

**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 ChildVision
Centre ID:	OSV-0004109
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	ChildVision
Provider Nominee:	James Forbes
Lead inspector:	Eva Boyle
Support inspector(s):	Gearoid Harrahill, Ann Delany
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	3

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 May 2015 10:30 To: 07 May 2015 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was a seven outcome inspection, carried out for the purpose of monitoring compliance with the Regulations. It was the first inspection of the designated centre and it was unannounced. As part of the process inspectors reviewed policies, records, spoke to six children and observed children's interaction with staff, met members of the staff and management team and observed the delivery of the service.

The service was provided by Childvision who provided residential care services for children who were visually impaired and some children had a diagnosis of autism and/or other medical needs some of which were complex. The service operated from Monday to Friday with children residing in the centre for two to four nights per week. Twelve children availed of the service and nine children were in the centre on the day of the inspection. The children were aged between 9 and 18 years. The designated centre was proposed to include two households. Both units operated independently, cared for children with different care needs and had a centre manager responsible for each. This was discussed with the provider who agreed to review the arrangement and determine if both units should be registered as two designated centres.

Inspectors found that the children enjoyed a good quality of life. The centre provided a comfortable home for the children and their visitors. All of the children attended

primary and post primary schools and were facilitated to access a wide range of activities such as music lessons, judo, football, swimming and athletics. The children told inspectors that they loved living in the centre, that they felt safe, had great friends there and that the staff team were great and helped them with their homework and to access a range of hobbies while they stayed in the centre. Staff were observed to be attentive and respectful towards the children and there was good consultation with children in each house and within the organisation as a whole.

Risk management practices were not robust. Inspectors found that the temperature of hot water was a risk to children as it was measured at 46.5 degrees Celsius. In addition, the temperature of radiators measured 50 degrees Celsius and both of these risks posed a risk of burning to children. The Authority took an unusual step and issued an immediate action plan. The provider responded with assurances that the hot water was regulated to a safe temperature.

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 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):

This was the centre's first inspection by the Authority.

Findings:

The majority of children had their needs assessed by staff. However, while individual needs were regularly re-assessed as changes arose, there was no formal assessment of their holistic needs on at least an annual basis. Good quality personal plans were in place for children and all children were working towards short and long term goals. Children's personal plans were accessible and were provided in large print and braille. Reviews of personal plans were held regularly, but they were not always multi-disciplinary.

The majority of children were assessed prior to their admission to the centre. However, inspectors found that one child was admitted to the centre in November 2014 and while there was consultation with family members, and needs were identified, there was no formal assessment on file as per the requirements of Regulation 5. However, staff were aware of the individual children's needs. The person in charge told inspectors that there was a multi-disciplinary assessment completed but the report had not been forwarded to the centre. Despite this, inspectors found that the majority of children had multi-disciplinary assessments on file, which included psychological, medical, communication and social care assessments.

There was no system in place to re-assess children's holistic needs on an annual basis, but specific needs were re-assessed as changes arose. While it was clear that specific issues were re-assessed for example children's education or their orientation and mobility, inspectors did not find that there was an updated holistic assessment completed by staff on an annual basis. Children's needs change greatly as they get older and develop, so regular updated assessments are key to ensure that all children's needs are appropriately identified.

All children had personal plans, which were called care plans. However, children's wishes and views were not clearly outlined in their care plan document. Care plans outlined children needs in areas such as education, cognitive ability, language development, social, recreational, medical, health, and life skills. Inspectors found that parents had contributed to the personal plans, but it was not clear how children had been consulted. Children's views, wishes and preferences were not clearly outlined in the care plan section of the personal plan. However, children were aware of the goals that they were working towards and their preferences were reflected in some identified goals. Individual short and long term goals were identified for children on all plans and for each assessed need. For example, a short term goal was to promote and support a child's hand washing. While long terms goals were around the development of life skills such as the child washing their face and hands, showering with minimum assistance and setting the table for dinner. Staff regularly monitored and reviewed children's progress on achieving their goals. Children told inspectors that they were consulted by their keyworkers in setting their personal goals and were involved in a wide range of activities such as music lessons, judo, football, swimming and athletics

Children and their families had received copies of personal plans. Copies of personal plans were provided to children in large print and braille, in order for children to be able to access their own plans. Children told inspectors about their plans and what goals they were working on.

Personal plans were reviewed three times per year, but reviews were not always multi-disciplinary and children did not participate as per the requirements of Regulation 5. Inspectors reviewed a sample of minutes of reviews and found that while parents had attended reviews, children had not. Staff members regularly reviewed children's personal plans, but reviews were not always multi-disciplinary .

Children received preparation work for adulthood. Personal plans outlined children's assessed needs in relation to life skills. All children had specific goals for children in developing their life skills such as independently going to school and using public transport. Practical skills such as laundry, preparing hot drinks and/or food, and helping with chores were identified by staff as tasks that children participated in, documented in their personal plans as part of their life skills programme. Children were observed preparing dinner with the help of the staff team on the day of inspection and invited inspectors to join them.

Children were prepared for transitions. Inspectors found that staff were child-centred when children were transitioning into the centre from home with children gradually building up on the time that they spent in the centre. Inspectors found that a meeting was scheduled to discuss a child's move to a new school and their move home. At the time of the inspection, one resident was aged 18 years old and staff had assessed that the young person's needs were best met by being in their current placement.

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):

This was the centre's first inspection by the Authority.

Findings:

Risk management systems were not robust. Inspectors found some risks during the inspection that had not been identified by the provider. The Authority took the unusual step of issuing an immediate action plan as the very hot water and radiators posed a risk of scalding the children and the provider responded within the agreed timeframe with appropriate assurances. Improvements were also required in relation to some infection control practices and a contingency plan if required to evacuate the buildings.

The risk management system was not effective and did not lead to all risks being identified, managed, reduced or eliminated. There was an organisational health and safety statement with supporting local documentation on environmental hazards and risks. Risk assessments were also completed on individual children. Inspectors observed a number of safety measures which had been put in place to address risks such as the appropriate installation of window restrictors, and chemicals being locked away. However, risk assessments had not identified a number of other hazards and risks including very hot water in the taps and very hot radiators. The temperature in the taps was recorded as 46.5 degrees Celsius and the radiators temperatures was measured at 50 degrees Celsius. This was higher than accepted norms and posed a risk of scalding or burning the children. An immediate action plan was issued to the provider and the Authority received a satisfactory response, within the required timeframe, with assurances that the water was regulated to a safe temperature. The centre did not maintain a maintenance record, but emails for requests for maintenance were kept. However, no record was maintained of when maintenance requests were completed. Therefore, it was unclear how there was management oversight in relation to maintenance requests.

There was a draft risk management policy in place, but it was not compliant with Regulation 26. The policy provided guidance to staff in relation to identification of risk and some guidance on how the staff team implemented measures and actions to control identified risks. The policy did not provide guidance in relation to managing unexpected absence of a resident and accidental injury. However, there was insufficient guidance in relation to dealing with aggression and violence and self-harm outlined in the risk management policy. The policy guided staff on the information that was required to be recorded in the risk register. The process for the investigation and learning from serious incidents and adverse events was not outlined. The risk management policy did not provide sufficient guidance in relation to the arrangements in place to ensure that risk control measures were proportionate to the risks identified and the impact on the quality of life on the resident. This meant that incidents and risks may go unidentified and

residents may be subject to risk control measures that impacted on their quality of life.

There was a process for reporting incidents and accidents. Staff were aware of the process of incident reporting. Incident forms were used to report incidents. Inspectors reviewed a sample of incident sheets and found that incidents of behaviour that challenged were recorded. This meant that the provider was able to trend and appropriately manage and mitigate hazards and risks in the centre. Inspectors did not find any incidents that had not been recorded.

The centre had a risk register and the team leaders were responsible for maintaining and the head of care had oversight of the risk register. Inspectors found that a number of risks such as the risk of injury, medication errors, independent travel were on the register. Risks were all rated low and medium due to appropriate controls. The draft policy on risk management refers to the centre's risk register. The process for risk rating and when risks should be escalated to the head of care was unclear.

All staff members had received training in manual handling and some staff were trained in first aid as per the requirement of the centre. However, staff had not received training in risk management, so may not be aware

There were some practices in place in relation to infection prevention and control but improvements were required. The centre was observed to be clean. A nurse was available on call to the centre in the event of an outbreak of infection or for advice on infection control. An infectious disease control policy provided some brief guidance in relation to best practice to prevent the spread of infection such as hand washing and the use of disposable gloves, it also provided some information on illness such as colds and flu and chickenpox. There were separate colour coded mops used for different areas within the houses. But, there were no schedules in place in relation to cleaning and the oversight in relation to cleaning was not clear. One person in charge told inspectors that if there was an issue with cleaning that the team would raise this in staff meetings or s/he would raise it individually with the individual staff member. Staff had access to preventative, protective equipment (PPE) and hand washing facilities but there was no guidance on display in relation to good practice for hand washing in order to remind staff, children or visitors of its importance.

There were measures in place in relation to fire prevention but there was no contingency plan in the event of an evacuation of the centre. All fire equipment was found to be maintained and tested on a regular basis. There was a fire safety section in the organisational health and safety statement which was comprehensive. All staff had been trained in fire safety. Contact details for emergency services were readily available to staff. Fire drills occurred on a regular basis, included children and staff and occurred both in the day, evening and one drill occurred at night. Fire drill records did not consistently record how many children participated in the fire drill and did not name all children that were in the individual houses. All staff members had participated in fire drills and fire drills were organised when students came to the centre on placement. Daily fire checks of escape routes, fire doors and fire extinguishers were maintained. There were comprehensive individual evacuation plans in place for children, which outlined information such as the children's mobility and also referred to the specific medication requirements of individual children.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard young people. Children told inspectors that they felt safe. All staff had been trained in safeguarding and in Children First (2011). Intimate care plans were consistent in the level of information that they contained. Only one restrictive practices was used in the centre and staff had regularly reviewed the practice in order to ensure that the least restrictive practice was employed.

There were good safeguarding measures in place within the centre. Staff members treated residents with respect and warmth and were observed by inspectors as being attentive to the needs of the children. Safeguarding measures such as risk assessments on individual children, an external visitor met with children, management of children's monies, completion of staff vetting were completed and clear procedures were in place in the event that a child left the centre without permission.

The quality of intimate care plans was good. Intimate care plans were in place which was a safeguarding measure in itself. Intimate care plans described in details the tasks that children were able to complete themselves and those intimate tasks where they required support or assistance. The process of informing children of the assistance that staff were going to provide to the child was outlined in all intimate care plans. However, the policy on intimate care was not comprehensive and did not provide guidance to staff in regard to carrying out specific intimate care for children such as toileting or showering.

Children told inspectors they felt safe and that staff treated them well. All staff had been trained in safeguarding and child protection and the centre's policy on child protection was adequate. Staff were aware of the different forms of abuse, but not all staff were aware of the procedures to follow if they had a concern in relation to a colleague's conduct with children. The head of care was the designated liaison person and staff

were aware of this. One child welfare concern relating to a concern external to the centre was appropriately referred to the Child and Family Agency but had not been notified to the Authority.

The majority of children in the centre did not present with behaviour that challenged. Incident reports were always completed in relation to specific behavioural incidences. The service was in the process of introducing a new model of behaviour support. A behaviour management policy was in place. This policy outlined that the service operated a multi-element behaviour support model and two members of staff had recently completed year long training in this model. Some staff had received training in the past in an alternative model of behaviour management. However, the majority of staff were not trained in the model of behaviour support that was outlined in the centre's policy, but it was planned that staff would receive this training. New formats for behaviour support plans had been recently introduced and inspectors reviewed one of these plans which was very detailed in relation to the child's triggers and gave clear guidance on how staff managed the child's behaviours. Two other behaviour support plans were reviewed which also detailed triggers to children's behaviours, and ways of de-escalating and managing children's behaviours.

One restrictive practice was employed in the centre on an infrequent basis and this practice had been reviewed regularly by a multidisciplinary group. The behaviour management policy included information on restrictive practices and it described physical, environmental and chemical restrictive practices. The policy identified that a physical restraint is not permitted in the centre with the exception of protecting a child from immediate self-harm. Staff had not been trained to physically restrain a child in exceptional circumstances as was described in the behaviour management policy. Inspectors found that the team leaders and head of care were endeavouring to source training on restrictive practices for their staff.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Medication management practices were good. Children were protected by the policies and procedures in place which supported staff to manage medication effectively. All staff had received training in the safe administration of medication.

The centre had a comprehensive organisational policy for the management management which provided guidance on the prescription, receipt, storage and administration of medication. A separate policy document outlined the procedures in relation to the reporting and investigation process for drug errors. Staff had access to information in relation to the specific medications that children were prescribed.

There were appropriate processes in place for the handling of medicines which were in accordance with current guidelines and legislation. All medications were provided by parents to the nursing staff within the organisation. The person in charge collected medications from the nurses on a Monday, and medications were checked on departing from the nurses and were checked by the team leader and a member of staff on return to the unit and details of the medications were recorded. All medications were stored securely and each child's medication was in a blister pack, within a separate box with the child's name on it. No controlled medications were in held in the centre at the time of the inspection and the centre policy outlined that controlled drugs were held by the nursing staff. A medication fridge was also available with a lockable facility.

Children did not have their own as required medications (PRN). The centre had a supply of PRN medications and staff kept a log of the quantity of PRN medications held in the centre. This was not in line with best practice. Staff told inspectors that they consulted with nursing staff prior to administering PRN medication.

There were prescriptions in place for all medications. All sampled prescription sheets had the resident's name and address, their date of birth, GP's name, name of the medication, dose, route of administration, time of administration and there was a GP's signature.

Administration sheets were completed in full. A photograph of the child was on the cover of each medication log. Inspectors reviewed a sample of administration and prescription sheets. The medications for each child was pre-populated in the administration sheet (medication log) and staff filled in the time of administration and two staff signatures were in place for each administration. Medication that was infrequent medication such as antibiotics or as required medication was recorded in a section called infrequent medication. All records in relation to infrequent medications followed the centre's policy. All staff members had signed off on a signature sheet. Therefore, the administration of medication was traceable.

There were systems in place in relation to drug errors. Three drug errors were recorded for 2014, two errors related to incidences when medication was not administered and the third error related to an incident when medication was administered to the child, but staff had not signed the administration sheet. Team leaders told inspectors of the appropriate responses taken as a result of the errors to improve practice. Inspectors were told by a team leader that medication errors were reviewed by nursing staff and a report was completed. These reports were not available within the designated centre, but inspectors reviewed the incident reports which outlined what had occurred. No drug errors were recorded for 2015 and inspectors did not find any errors in the sample that they reviewed.

Audits of medication practices were completed on a weekly basis by nurses. Inspectors reviewed where nurses had signed off on medication logs after reviewing.

All staff were trained in the administration of medication. Staff mentioned that they had regular contact with the nursing staff who were able to provide further advice and guidance on medication when required.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had a statement of purpose which did not fully meet the requirements of the Regulations. The statement of purpose outlined that the service provided care to meet the needs of visually impaired young people, including those with disabilities additional to their visual impairment, including learning disability aged from 9-19 years. The service caters for both boys and girls.

In its admission criteria, the statement of purpose outlined that the service is not intended to serve the needs of a young person whose needs are deemed as best met in a residential home, hospital setting or residential treatment facility. The service is also not equipped to meet the needs of young people whose primary ongoing needs are related to profound emotional, behavioural or cognitive issues. The statement of purpose also clarified that while it will admit children with physical disability separate from their vision, the service has the capacity to accommodate one wheelchair user. The children's files reviewed by inspectors and the children in the centre on the days of the inspection, corresponded with the profile of children that was outlined in the statement of purpose.

There was insufficient information in the statement of purpose in relation to the following matters;

- the arrangements for reviewing care plans
- the arrangements for residents to attend religious services of their choice
- the emergency procedures specifically the contingency plan in the event of a fire.
- the complaints process.

The statement of purpose did not provide information on the following

- specific therapeutic techniques used by residential staff within the designated centre.
- the provision of day care facilities, and inspectors found that one child availed of a day placement.
- emergency placements
- contact between children and their representatives and arrangements for contact between a child in care and his/her social worker.

The statement of purpose was accessible to children and had been made available to children in large print and braille. Parents had received copies of the statement of purpose. The statement of purpose had been reviewed and was due for a further review in September 2015.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

While there was a clear management structure in place a number of the management systems in place were evolving and required to be embedded including the risk management systems and quality assurance mechanisms in relation to safe, quality care.

There was a management structure in place with clear lines of authority and accountability. Staff who spoke with inspectors were clear about their reporting relationship and what they were accountable for.

There were two nominated persons in charge (PIC), who had individual responsibility for individual units within the designated centre. Both nominated persons in charge were experienced, appropriately qualified and were employed on a full time basis. They held the position of team leader in their respective units. Both team leaders were managed by the head of care who was a member of the board of the organisation. The two persons in charge and the head of care were completing additional training in

management. The management team provided good leadership in their roles and staff told inspectors that the team leaders and head of care provided good support. The team leaders had good knowledge of the regulations and their statutory responsibilities, but there had been a delay in notifications being submitted to the Authority. In addition, inspectors found that there was an outstanding notification, and this is referenced in outcome 08.

Each unit operated independently despite being part of one designated centre. Each team leader had specific responsibility for their individual units and they did not hold any management responsibility for each other's unit. The team leaders of the designated centre met the head of care and other team leader colleagues on a weekly basis. Inspectors reviewed the minutes of these meetings and found that each team leader provided a detailed report on the operation of their unit which included the needs of the individual children along with other management issues that arose such as fire safety, notifications to the Authority and staffing were discussed. Deputising arrangements for the persons in charge were unclear. While the staff rotas indicated that a specific staff member was in charge when the person in charge was absent. There was an on-call system out of hours, but the name of the manager on call was not outlined in the rota. Inspectors were told by staff that team leaders were contactable out of hours and the head of care was on call. A nurse was on call to the centre out of hours.

Some new management systems were in the process of being developed. The service had a strategic plan for the period 2011-2015 which outlined the key objectives of the residential service. Among the objectives were to meet the standards for both child care and residential services and to meet the changing needs of students that were being admitted, specifically children who had multiple disabilities and visual impairment. There were good communication systems in place between team leaders and staff in individual units. Staff told inspectors that they felt that there was good communication in the organisation and that team leaders communicated well with them. Weekly team meetings were held in each unit, and a range of issues such as the risk register, staff vetting, specific incidents in the centre, staffing, discharges of children, preparation for registration inspection and petty cash. Decisions were documented in the minutes of management meetings. While one of the team leaders described the needs of the children in one house, s/he indicated that they would require training to meet the medical needs of one particular child, while the other team leader said that any transition would be planned. New performance indicators were introduced as part of the process of measures outcomes for children. However, these new practices were not in operation throughout the designated centre.

Other management systems in place included policies and procedures for staff. The service were in the process of reviewing some of their key policies such as risk management and behaviour support policies and this was in order to provide up to date guidance for staff. There were some systems in place to monitor the implementation of policies and these systems were primarily in relation to the adherence to medication management policies. Staff demonstrated a working knowledge of policies and procedures. Risk management systems were not effective as they had not identified a number of risks within the centre.

Quality assurance systems were in the early stages of development. Inspectors found

that there were some systems of ongoing monitoring of the quality and safety of care in the centre in relation to issues and the head of care had completed a six monthly unannounced visit to both units within the designated centre. The reports on both units included consultation with children, recommendations were made in both report in respect of maintenance and upkeep. While the report of the six monthly visit referenced a review of children's files, it was unclear from the report the number of files that were reviewed or how the quality of files were assessed. There had not been an annual review of quality and safety of care and support completed in line with Regulation 23 (1)(d). The head of care told inspectors that s/he was in the process of formulating a mechanism in relation to consultation with family members as part of the annual review of quality, and that a log of incidents had been completed for the designated centre which would form part of the annual review of quality.

There were good mechanisms in place in relation to consultation and discussion with children. Children's meetings were held in both units and child representatives from the two units of the designated centre attended meetings with the head of care on a monthly basis. Inspectors reviewed a sample of the minutes of these meetings and found that children raised specific issues at this forum. Children told inspectors that their representatives meet with the head of care once or twice a month and said that requests that they made were followed through by the head of care.

There were no formal arrangements in place for staff to exercise their professional accountability if they had concerns about the service, but staff told inspectors that they would raise concerns with their team leader or head of care if they had concerns. A draft protected disclosure policy was provided to inspectors which is scheduled to be reviewed by the Board of the organisation in June 2015.

There was a service level agreement in place with the Health Service Executive (HSE) 2015.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient staff to meet the assessed needs of residents. Staff supervision received regular supervision, but the records of decisions made at supervision was not always clear. There were some gaps in staff's mandatory training, but staff were provided with opportunities for continuous professional development.

There were sufficient qualified staff rostered to work in the centre. Children told inspectors that staff 'went out of their way' for them. They mentioned that staff helped them with their homework and this was observed on the day of inspection. All inspectors reviewed rosters and found that actual and amended rosters were maintained in the centre. The rota indicated who was in charge if the person in charge was not on shift. Two members of staff were rostered to sleep overnight in the centre. In total, there were nine social care staff employed in the designated centre and two team leaders. The organisation operated a relief staff panel, and any staff cover that was required in the centre was provided by this panel. Three nurses are employed by the organisation and provided assistance to the centre when required.

There were effective recruitment procedures in place that included checked and recording all required information. Staff files met the requirements of schedule 2. Four staff files were reviewed. Inspectors found that all staff had been vetted by An Garda Síochána. Full employment histories, appropriate references copies of qualifications were all held on file. There was a draft recruitment policy in place which was in line with good practice and provided some safeguards for children.

Staff received regular formal monthly supervision but records were not comprehensive. Issues discussed at supervision were individual children, leave and household matters. Staff told inspectors that they also received regularly informal supervision from their managers. It was not always clear from the records of supervision what actions were agreed. Inspectors were told by one team leader that there were no performance management issues arising and that if they arose they would be addressed initially within the supervision process.

There were some gaps in mandatory training. A training needs analysis had been completed on the staff team. All staff had received training in Children First (2011), manual handling and fire safety. Two members of staff had not received training in medication management. Some staff had received additional training as part of their continuous professional development in areas such as person centred planning, fire warden training, training in visual impairment, management training, behavioural support, supervision, first aid and disability awareness. Staff were scheduled to attend a conference on autism on the week after the inspection.

Staff had access to copies of the Regulations and Standards, and inspectors found that staff had a good knowledge of them.

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:

Eva Boyle
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 ChildVision
Centre ID:	OSV-0004109
Date of Inspection:	07 May 2015
Date of response:	02 July 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 05: Social Care Needs

Theme: Effective Services

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

Not all children had a comprehensive assessment completed within 28 days of 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

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

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:

Having sought a residential place, ChildVision's assessment co-ordinator ensures that all relevant documentation is forwarded to ChildVision's multi-disciplinary team, who then determine what individual assessment involvement is required. The assessment which then ensues will draw from a range of in-house specialisms including nursing, occupational therapy, functional vision assessment, speech and language therapy, orientation and mobility assessment and technical skills assessment. The assessment occurs over two days, the team meeting with the parents, the social care team leader of the house in which the young person will reside and the principal/resource teacher of the school the young person will attend to offer feedback of the assessment. Following this meeting all reports are written and forwarded to the residential house, school and parents. In respect of the young person identified in the inspection as not having had an assessment prior to admission, this assessment had, in fact, occurred but the assessment report had not been placed in the young person's file. This error has now been rectified.

Proposed Timescale:

Theme: Effective Services

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

Comprehensive assessments were not being completed on at least an annual basis.

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:

As per our SOP, at present young people's personal plans are reviewed on a three times a year basis; these plans being derived, in part, from the young people's initial multi-disciplinary assessments. It is envisaged that these reviews will now reduce to twice yearly with an additional mechanism to be put in place as of the commencement of the new school year to allow for a rolling multi-disciplinary reassessment of each young person as per the strict requirements of Regulation 05 (1) (b).

Proposed Timescale: 14/09/2015

Theme: Effective Services

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

Not all personal plan reviews were multi-disciplinary.

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:

Notwithstanding that a number of the social care staff in the designated centre are also members of ChildVision's multidisciplinary professional team, trained in and with specific responsibility for assessing areas of functioning particular to visual impairment an additional, standardised, mechanism will be put in place for recording all of ChildVision's multidisciplinary team's input into all of the personal care plan reviews. This will work as follows: those people involved in the implementation of the personal plan (e.g. nursing, technical skills, professionals and therapists) will be invited to a review meeting with social care staff, parents/guardians and the young person. If attendance is not possible formal comment will be requested and documented as part of the review.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

Personal plan reviews were not being completed with the maximum participation of the children.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

This is an evidence issue rather than a practice issue and it will be addressed by ensuring better recording of the young people's participation, specifically by designing and implementing a standardised template for demonstrating the types of participation consistent with Regulation 05 (6) (b). The current practice involves a discussion between the link worker and the young person which encourages the young person to identify their own goals. This is recorded in the young person's day logbook. The recording of this meeting will now also be contained in the Link Session notes within the young person's file and cross-referenced in the young person's care plan.

Proposed Timescale: 01/09/2015

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:

The risk management policy did not provide sufficient guidance on the measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The risk management policy will be amended to include improved guidance on the measures and action in place to control self-harm.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control the unexplained absence of a resident.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

A policy and procedures document in relation to unauthorised absences of young people already exists, inclusive of a mechanism for determining when the absence constitutes an at risk absence. The risk management policy will be amended to reflect these procedures.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

Not all hazards were identified in the designated centre. Hot water was recorded at 46.5°C, with radiators at 50°C

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A heating engineer/plumber was engaged, the morning after the monitoring inspection, to inspect the heating systems in both of the houses comprising ChildVision's Children's residential centre. A mechanical fault was identified in one of the houses. This was immediately rectified by installing a new thermostat to the boiler. The boiler was then set at 45 degrees centigrade and to ensure that the water temperature is delivered at 43 degrees centigrade a blender was fitted on the hot water cylinder (engineers report attached). The water temperature was checked at basins over a two hour period and was recorded at 43 degrees centigrade. Over the next two weeks the temperature was checked daily and any variations were noted and addressed promptly by ChildVision's maintenance team. In addition, water temperatures were checked and logged in each of the two houses twice weekly as a matter of ongoing good practice as of 8th of May 2015 (template attached).

Provider's Update: a further full service of both boilers will take place in August 2015 in advance of our young people's return in September. Ongoing monitoring of temperatures will occur twice weekly, (Monday and Friday).

Proposed Timescale:

Theme: Effective Services

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

The risk management policy has insufficient guidance on the measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The risk management policy will be amended to include improved guidance on the measures and actions in place to control aggression and violence.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy will be amended to outline the measures and actions in place to control accidental injuries to residents, visitors and staff.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

The process for the investigation and learning from serious incidents and adverse events was not outlined in the risk management policy.

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 risk management policy will be amended to include the process for the investigation and learning from serious incidents.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

The risk management policy did not provide sufficient guidance on how risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk management policy will be amended to provide guidance on ensuing proportionality between identified risks and their control measures as well as a mechanism for considering reasonably predictable adverse outcomes of control measures for individual young people.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

No cleaning schedules were available and oversight in relation to cleaning was not clear.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A new infection control policy now details the cleaning requirements for the residential houses in a more explicit way. In addition, cleaning schedules have now been put in place and these are checked and signed off by the PIC monthly. The schedules will contain a space for comment by the PIC. Any identified issues- either observed or identified via the schedule - will be raised during individual supervision and team meetings and recorded as part of those meetings.

Proposed Timescale:

Theme: Effective Services

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

There was no contingency plan in place if the centre had to be evacuated.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

While contingency plans are clearly understood by social care staff in relation to the place of safety requirement in event of a need to evacuate the designated centre these will be formally included in the fire management documentation. Therefore, the evacuation plan will be explicit as to where the emergency overnight provision, if needed, is to be.

Proposed Timescale: 07/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not been trained to physically restrain a child in exceptional circumstances as was described in the behaviour management policy.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Training in relation to restrictive practices will be sourced and provided consistent with best established practice and national policy.

Proposed Timescale: 19/10/2015

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 one central supply of as required medication available in each house of the designated centre.

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:

As of the new school year each young person will have their own supply of those as required medications which might be reasonably expected, on nursing advice, to be needed in the course of the school year.

Proposed Timescale: 01/09/2015

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 did not contain all of the information as required by the regulation.

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's review date is September 2015; in advance of this date the document will be reviewed to include the necessary additional information identified by the Inspectors. For example in relation to supporting religious practice the Statement will be explicit about how different faith traditions will be accommodated, consistent with the young person's personal plan and the wishes of the young person and their parents/guardians.

Proposed Timescale: 07/08/2015

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:

There were two persons in charge in the designated centre. Each person in charge was responsible for their individual unit and not the overall designated centre.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

Further to the approval by ChildVision's board, a realignment of how ChildVision's person in charge arrangements are structured will occur to ensure a clear symmetry with the requirements of this inspection.

Proposed Timescale: 01/09/2015

Theme: Leadership, Governance and Management

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

The protected disclosures policy was in draft format.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Subject to formal ratification of the draft protected disclosures policy by ChildVision's management team and board, the policy and in-house training around it will be put in place as of the commencement of the new school year, this training to also incorporate re-iteration of the many other safeguarding policies and reporting procedures already in place.

Proposed Timescale: 01/09/2015

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 quality and safety of care and support in the designated centre had been completed.

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 overdue annual review will occur in September 2015 and will include all of the elements identified in the relevant schedule.

Proposed Timescale: 11/09/2015

Theme: Leadership, Governance and Management

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

As no annual review had been completed, consultation with children and their representatives had not occurred as part of the process.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The overdue annual review will occur in September 2015 and will include all of the elements identified in the relevant schedule, including evidence of consultation with young people and their representatives.

Proposed Timescale: 11/09/2015

Theme: Leadership, Governance and Management

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

There was no report available from an annual review of quality and safety.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Following completion of the overdue annual review in September 2015 the report will be available from the 14th September 2015.

Proposed Timescale: 14/09/2015

Theme: Leadership, Governance and Management

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

The six monthly review report did not provide sufficient detail in relation to the review of children's records. There were no timescales outlined in relation to the recommendations of the report.

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:

A new template for the six monthly unannounced visits will be designed to incorporate a timescale for proposed remedial actions identified.

Proposed Timescale: 01/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Supervision records did not always accurately record decision making.

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:

A new supervision recording template will be put in place to address the identified concerns, this template to be in use from the commencement of the new school year

Proposed Timescale: 01/09/2015