attend multi-disciplinary reviews co-ordinated by the schools that the children attended. Copies of notes/minutes of these meetings were placed in the child's file. Parents spoke very highly of the way in which they felt supported by staff at these meetings that took place at school and the interest that the team leader and person in charge showed in the children, given that their children received a respite service only from this centre. There was on occasion delays experienced by staff in the receipt of recommendations or minutes of these meetings. It was not always clear that the recommendations of these reports were incorporated into the relevant section of the personal support plan. The organisation employed a behavioural therapist and referrals could be made to this therapist by staff where needed. At the time of the inspection this post had been vacated in December 2014 and the post had not yet been filled permanently.

Children transitioned to adult respite services during their eighteenth year and were supported in this regard. There was evidence that children were supported by staff regarding their transition to adulthood and adult services but the recording of this planned support was not always contained in the child's personal plan, and was kept elsewhere, for example on minutes of meetings or separate action plans pertaining to the child that were then not always filed in the child's file. This meant that the child's personal plan failed to evidence the positive work that was being done with the child or on behalf of the child by staff. The arrangements for the development of life skills in this regard were not set out in the child's personal plan and formed into goals and outcomes that could be measured over time.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre met the needs of the children in an individual and collective manner however improvements were required. At the time of the inspection, there was no special assistive equipment used by children and staff that required maintenance.

The design, layout and location of the centre was for the most part suitable for its stated purpose. It met the needs of individual and collective children but improvements were required. There was a purpose built playground at the rear of the property which was large and could facilitate a number of children at a time. There were plans to develop land next to the centre into a sensory garden that children at this centre would have access to. The completion date was described as June 2015. There was a very large side and front garden which led directly to the front of the house.

The outside garden to the front and side of the centre was described by the person in charge as a soccer area for children during the summer months. The condition of this garden however was poor and there were large tree stumps and thorny bushes that were hazardous to children as they played in this garden. This front and side garden was not visually stimulating for children. An inspector was shown plans for the maintenance of this area in 2015 through the use of community employment workers but overall, the garden was unappealing and lacked imagination and creativity. The outside pavement around the building was in poor condition with uneven paving and grass growing in between the paving. The exterior walls of the house were not clean and required painting. The window sills and gutters required painting. The person in charge showed documentation confirming planned work that would address the majority of these concerns in 2015. There was some attempt at making the front of the house more attractive through plants and flowers but overall the look of the exterior of the centre was not attractive and required better upkeep. A wire mesh surrounded the entire property and was described as a supportive feature in keeping children safe but overall the look was institutional in appearance. However, the person in charge told the inspectors that the parents valued this mesh as a form of security for the children.

The interior of the centre required decoration in some areas and better upkeep. The centre had adequate communal space. Children were able to access most areas of the centre, although for some rooms such as the indoor soft play area and sensory room they had to indicate to staff that they wanted to enter, which was appropriate. Bedrooms were of adequate size and contained the required furnishings. Each child had their own bedroom. There were sufficient toilet and washing facilities. The premises had suitable lighting and heating. There were enough furnishings and fixtures throughout the premises. Some of the furnishings, such as wardrobes were without handles which led to a worn look. The premises was at the time of the inspection undergoing painting.

Some of the bedrooms smelled of damp. An inspector viewed evidence of damp on some of the interior window frames and on the walls near the windows. The issue of dampness in the bedrooms was highlighted by the regional manager in the 2014 health and safety audit completed in November 2014. It was not clear if this issue had been

studied in more detail by staff at the centre as there was no record of action taken regarding this issue documented on the audit.

The layout of the centre inside and its ability to promote accessibility was not stated adequately in the statement of purpose. The main living room was split level which meant that children with a physical disability may not be able to easily access all sections of this room. The provider nominee told an inspector that should a child have needs in this area then a ramp could be placed in the room which would ensure that the child was able to access the entire room.

The bedrooms were sparse in appearance and the lack of visual stimulation was explained by the person in charge as purposeful given how some children preferred to not be overly stimulated. There were two mattresses stored in a bedroom that was not being used on the day of the inspection and an inspector was told that these mattresses were generally kept in the sensory room. This was not a suitable storage long term in the event of five children staying overnight at the centre and one of these five children wanting to use the sensory room during their stay.

The cleaning of the centre was performed by staff and this required some improvement. The bathrooms used by the children required more attention in their daily upkeep. In one of the communal bathrooms, the rubber bind around the shower door had come away in parts and this led to the room looking unkempt. Skirting boards throughout the house required more attention.

During this inspection, the inspector was told that the current cohort of children accessing respite services at the centre did not require assistive equipment that required maintenance.

Judgment:

Non Compliant - Moderate

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:

The health and safety of children, staff and visitors was promoted and protected by policies and practices in place at the centre.

Health and Safety policies and procedures for risk management and emergency planning were in place at the centre. There was an overall organisation health and safety

statement and this was complimented by a centre specific health and safety statement. These policies were accompanied by a set of procedures that outlined checks to be done by staff in the centre and the required record keeping in this regard. The person in charge maintained adequate documentation in health and safety matters. A designated staff member completed monthly hazard checklists. A centre risk register was in place and this included information on hazards that were categorised as physical, chemical, biological or human factors. Measures were in place to control the risk of self harm, aggression and violence, accidental injury and unexpected absences. An emergency plan was in place at the centre.

Incidents, accidents and near misses were regularly reported and information recorded on forms which were then viewed by the person in charge. Carbon copies of incidents were kept in the centre and also forwarded on to the health and safety manager and the regional manager. A summary of all incidents was compiled by the health and safety office and forwarded to the person in charge on a regular basis. It was not always clear the learning that had taken place following her review of this document, although the person in charge told inspectors that each incident was reviewed by her and learnings put in place immediately following each incident. An inspector reviewed a sample of records of incidents and each incident was appropriately categorised, documented and an action recorded following each incident that outlined what happened next. A visitor signing in book was in place at the centre. The maintenance log was viewed by an inspector and this was kept up to date and maintenance requests were signed off on completion. A health and safety audit had been completed in November 2014 by the regional manager and this was specific to the centre and contained a wide range of areas that were audited. The completion of proposed actions or recommendations was not clear although the timeline for completion were set out.

The centre vehicle was viewed by an inspector and this had the required documentation in relation to car tax, NCT and insurance. There was appropriate breakdown equipment in the vehicle and the car was serviced in 2015 and prior years. An extinguisher in one of the vehicles required servicing. This was resolved prior to the end of the inspection.

Improvements were required in the area of infection control. Cleaning rotas were in place and both day and night staff had responsibilities in this area, records of cleaning attended to were monitored by the person in charge. Notwithstanding this, the centre required further attention in some areas such as the bathrooms. One of the smaller bathrooms in particular required further attention in this area. Cleaning equipment was stored safely and a colour coded mop system was in place. Staff had not received any particular training in infection control. There was therefore a risk that they might not be following the organisational policy in this regard.

Fire precautions were in place at the centre. A fire fact file was in place at the centre. This file contained organisational policies and procedures regarding fire management and guidance for staff on record keeping to ensure that the appropriate checks were done in each of the centres. Fire extinguishers were serviced appropriately in the twelve months prior to the inspection. Fire drills took place at the centre in 2014 and were recorded. There were daily, weekly and monthly checks of fire precautions conducted by staff at the centre. Staff had received training in fire safety in 2014. The fire alarm system was serviced on a quarterly basis in 2014. Personal emergency egress plans

were in place for all children. An assembly point was clearly identified by a relevant sign. There was no fire extinguisher in the utility room, which was contrary to the floor plan, this was resolved prior to the end of the inspection. Some of the fire exit doors had a turn lock system in place which meant that in the event of a fire one would have to turn this lock in order to gain egress. The ability of children, visitors and staff to understand that they needed to turn this turn lock and the physical or cognitive ability of the children to actually turn the lock had not been adequately risk assessed or controlled. A fire evacuation notice was not displayed in the hallway, therefore there was a risk that visitors to the centre might not be aware of the procedure to follow in the event of an evacuation.

Judgment:

Substantially 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 assisted and supported to develop self awareness, understanding and skills needed for self-care and protection. Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint free environment was promoted.

There was an organisational policy on, and procedures in place, for the prevention, detection and response to abuse dated 2013 which was specific to children receiving services. This included reference to Children First (2011): Guidance for the Protection and Welfare of Children. A policy on the provision of intimate and person care to children was also in place dated 2012. An inspector reviewed a sample of children's care files and intimate care risk assessments were in place for children. During interview, staff were aware of what to do in the event that they were concerned about a child or in the event that they had concerns regarding how a staff member treated a child. Staff members were observed treating the children with kindness and warmth during the inspection. There had been no concerns that required reporting to the Child and Family Agency in the twelve months prior to the inspection. The majority of staff whose

personnel files were viewed had completed training in Children First 2011. One agency worker had not completed training in this area prior to commencing at the centre but this had been identified by the training department and there was evidence that s/he was booked in for training in March 2015. A designated liaison person was identified by the organisation and this was the regional manager of the service.

There was an organisational policy on behaviour that challenged in use at the centre dated 2010. This was being updated during the inspection and a draft copy was forwarded to the Authority. Both policies referenced supporting people through a positive behavioural support model. An inspector reviewed a sample of training records of staff and these showed that the staff had participated in training in crisis intervention in 2014. Children receiving services from this centre had access to a multi-disciplinary team through their schools and there was access to a behavioural therapist employed by the provider should they require it. At the time of the inspection, this post was vacant but provision had been made for temporary cover and the centre manager could refer children attending for this service where needed.

There were separate policies and procedures to guide staff on the use of restrictive practices, and these policies were dated 2010 therefore they required updating. Children were observed walking freely around the centre, in and out of their own room and communal areas. The use of the soft play area and sensory room required children to indicate to staff their desire to use these rooms which was appropriate. The safeguarding and quality assurance of restrictive procedures was completed by the person in charge who maintained a restrictive practices file containing the details of any restrictive practices that took place at the centre and any applications for use of same. A document had to be completed and signed by staff and managers when a restrictive practice was recommended for use and these were reviewed at set times. At the time of the inspection, there were no incidents of restrictive practices that had taken place at the centre from July to December 2014, as evidenced by their nil return of notifications to the Authority regarding same. There were just two children who each had one application for use of a restrictive practice approved, the details of which were viewed by an inspector and found to be satisfactory.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all notifiable incidents occurring in the centre was maintained by the person in charge.

A record of all incidents that had occurred in the centre was maintained and where required notified to the Authority. The person in charge was knowledgeable of the requirement to notify the Authority of incidents where appropriate. Quarterly notifications and a six monthly nil return was received by the Authority within the time-frames specified.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children had opportunities for new experiences, social participation and education at the centre.

A policy on a child's right to education and training was in place at the centre. All children lived at home, therefore their parent took primary responsibility for the child's education but staff at the centre facilitated the continuation of the child attending school by either providing transport to and from school on the days that the children were receiving respite or liaising with the existing transportation systems in place. Staff took an interest in the child's education and attended multi-disciplinary meetings at school. Parents told inspectors that staff were consistent in putting in place any guidance that they or school staff gave them regarding various programmes that the school recommended be put in place at home. Each child had a personal support plan and although there was reference to education and evidence in some children's files of school reports or copies of assessments done by educational professionals, there was not a formal assessment of the child's educational need that formed a component part of the child's support plan.

Children had the opportunity to participate in meaningful activities that were appropriate to their interests and abilities. There was a risk assessment process in place at the centre for all children but this did not overly restrict children due to risk averse procedures.

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):

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health.

The children attending respite lived at home with their parents/guardians. As such, their parent/guardian took primary responsibility for their healthcare. Notwithstanding this, staff at the centre played a role in supporting the children on an individual basis to achieve and enjoy the best possible health by attending to the healthcare needs of the children while they resided at the centre.

There was information collected on the child's healthcare needs upon their first admission to the service and at the review stage of the child's support plan. Information regarding the child's day-to-day health was given by the child's parent to the centre prior or at time of admission. Parents reported satisfaction that their child's health was supported whilst they were in the care of staff during respite. Parents were advised in the centre statement of purpose that should their child be ill, the policy was that they would normally be discharged home to the care of their parents. Children had access to allied health services through the health service executive or through the multi disciplinary team of professionals attached to their schools. A formal healthcare assessment by a health professional was not conducted at time of admission or yearly intervals thereafter, which was not in line with the regulations as already outlined in outcome 5.

Inspectors observed food choice boards in the centre and there was choice available to the children at breakfast and snack times. There was no obvious choice available for the evening meal. The children did not always sit to eat together at meal times, but this was in line with their likes and dislikes and abilities and preferences, for example, some children did not enjoy sitting with others and preferred their own company at meal time. The likes and dislikes of children as regards their food preferences was documented for all children. During interview, parents reported satisfaction in this area. A policy on the monitoring and documentation of nutritional intake was not sufficiently in place at the centre to use in the event that a child had needs in this area and this is covered in

outcome 18.

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):

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

Findings:

Children were protected by the centres policies and procedures for medication management.

Each child was protected by policies and procedures for the safe administration of medication. There were written organisational policies relating to the ordering, prescribing, storing and administration of medication to service users. There was also a local medication policy, dated 2014 that was in place and this was specific to this centre and the respite nature of their service. The person in charge told inspectors that in general, children who were unwell at home did not come in for respite and children that became unwell during respite were discharged home. Medication was stored safely at the centre.

Individual prescription records guided staff on a child's medication at time of admission. These prescription cards were kept at the centre and were updated every six months. Parents also collected these prescription cards and brought them to the child's general practitioner if changes were made during the six month period. As each child was admitted and discharged for the purposes of respite, parents told inspectors that they regularly communicated with staff about their child's health and medication needs. An admission procedure was in place at the centre and this procedure guided staff to discuss with parents the child's health needs upon admission. There were no out of date or unused medication found at the centre. Staff completed medication handover forms which accompanied the child upon their discharge home.

The prescription of medicines and administration of medicines against these records was in accordance with the regulations. Staff administered medication provided that they had completed the in-house training in this area. Refresher training was provided every two years. An inspector reviewed a sample of training records and these records clearly outlined the training that staff had in this area. An inspector viewed a sample of prescription and administration records. In relation to the prescription records, the child's name was recorded, photographs of children were attached to the record and

dates of birth were recorded. The name, dose and route of administration of medication were also noted. In relation to administration records, the signature of the staff was documented in these records and a signature sheet to compare the signature was available. There was adequate space to record comments on the withholding or refusing of medication. Times of administration matched the prescription sheet. The address of the child was not identified on the prescription record.

There was no safe at the centre for the storage of controlled medicine, although the person in charge told an inspector that none of the children receiving respite were at the time of the inspection prescribed such medication. There was also no fridge available for the storage of medicine that requires refrigeration, for example antibiotics. The requirement for a centre to have a fridge was referenced in the organisation's own procedure under storage.

There were systems in place that helped to account for medication safekeeping, for example, a count was performed of medication on-site twice daily. The quality assuring and or reviewing of medication processes however required improvement to provide better evidence that the person in charge and team leader assured themselves of processes 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a written statement of purpose that accurately described the service provided in the centre with minor improvements needed. The services and facilities outlined in the statement of purpose and the manner in which care was provided reflected the diverse needs of the children however there was little reference to the after school and day centre service that the centre operated. The statement was kept under review.

The statement of purpose included most of the information required by Schedule 1 of the Health Act 2007. It consisted of a statement of the aims, objectives and mission statement of the centre. During interviews with staff, they were familiar with the statement and were aware of the service that was provided to the children. The

statement was implemented in practice. There were some minor improvements needed. The whole time equivalent of staff was not stated. The statement did not contain sufficient information on the day centre and after school service that the centre also provided. The staff ratio was not outlined sufficiently to include how the staff ratio changed when the centre admitted children for after school purposes and day centre purposes on days when there were also children receiving respite at the centre. The team leader of the service discussed with the inspector the considerations given to staff ratio numbers when the centre was operating a respite service and day centre service on the same day and explained to the inspector how the numbers of children was managed in this regard but this needed further explanation in the statement of purpose. The services to be provided to the children directly by the provider to meet their care and support needs, for example, support provided by the behavioural therapist was not set out in the statement of purpose.

The criteria for admission to the centre was set out in terms of primary diagnosis and age but no other criteria was set out for example geographic catchment area. As there was a wait list for the service, it may not be clear to a parent all the criteria taken into consideration at point of application and how the wait list system operated. The policy on admissions to the centre was an organisational policy only and was not specific to the centre. A revised statement of purpose was submitted to the Authority dated the 1 December 2014, this statement did not contain the floor plan. A narrative of the rooms was not set out in the statement of purpose.

The statement of purpose was kept under review and any formal review dates were clearly outlined at the front of the document with the next review date also stated. The statement was in a format accessible to parents. During interview, some parents were aware of the statement and had received copies of the statement when it was revised.

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):

No actions were required from the previous inspection.

Findings:

The quality and care and experience of the child was monitored on an on-going basis but improvements were needed in this area. Management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure in place that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service.

There were systems in place to ensure that the service provided was safe and appropriate to the needs of the children but some improvements were needed. A team leader supported the person in charge in her day-to-day running of the centre and had lead responsibilities in certain areas. The person in charge reported to her manager each month on key performance indicators, the data of which was then forwarded on nationally for review by the provider nominee. These key performance indicators consisted but were not limited to capacity issues, support plans, supervision of staff and staffing. There was an on-line system in place in the organisation for the reporting of health and safety issues, complaints, compliments and human resource statistics. The team leader and person in charge told inspectors that they assured themselves of the quality of care and support provided to children in their absence in a variety of ways, such as speaking with staff and reviewing records but the evidence of this required improvement. Both the person in charge and the team leader were not scheduled to work weekends according to the rotas viewed by inspectors therefore the records confirming care and support provided to children during these two days required more attention to ensure that in their absence children were given a high quality service.

An annual review of the service was not conducted in 2014 but the regional manager showed an inspector correspondence issued to all staff that outlined how an internal team had been created to roll out the annual review process nationally in the company commencing in 2014. This centre had not been reviewed at the time of the inspection by this internal review team but was expected to be reviewed in 2015. The manager had visited the centre on behalf of the provider nominee in 2014 but had not prepared a report on the safety and quality of care the children received as required by the regulations. Formal on-going performance management development systems were not yet in place at the centre but the regional manager told an inspector that these systems were being introduced at organisational level in 2015.

Arrangements were in place to ensure that staff exercised their personal and professional responsibilities. Formal supervision was in place. The team leader conducted formal supervision with staff and was herself then supervised by the person in charge. The person in charge received supervision from the regional manager.

Regular staff team meetings were held at the centre in the twelve months prior to the inspection. Following the meeting, staff signed to say that they had read the minutes of the meetings. The agenda items included areas such as health and safety, medication, child protection, children and staffing. Actions were identified at meetings and a person was assigned as responsible for following through on actions.

There was a clear management structure in place as outlined in the statement of purpose. During interview with staff, they were clear about who was in charge and the role of the person in charge. A team leader reported to the person in charge, who in

turn reported to the regional manager. The regional manager then reported to a director of operations who reported to the director of health and social care services. The director of health and social care services acted as the provider nominee.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. She had thirteen years experience of working for the organisation, all of which involved managing people. She demonstrated an excellent knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She presented with a very strong knowledge of the families who accessed the respite service. She was engaged in the governance and operational management of this centre. She also acted as the person in charge of a second children's designated centre located close to this service and was able to manage both roles as she was supported by a team leader in each service. She was committed to her own professional development. During interview with parents and staff, they were clear about who was in charge and some spoke highly of her and she supported them and their families.

The regional manager was named as the person who would take on the role of the person in charge in the event of an absence of 28 days or more of the person in charge. The inspectors met a team leader who was also in charge of the centre in the absence of the person in charge (for periods less than 28 days). This team leader had a number of responsibilities in the centre, including but not limited to, the day-to-day supervision of staff, provision of formal staff supervision, managing the staff rota and the organisation of bookings to the respite service.

Judgment:

Non Compliant - Moderate

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:

Arrangements were in place in the event of the absence of the person in charge for 28 days or more.

The registration application confirmed the regional manager as the person who would assume the role of the person in charge should the person in charge be absent for 28 days or more. The person in charge was aware of the responsibility to notify the

Authority in this regard.

For absences of less than 28 days or more, the team leader would assume the role of person in charge. An inspector met the team leader. This staff member had current experience of managing a team of staff and had an excellent knowledge of the standards, regulations and the roles and responsibilities of the role of the person in charge. She demonstrated a commitment to her on-going continuous professional development.

An inspector met the regional manager of the organisation who would assume the role of person in charge at this centre in the event of a 28 day or more absence. This regional manager had current experience of managing a team of social care managers and had an excellent knowledge of the standards, regulations and the roles and responsibilities of the role of the person in charge.

A notification of the absence of the person in charge for 28 days or more was submitted to the Authority in 2014 but the notification that indicated the subsequent return of the person in charge was not forwarded to the Authority. This was discussed by an inspector with the person in charge and regional manager and described as an oversight.

Judgment:

Substantially 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:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The facilities and services in the centre pertaining to the respite service reflected the statement of purpose. The needs of the children were being met. There were sufficient resources in place to help children receiving respite at the centre achieve their potential such as staffing and provision of care. In relation to unexpected resource issues such as staffing issues the person in charge and team leader had the authority to secure relief staff as and when they determined a need. Some parents stated in questionnaires and during interviews that they would like additional respite to be available to them and other parents. The person in charge and the regional manager told an inspector that the organisation was seeking further funding in this regard as they also were in favour of

opening the centre for additional respite days.

The centre had indoor and outdoor facilities for children to play. There was a purpose built playground at the rear of the property and a purpose built indoor play area inside the centre alongside a sensory room. There were plans for a sensory garden to be built by the summer of 2015 in the grounds of the campus and the children would have access to this area for recreational purposes.

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:

There were appropriate staff numbers in the centre and a skill mix to meet the assessed needs of children and to ensure the safe delivery of services. Children received continuity of care from a core team of staff. Staff had up-to-date mandatory training and access to further training to meet the needs of the children. Staff were supervised appropriately and recruited, selected and vetted in accordance with best recruitment practice but some minor improvements were needed with regard to relief and agency staff.

There were enough staff on duty to meet the needs of the children. Staff were observed caring for children in a timely manner.

There was an actual and a planned staff rota. Children received continuity of care from a core team of staff that was complimented by internal relief staff and then agency staff. An inspector reviewed the previous four weeks actual staff rota and there was appropriate use of agency and relief staff with staffing in the main being provided by the core team. The team leader assigned staffing numbers to the centre a month ahead and this was dependent on the number of children arriving for respite combined with the number of children receiving an after-school or day-centre service. As the number of children in the centre each day was not recorded on the staff rota and it could change daily, the team leader was asked to explain the numbers of staff on duty and the numbers of children on duty at dates selected by the inspector. This was found to be appropriate but the process the team leader used was based on her knowledge and

understanding of the children and their needs but was not written down. A minor improvement was needed with regard to the role of the person in charge who was a person in charge of this centre and a second centre. She was incorrectly stated as being on duty in both centres at the same time. This was highlighted to the person in charge during the inspection who indicated that she would explain in future rotas how her time in both centres was divided.

There were comprehensive records kept of the continuous professional development of staff for a number of years prior to the inspection. These records also included training that staff were expected to attend in 2015. Staff had access to a variety of training each year in the two years prior to the inspection and there was evidence of completion of same. The planning of continued professional development was not captured by a formal training needs analysis but it was discussed during the supervision process, which was in line with the organisation policy on learning and development dated 2014.

There was an effective recruitment procedure in place. An organisational policy on recruitment of staff was in place, dated 2012. An inspector reviewed a sample of personnel files and these were mostly in line with the requirements of the regulations. Some improvements were required regarding agency staff as these files did not always have the required information as per the Regulations. It was not always clear who maintained responsibility for the up-keep of the personnel file of relief staff internal to the centre who worked across a number of centres. The personnel file of a staff member employed through an external staffing agency was not in line with the requirements of the Regulations and there was no evidence that training in Children First (2011) had been completed.

Staff were supervised in their roles in a formal manner. The team leader provided supervision to the care staff, the frequency of which was every six to eight weeks. Supervision records were signed and dated and supervision covered a range of issues, such as client issues, staff issues, personal development needs and training. The up-to-date supervision records of the regional manager were not on file. The director of health and social care services (provider nominee) did not at the time of the inspection receive supervision but told an inspector that she attended regular meetings with the chief executive officer, had had a recent performance review and had key performance indicators that she had to report on each month. It was not always clear who gave formal supervision to relief staff when these staff worked across a range of centres or who maintained responsibility for the up-keep of their personnel file.

At the time of this inspection, there were no volunteers involved at the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The records listed under Schedule 3 and 4 of the Regulations were maintained in a manner that ensured completeness, accuracy and ease of retrieval. Some improvements were necessary. The centre had the majority of the policies as required by Schedule 5 of the Regulations. The centre was insured against accidents.

The majority of the policies as set out in schedule 5 of the Regulations were in place at the centre as organisational policies accompanied by a set(s) of procedures, which were all dated and version controlled. The majority of the policies and procedures were dated within three years of the inspection. During interview, staff had a good understanding of policies and during the inspection, inspectors observed practices that reflected the various policies, such as privacy and dignity and health and safety. At the time of the inspection the policy on behaviours that challenge was being reviewed by the organisation and inspectors received a copy of this. A policy on closed circuit television (CCTV) was in place at the centre. The policy on the use of restrictive procedures had not been updated since 2010, therefore this required review. There were policies regarding recruitment and training of staff.

The records kept by the person in charge, as listed in schedule 3 and 4 of the Regulations were maintained, completed, accurate and could be retrieved easily. In general, records were up to date and chronological and archived yearly. The files of all 32 children who were in receipt of respite services from the centre were in good order and kept secure in the staff office. The centre maintained a statement of purpose. A copy of previous inspection reports was displayed. Records of each child's intake of food that they ate was not specifically recorded for each day of respite but parents were satisfied with their child's nutrition whilst they received respite care. There was need for some organisational policies to be more specific to the centre, such as admissions. A policy on the monitoring of nutrition was not in place at the centre.

All records pertaining to notifications that were made to the Authority were clearly documented and filed and these records concurred with what had been received by the Authority. The person in charge and team leader maintained an actual and a planned staff roster. There were comprehensive records of staff training. Records relating to health and safety were kept at the centre and organised well.

A directory of residents had the name, address and contact details of each child and

other relevant information. The date of admission on which all of the children first attended for respite at the centre was recorded and they all had an admission sheet compiled on each occasion of respite. A minor improvement was needed to ensure that the authorised person viewing this document was guided to the child's care file, where appropriate, for information listed in the regulations. As this was a respite service, the parent generally organised the child's admission to the centre, more so than an organisation or a body. The medical, nursing and psychiatric condition of the child at time of admission was communicated by the parent with staff rather than a healthcare professional as the child lived at home in the care of his/her parent who had responsibilities in this regard. The date of discharge was on occasion not completed by staff which was described as an oversight by the team leader and person in charge.

A resident guide was in place for children and this contained the majority of the requirements of the Regulations. The terms and conditions relating to residency were not set out in the resident guide. The resident guide needed to be more specific to the centre when it came to the child's support plan as this section referenced both a support plan and a person centred plan, but children attending this centre had at the time of the inspection a support plan in place only as it was not the practice of the centre to compile person centred plans for children receiving respite services. Children were also not informed that they might be receiving a respite service alongside children who are attending the centre for day centre or after school purposes only and they would be sharing facilities with these children.

Confirmation of insurance for the centre was submitted to the Authority as part of the registration application.

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 RehabCare
Centre ID:	OSV-0002650
Date of Inspection:	04 February 2015
Date of response:	22 April 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no formal consultation or participation process in place at the centre for children to be consulted with about the organisation of the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

Each resident will be invited to attend their annual review with their parents and will be consulted and supported to participate in the organisation of the designated centre.

Proposed Timescale: 01/05/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The service agreement/contract of care did not set out all the services provided for children at the centre. The arrangements of fees to be charged were described as both a fee and a voluntary contribution which was confusing.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The service agreement/contract of care will set out all the services provided for children at the centre. The arrangements of fees will be described as a voluntary contribution.

Proposed Timescale: 01/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment by an appropriate health care professional, of the health, personal and social care needs of children was not carried out prior to admission to the centre.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A comprehensive assessment by an appropriate health care professional, of the health,

personal and social care needs of children will be carried out for all new referrals prior to admission to the centre.

Proposed Timescale: 06/04/2015

Theme: Effective Services

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

The review of children's personal plans was not done in a multi-disciplinary manner.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The review of children's personal plans will be done in a multi-disciplinary manner. All multi – disciplinary professionals will be invited to the children's annual review.

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

A comprehensive assessment, by a health care professional of the health of a resident was not carried out as required to reflect changes in need and circumstances.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment, by a health care professional of the health of a resident will be carried out as required to reflect changes in need and circumstances and discussed at the child's annual review.

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

The personal plan was not in an accessible format for the child.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All the personal plans will be available in an accessible format for all the children.

Proposed Timescale: 01/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The statement of purpose did not outline the limitation of the main living room to be accessible to all, including those with a physical disability.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The statement of purpose will outline the limitation of the main living room, including those with a physical disability. If a need is identified for a child requiring wheelchair access the necessary alterations will be carried out.

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

The interior and exterior of the centre had not been maintained to a satisfactory level.

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:

The interior and exterior of the centre will be maintained to a satisfactory level.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Some aspects of the decoration of the centre required improvement. The centre was unclean in parts.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

All aspects of the decoration of the centre have been completed. A deep clean of the centre has been organised for the 13-4-2015

Proposed Timescale: 13/04/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

It was not clear following the audit of health and safety that took place in November 2014 that the recommendations of this audit had been addressed. There was insufficient evidence that the person in charge reviewed incidents with a view to identifying trends and patterns.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The person in charge will review all incidents with a view to identifying trends and patterns and complete all recommendations of the Health & Safety Audit completed by the Regional Manager.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

Turnlocks on the fire exits were not risk assessed. A fire evacuation notice was not

displayed in the hallway.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

All fire exits to be reviewed with the fire officer and then risk assessed. Fire evacuation posters to be displayed in new frames which will prevent the children removing them.

Proposed Timescale: 01/06/2015

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:

There was no fridge available in the centre for the storage of medication.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

A fridge will be available in the centre for the storage of medication.

Proposed Timescale: 13/04/2015

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 of purpose and function did not contain all of the requirements of the Regulations.

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 and function will contain all of the requirements of the Regulations.

Proposed Timescale: 01/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

No annual review of the service had taken place in 2014.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The provider has specific nominated people that complete unannounced inspections and annual reviews to monitor quality & care of the service provided and reports are completed and available for these

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

The regional manager who had acted on behalf of the provider nominee had visited the centre on her behalf at least every six months in 2014 but had not prepared a report on the safety and quality of care and support provided in the centre.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider has specific nominated people that complete unannounced inspections and annual reviews to monitor quality & care of the service provided and reports are completed and available for these

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

The person in charge and team leader did not sufficiently evidence their quality assuring processes.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge and team leader will develop a checklist which will sufficiently evidence their quality assuring processes.

Proposed Timescale: 01/05/2015

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The provider nominee failed to notify the Authority of the return to duty of the person in charge.

Action Required:

Under Regulation 32 (4) you are required to: Notify the Chief Inspector of the return to duty of the person in charge not later than three working days after the date of his/her return.

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

The provider nominee will notify the Authority of the return to duty of the person in charge not later than three working days after the date of his/her return.

Proposed Timescale: 04/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The personnel files of agency staff did contain all requirements of the regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The personnel files of agency staff will contain all requirements of the regulations.

Proposed Timescale: 01/05/2015

Theme: Responsive Workforce

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

It was not clear how internal relief staff would be supervised and by whom where they acted in a relief capacity for a number of designated centres attached to the provider.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The person in charge will ensure all relief staff working across services are appropriately supervised as each relief staff member is assigned to a designated person in charge. All relevant documentation will be made available for all inspections.

Proposed Timescale: 01/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on the monitoring and documentation of nutritional intake.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 person in charge has been advised that a policy specific to monitoring the nutritional intake of service users is being drafted. The provision of information to residents and monitoring of nutrition will be introduced in the service.

Proposed Timescale: 01/06/2015

Theme: Use of Information

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

A policy on the use of restrictive practices required updating as it was more than three years old.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A policy on the use of restrictive procedures is currently under review.

Proposed Timescale: 01/07/2015

Theme: Use of Information

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

The resident guide did not contain reference to the terms and conditions relating to residency.

Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The resident guide will contain reference to the terms and conditions relating to residency.

Proposed Timescale: 01/05/2015