

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005006
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Orla Murphy
<b>Support inspector(s):</b>	Erin Byrne;Ruadhan Hogan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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:
08 October 2015 09:00	08 October 2015 19:00
09 October 2015 09:00	09 October 2015 13:30

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

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

**Summary of findings from this inspection**

This was the second inspection of the centre carried out by the Authority and it took place over two days to inform a registration decision. The centre, according to its statement of purpose, provided respite care for up to 11 children aged up to 18 years with a moderate to profound intellectual disability and physical disabilities.

As part of this inspection, inspectors met with children, the centre manager, children services program manager, the director of services and two staff members. Eight questionnaires completed by families of the children were also returned to the Authority. Inspectors also observed practices and reviewed a sample of children's files, policies and procedures and a range of other documentation.

The centre was part of a children's service run by a disability service organisation, and was located on the outskirts of a city, on a campus style setting which belonged to the provider. The centre comprised of a detached bungalow which was in close proximity to other similar centres. It had a rear garden and playground area specifically for children's use.

Inspectors found that the children received a good quality of care and were kept safe by the staff team. The staff team knew the children well and the children felt secure when staying in the centre. Care was provided in a dignified and respectful manner and there were a number of activities provided within the centre for the children. Children's communication was well supported and personal plans were accessible and reflected each child's personality and aspirations. The adequacy of staffing levels was mixed, as there were sufficient staff levels to care for children when they were inside the centre, but insufficient numbers to support community access. All the children were attending school and doing well there. There was a clearly-defined management structure in place and managers provided good leadership to staff.

Improvements were necessary in children's assessments, admissions, resources, visitor's procedure, staff supervision, risk and in identifying staff training needs. Community access and resources to support this was an area that had been identified as in need of improvement during the last inspection. While inspectors found that some progress had been made in this area, it was not sufficiently timely and there were insufficient staff numbers available to support children in accessing the community. This was an area that directly affected children's progress in integration and new life experiences. The Action Plan at the end of the report identifies areas in which improvements were required in order to achieve compliance with regulations.

**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):**

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

**Findings:**

The children attending the respite service had complex support needs and staff told inspectors that direct consultation such as residents meetings were not held due to the children's level of understanding. However, each child had a personal profile which described them, their interests and their preferences in relation to the support they needed. These had been completed in consultation with families and based on staff knowledge of the children. This meant that children received the support they needed in a way that respected their wishes which was child centred and assured their wellbeing.

Inspectors observed staff offering children choices and acting on their cues and preferences, such as providing reassurance to children who were unsettled, and giving choices of food, activities or rest periods on their return from school. These choices were respected and acted upon by staff. Care records examined by inspectors reflected this day-to-day consultation carried out with children and meant that children's right to chose and participate in their care was maximised.

The service had consulted with all families who used the service in the months prior to the inspection as part of the annual review of the centre, which meant that families were given an opportunity to influence the care provided to their children and communicate the aspects of the service that were important to them. The outcome from this consultation was analysed and formed part of the annual report of the centre. Inspectors found that the consultation reflected a high level of satisfaction with the care provided in the centre, but also reflected a desire for children and families to have additional resources, such as transport and more respite care allocated to them. The director of services told inspectors that this was an area that was being examined as

part of service planning into the future.

There was an independent advocacy service available in the region and information was on display in the centre advising families how to access this, which meant that children and families had an independent service available to support them if they felt unable to raise concerns within the centre.

The management of complaints had improved since the previous inspection and was now in line with Regulations. There was a centre specific complaints procedure in the centre and all families who provided feedback for this inspection knew how to make a complaint. There was a complaints log which recorded the concern, the action taken and whether the complainant was satisfied. There was one complaint open at the time of the inspection and the person in charge was currently investigating the concern, and there had been no other complaints raised since the last inspection. Inspectors found that the children who attended the service would have a limited ability to raise concerns due to their non verbal communication and complex needs. However, inspectors observed staff accurately interpreting children's moods and wellbeing and responding to this. Inspectors observed children displaying discomfort and distress relating to their medical needs, and this was identified and responded to quickly and sensitively by staff. There was a pictorial version of the complaints procedure in place in the centre called "I am not happy" and there were pictures of moods/wellbeing from a picture exchange communication system (PECS) on display throughout the centre to support children to express their feelings. These improvements in the complaints system meant that it was accessible, and that families and children would be able to raise concerns and progress these if unhappy with the outcome.

Children's privacy and dignity was valued and promoted by staff team. Records examined by inspectors showed that children's preferences in all aspects of daily living and in routines such as feeding, self care and personal care were identified and implemented. Children's personal plans clearly identified the manner in which children wished to be supported and identified indicators that would show when each child may be uncomfortable, in pain or unhappy. Inspectors observed staff arranging to attend to children's personal care in a discreet and sensitive manner, and staff respected children's privacy and time alone by supervising from a distance in some instances and in knocking before entering rooms. This meant that children were afforded some independence and privacy, but had access to discreet support when it was needed.

Children's possessions and finances were respected and cared for appropriately. The centre had a policy in place to ensure that children's possessions and finances within the centre were safeguarded through procedures to record income and expenditure and audits of this. Children brought small amounts of pocket monies for their stay and appropriate records were maintained for this expenditure.

Despite children's complex support needs they played an active role in determining their own routines based on their interests in the centre. Events such as birthdays and other celebrations were incorporated into life in the centre and photographs of these events were on display. Children were planning for Halloween during this inspection and spent time with staff painting masks in colours and styles of their choice, which promoted their individuality. The children had varied interests inside the centre such as music, watching

movies, listening to stories, beauty treatments, sensory sessions, crafts and relaxation activities. Children were observed choosing to rest, join a group, go for a walk, listen to music or spend one-to-one time with staff and staff were very alert to children's needs that they couldn't verbalise, such as being hungry or tired, or seeking affection and fun. Inspectors observed the children being confident in expressing their needs with staff, which meant that they determined their own routines and activity while in the centre.

Outside the centre children had enjoyed attending clubs, cafes, the cinema, swimming, the beach and having meals out in their communities. However, meaningful activities and opportunities outside the centre were still restricted by a lack of appropriate transport and staffing numbers, which meant that children were still not fully maximising their participation in the community and missing out on opportunities that their peers would have automatically. Since the last inspection funding requests had been submitted for additional staffing at evenings and weekends to support this, and for appropriate transport as the majority of children were wheelchair users. The director of services told inspectors that this funding had yet to be agreed and inspectors found that this issue had not progressed in a timely way.

A volunteer to support activities had been recruited in recent months and was commencing in post at the time of the inspection which would address some of the deficits. However, the issue remained that there were three staff available for five children, four of whom used wheelchairs to mobilise. Inspectors observed that staffing numbers could not facilitate a number of the children attending activities outside the centre with any spontaneity, and where they did, the distance or duration was restricted due to the barriers outlined. This meant that, as found at the last inspection, the children's opportunities and rights to be part of the community, experience new things in line with peers and to develop and grow socially were significantly restricted by a lack of resources.

**Judgment:**

Non Compliant - Moderate

**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:**

Children's communication needs were comprehensively assessed and understood to a high standard in the centre. The majority of children did not use language to communicate with staff in the centre and their needs and wellbeing were communicated

through gestures, body language, expressions, touch, pictures and sign language. Inspectors found that children's methods of communication were recorded comprehensively in communication passports for each child. These passports outlined each child's method of expressing a range of emotion and needs such as fear, happiness, discomfort, tiredness, enjoyment, fun, distress and many others. For example, a passport described one child's gestures that would indicate if s/he was seeking fun and play. Another passport described eye movements and facial expressions that indicated that they were experiencing discomfort. The person in charge told inspectors that the passports were developed with the multi disciplinary team and families to reflect the nuances of non verbal communication specific to each child. Records showed that all staff had undergone training in intensive communication, a recognised sign language system and in the picture exchange system used by some children. Staff that spoke to inspectors were fully aware of each child's gestures and were observed responding openly to these gestures throughout the inspection. Staff reflected children's communication back to them and the children responded warmly to being understood.

The internet was available in the centre but due to the children's needs, none of them utilised this or any hand held devices. However, the person in charge told inspectors the centre had purchased a tablet and the staff team intended to use this with children to develop their skills and interaction with touch screen technology to see if this was an additional way to provide them with access to further communication and sensory experiences.

A small number of children used a recognised sign language or a picture exchange system in addition to gestures and body language. These signs and pictures were available throughout the centre, signposting communal facilities and translating menus, personal plans and key policies such as complaints. Each child's bedroom had their picture displayed on the door to identify their allocated room for their stay. Inspectors saw how reassured children were when staff understood what they were communicating and this meant that despite the barriers faced by the children in communicating, they were listened to, understood and responded to with empathy.

**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:**

The centre promoted the relationships between children and families through a number of different ways. Records of communication between the centre and parents were seen in each of the children's files. Families were involved in care planning from the admissions stages of their placement in the centre. Families were kept informed of children's wellbeing through communications books which were passed between the centre, school and families. Family involvement and consultation in planning and goal setting was evident within the centre, and input from families was included in personal plans, sought through the personal outcomes meeting and highlighted by families in the questionnaires returned to inspectors.

The centre did have a policy on visitors however it was not compliant with the regulations as it did not outline all potential restrictions on visitors to the centre.

Due to the nature of this service, family visits during respite were not common. However, the person in charge noted that families were welcome to visit the centre and a private space was available for visits should this be needed. The centre promoted the rights of children to meet with friends however due to the nature of the service being respite care, this was not a predominant feature of children's placements there. Inspectors did see evidence of children's friendships with other residents in centres within the congregated setting being facilitated. Two of the older children in the centre were encouraged to visit friends in a neighbouring centre and this was facilitated between both centres in an age appropriate way, where independence and preferences of the child were encouraged.

**Judgment:**

Substantially 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:**

The admissions to the centre were in line with the criteria described in statement of purpose. However, admission procedures were not adequately transparent in terms of the gatekeeping and equity of service provision which was not fully clear. Children admitted to the centre had a primary diagnoses of intellectual disability with complex support needs including physical disabilities. Children were aged between 5 and 18 years of age. Admissions to the centre were planned and the centre also considered

emergency admissions. Children and families visited the centre prior to admission, and a range of supports were in place for children before staying in the centre overnight, such as visits for dinner and activities.

Applications were submitted from families to use the service and following a review of families' own assessments of their needs and reports/assessments from other disciplines involved with the child, respite stays were then allocated. This review was provided by the external line manager and head of social work, and they prioritised which children attended the service. However, inspectors found that this was mostly based on family need, and the families own assessment of the stress or difficulty they may be experiencing. This meant that the process was focussed on less independent assessments of the child's need and how children were prioritised was not adequately transparent. In addition, the team leader only undertook their assessments of need after the child was admitted. They also had no role in deciding if the centre could meet children's needs prior to admission, which was not in line with regulations.

The centre had written contracts of care in place for all children and these were signed by the team leader (person in charge) and the child's primary carer. Contracts reviewed by inspectors were set out in an accessible manner and set out the services to be provided and any charges for children and their families for using respite services.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There were a number of documents in place which reflected a number of the children's assessed needs and wishes. However, at the point of admission children's assessments were fragmented, and aspects of these were not always validated to form a comprehensive assessment. Inspectors examined a number of forms describing children's needs in a range of areas. Children's needs were recorded by families and

social workers, and submitted as part of the application to attend the centre. The person in charge told inspectors that additional assessments were sought from professionals involved with the children such as speech therapy, paediatrics and physiotherapy. However, these professional assessments were pre existing and could have been completed for school or other purposes. These were then reviewed by an admissions panel made up of the head of social work and the external line manager. Inspectors identified deficits with this process. The team leader (person in charge) was not involved in the initial assessment process to assure themselves that a child's needs could be met, which was not in line with regulations. In addition, the team leader was only aware of the information provided by the family and professionals after the admission was agreed, and, as they had not carried out the assessment, this led to a fragmented assessment of need which was not fully cohesive. Inspectors found that the team leader amended and reassessed children's needs once they began using the service and amendments were incorporated into profiles of the children, but this was not formalised. This meant that there was a risk that all children's needs may not be accurately identified prior to admission.

Personal profiles were in place for each child in the centre and these reflected needs, desired routines and life choices for the children. Profiles seen by inspectors identified the children's needs in areas such as rights, independence, health, mobility, leisure, behaviour support and family and relationships. In addition, children's needs in relation to intimate care and feeding support were assessed. Each child also had an accessible version (with pictures) of their profile. Inspectors found that children's needs informed the children's personal plans in the centre. Children's routines and likes and dislikes were particularly well described. For example, children's sleeping patterns, favourite toys and methods of relaxation were specified in their profiles and plans. Staff that spoke to inspectors were fully aware of each child's needs and preferences and inspectors observed staff attending to these instinctively during the inspection. This meant that children's needs were understood and met in a timely and effective manner. Families that returned questionnaires felt that their children's needs were met by the service.

Personal plans were in place for each child and an achievable number of goals had been identified to develop children's skills while they stayed in respite care. Each child had an accessible version of their plan which was very child centred in its content. For example, each plan included information about the child's life at home, a life story book with picture references, details and pictures of the child's goals, and their achievements and aspirations. The plans supported children to achieve these goals, develop skills and maximise their independence while meeting their complex needs. The plans examined typically contained two to four goals in areas such as activities of daily living, community access, independence and communication; and detailed the actions needed to support children to reach their goals. The views of families were also reflected in plans and children's progress in achieving goals were also monitored and measured by the person in charge on a monthly basis. Reviews of plans were undertaken but these were not always formally carried out on a multi disciplinary basis. Children's plans were reviewed by the team leader and informed by families and the staff team. Updates were also sought from professionals involved with the children. However, this was not a formal review attended by all parties. This meant that there was a risk that not all views and updates in respect of plans would be captured and implemented.

Barriers to achieving goals were also recorded and examined by the team leader and external line manager. For some barriers, measures were put in place to remove these. However, inspectors found that some barriers to community participation that were identified at the last inspection remained in place. Inspectors saw that the children had spent more time outside the centre, but this was not at an optimum. The team leader demonstrated that resources such as transport and additional staffing had been applied for but progress in this was slow, and the supports needed to achieve children's community participation goals remained inadequate. This meant that children's integration in the community and their access to new experiences were curtailed.

Intimate care needs were well assessed and planned for and children were supported by safe intimate care practices and procedures. All children had a detailed intimate care assessment and plan in place. Inspectors examined these plans which provided clear and detailed instructions for staff in all aspects of intimate and personal care. The plans promoted sensitive and discreet support for children and aimed to maximise children's self care where possible which meant that children's personal care was respected and attended to in a dignified manner that empowered children as much as their needs would allow.

Children's transitions between services were fully supported by the staff team but more formalised plans were needed. Transition procedures were in place to support children moving between services. One young person was in the process of transitioning to an adult respite service as they were 18 years old but remained in full time education. A general transition plan was maintained, which proposed visits to the service with staff support for activities, meals and events, and several of these visits had occurred. However, the plan was not detailed, and inspectors found that the young person's daily records outlined the detail of transition more clearly than the plan itself. From this inspectors found that significant work was being undertaken to support the young person to successfully transition but as the plan did not reflect this, there was a risk that it may not be adhered to consistently. The young person visited the future respite centre during the inspection, and inspectors observed that staff from both centres made considerable efforts to ensure the visit was a positive experience.

Children were supported to learn some new skills and develop their social interaction in preparation for adulthood. The children had very complex needs that meant they could not mobilise or be as independent as peers might be. However, inspectors found that goals were in place to support older children in growing up, such as having more privacy and being involved in chores and their self care more as they approached adulthood. This was observed with some of the children during the inspection.

**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 centre is a six bedroom bungalow within a congregated community in which the organisation operates a number of residential, respite and day services for children and adults with disabilities. The design and layout of the house were in line with the centre's statement of purpose and was suitable for purpose. The centre was clean, suitably decorated and well-maintained. The centre's décor was brightly coloured and child friendly, with individual preferences respected. Children's personal effects were used to decorate their rooms during their stay. The centre had a sensory room with access to games, toys and music for children, a large sitting room with ample space for communal activities for all children and staff members.

The kitchen was accessible for children and the furniture was adapted to accommodate the physical needs of the children who used wheelchairs in the centre. In addition the centre also had two sitting rooms available to children should they require private space or not wish to participate in group activities.

The centre had storage facilities which stored the personal belongings of children between stays in the centre. Each child had an individual storage box for the safe storage of their personal items. The centre had a large bathroom facility which was suitably sized and equipped to meet the intimate care and hygiene needs of the children resident, as well as access to toilet facilities for staff and visitors. The equipment in the centre was well maintained and had been assessed for use by the organisations occupational therapists, with clear guidance for use available to staff. Inspectors found evidence of reviews by staff members in consultation with the occupational therapists, of the suitability of equipment for meeting the needs of children, follow up on recommendations from this assessment was also evident through review of files.

The centre had access to a secure play area at the back of the building which was easily accessible for all children.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre had policies and procedures in place for the management of risk and emergency planning, health and safety, protection against infection and fire. There was a safety statement in the centre which had been read and signed by staff members and reviewed in line with organisational policy. Staff members received health and safety training, including; manual handling, fire prevention and infection control and there was evidence of regular review of training requirements, as well as provision of regular refresher courses as required.

An electronic system in use in the centre captured data on accidents, medication errors and incidents in the centre. Inspectors found there was a clear process in place to monitor, manage and trend near misses, adverse incidents and no harm events through this Accident and Incident Report System (AIRS). Incidents were risk rated using a risk matrix and then assigned a value rating. Inspectors found that there was a clear process in place to ensure that risks were notified to the relevant personnel. All incidents were reviewed and signed off by the team leader and reviewed by the programme manager who monitored reports and entries on the database on a regular basis. These were also reviewed by the wider AIRS multi disciplinary team. Records of the AIRS reviews were examined by the inspectors, and these showed that the learning from incidents was discussed and appropriate action was taken where required.

The team leader told inspectors an annual safety audit was completed within the centre by the team leader. This annual audit, monitored through the intranet system by the health and safety manager and accessible by the general management team, generated actions to be completed within the centre in order to be compliant with recommendations. The team leader updated the safety audit on the intranet system as these actions were completed.

Inspectors were informed by the organisations management team, that team leaders had recently attended training on risk management and were at the time of inspection, in the process of implementing a local risk register to the unit. Individual risk assessments for children relating to areas such as presenting concerns, adverse events or challenging behaviours had commenced and two had been completed at the time of inspection, these were reviewed by inspectors. The team leader demonstrated a clear understanding of the need for identifying and appropriately responding to risk. The team leader informed inspectors that the centre risk register and identified risks were discussed with her external line manager regularly, and if necessary, escalated for review by the general management team. However, not all risks had been appropriately identified, such as hot water temperatures which are discussed further on in this outcome. The director of services and team leader acknowledged to inspectors that risk management system was in the process of being developed and improvements were required. The minutes of Board meetings examined by inspectors showed that progress in risk management was discussed at a senior level within the organisation.

Inspectors reviewed systems for regular monitoring and checks on medical and fire equipment completed by staff members in the centre. Some of these checks were not completed consistently by staff members in the centre.

Fire equipment and fire prevention systems were in place in the centre. Fire extinguishers and emergency lighting were serviced as required. An emergency door release was identified by inspectors as not accessible to staff, as it was too high above the door in the centre. This was pointed out to the team leader during inspection and was rectified, by lowering the emergency release panel.

Children's files all had emergency egress plans present, along with a procedure for evacuation in the event of a fire. Fire drills were undertaken regularly in the centre however, there was no evidence of oversight or review of fire drills. A night time fire drill was simulated within the centre and relevant procedures for transferring children were practiced with staff members in the centre. However, this simulation did not adequately assess the emergency procedure for fire during the night, as it did not replicate the procedures in place for getting support from the night supervisor or security staff to help with an evacuation at night time, and the simulation did not involve these staff members.

Inspectors identified upon testing, that the water temperature in the centre was heating to above sixty degrees, posing a serious health and safety risk to children and staff. The team leader immediately acted to reduce the risk by having temperature control mechanisms installed in the centre ensuring that the water did not heat above a safe temperature. This was resolved by the centre before the end of the inspection visit and a programme of monitoring and testing was scheduled and provided to the Authority.

**Judgment:**

Non Compliant - Moderate

**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:**

The centre had safeguarding and child protection procedures in place. Inspectors found

that there was an up-to-date national policy and procedure for the welfare and protection of children. This policy was consistent with the requirements of Children First (2011) National Guidance for the Protection and Welfare of Children. There was a designated liaison person (DLP) for the organisation to whom all child protection concerns were reported. Inspectors observed that the contact details for the DLP were on display in the centre.

Staff that spoke to inspectors demonstrated appropriate knowledge and understanding of what constituted abuse, the types of abuse and demonstrated and described appropriate actions that should take place when made aware of suspected abuse of children with a disability. They could identify the designated liaison person (DLP) who receives child protection concerns within the organisation.

Inspectors found that children's safeguarding needs were assessed, monitored and managed through individual safe care plans, individual risk assessments and intimate care plans. From an examination of a number of personal profiles, interviews and observations inspectors determined that the majority of children attending the centre had high dependency needs and as such had limited ability to protect themselves from abuse. Inspectors found that the assessments and plans in place provided very clear guidelines to support staff to deliver safe support to individual children. Communication passports for children were also examined and these described the indicators of children's non verbal cues and wellbeing. Inspectors found that marks or bruises noted on children during their stay were routinely recorded and followed up on with families and other professionals where required. The team leader confirmed that there were no child protection concerns reported since the last inspection in April 2015.

Updated training in child protection and safeguarding had improved and all staff had received child protection training in the six months prior to the inspection. Records examined by inspectors showed that staff working in the centre had also attended "keeping safe" briefings which addressed safe care practices. Staff meeting minutes seen by inspectors reflected that safeguarding practices were discussed periodically by the team and the team leader told inspectors that she had oversight of all practices in the centre.

The centre had implemented a policy on positive behaviour support. The policy on behaviour support was up to date and outlined a positive approach to managing and reducing behaviour that challenged staff. A small number of children in this centre required behaviour support interventions, and inspectors found that these children had support plans in place which were drawn up by the multidisciplinary team involved with the child. The plans detailed the interventions staff should implement to prevent or respond to negative behaviour that children displayed and inspectors observed these interventions in use during the inspection. Inspectors observed that the interventions were positive and were applied consistently by the staff. Records were maintained of the interventions carried out based on the behaviour support plans and regular reviews of the plans seen by inspectors showed there was a range of efforts made to alleviate the causes of behaviours.

There was good knowledge of restrictive practices in use in the centre by the person in charge, as they could describe all restrictions in place and their purpose and



effectiveness. Restrictive practices were underpinned by a policy and inspectors found that the least restrictive procedure was used for the least amount of time. Restrictions were recorded and the team leader told inspectors she reviewed these regularly. However this oversight was not recorded in the restrictive practices log. All restrictive practices were notified to a committee that oversaw these, and approved or amended them. However, inspectors were told that the review of some restrictions were delayed at committee stage due to a volume of referrals. As a result, the review of all restrictions was not timely, but, where restrictions could be removed in the centre inspectors found that they were, whether it was awaiting review or not. Inspectors found that each restrictive practice measure had an associated risk assessment.

Examples of restrictive practices in the centre included bed rails and transport harnesses which were used for some children in the centre which had all been risk assessed by the multi disciplinary team. However, inspectors found that two restrictive practices had not been notified to the Authority in quarterly notifications and this is addressed in Outcome 9 of this report.

**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 was maintained of all notifiable incidents in the centre and the Authority had received the majority of these within required timescales. However, two restrictive practices, involving the locking of the front door and short term use of a sensor on a bedroom door were not notified to the Authority in quarterly returns in line with regulations. While these were recorded as restrictions in the centre records, the omission in the notifications meant that the Authority was not aware of all restrictions in place in the centre.

**Judgment:**

Non Compliant - Moderate

**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:**

All of the children attending the centre were in full time education locally. They were taken to and from school on adapted transport and were observed to have very good relationships with transport staff. Their education was valued by the staff team and staff told inspectors that there were very good links between the centre and schools and that the team reinforced some learning from school where this was agreed as part of plans. Each child's education was primarily managed between their home and school. However, inspectors found that there was very good levels of communication between home, school and the centre. Each child had a communication book that was completed by all parties to ensure all were informed of children's wellbeing and achievements on a daily basis. This meant that all aspects of the children's education and progress was shared with the people in their lives and could be followed up and acted upon promptly.

Each child had their educational needs comprehensively assessed and the centre held copies of children's individual education plans (IEP's) that set their learning goals on the basis of the assessments. The assessments reflected that all of the children had complex learning needs but there were a range of learning goals for each child. Staff from the centre attended IEP review meetings in school to provide reports on children's progress in the centre and the team leader confirmed that the centre was provided with a range of school reports and plans from schools. Inspectors found that some goals in children's IEP's were mirrored in their personal plan in the centre, such as using sign language and sensory activities, and inspectors saw evidence of joint actions between school and the centre in children's files. This meant that children were fully supported to achieve their potential in a consistent way by the centre, their homes and the school.

**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's health care needs were met through timely access to multiple services and a high standard of healthcare provided in the centre. Many of the children had complex needs including medical conditions and diagnoses and this meant they were unable to attend to their own health and medical needs without significant support. A qualified nurse was on duty in the centre and children had access to their family general practitioner (GP), a GP attached to the centre and paediatric services within the organisation. Inspectors found that children's health needs were appropriately assessed by medical personnel and met by the care provided in the centre. Inspectors found there were a range of protocols in place in the centre to support specific medical needs, such as effective seizure management and tube feeding, and these were fully overseen by the nurse on duty. Each child that had medical needs had clear goals in place within specific plans to meet these needs, and any changes in treatment plans were clearly identified in the plans. This meant that children's care needs were fully assessed and planned for and were delivered by qualified personnel. Inspectors found that children had access to a range of allied health care services such as physiotherapy, occupational therapy, speech therapy, dentistry and psychology. Up-to-date assessments and plans from these services were also held on children's files and relevant actions for the centre were incorporated into individual plans. Parents who participated in this inspection felt that their children's medical needs were well met in the centre.

The majority of children in the centre required some support to eat and drink and some children used tube feeding systems such as Percutaneous Endoscopic Gastrostomy (PEG) feeds. Inspectors saw there was a good range of healthy nutritious food available in the centre for children. Children were observed choosing snacks and drinks on their return from school and in assisting staff in small ways to prepare for their evening meal. There was fruit and juices freely available in the centre and the evening meal was nutritious and inviting. Some children used adapted cutlery and dishes for mealtimes to enable them to maximise their independence. Children who used feeding systems were fully involved at the table at mealtimes and inspectors observed staff providing special attention to them to ensure they were included in the event. Inspectors observed that these children were fed discreetly and with dignity. The time leading up to and during dinner was a social event for all of the children and they responded very positively to staff and each other during this time.

**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:**

The medication management system was effective and safe. The service had a policy for medication administration and management which included the use of 'as required' medication for minor illnesses and managing behaviour that challenged. None of the children attending the centre were responsible for their own medication due to their complex needs and capacity.

Families sent in children's prescriptions to the centre and a general practitioner then visited the centre to transcribe these onto medication administration record sheet (MARS). The centre was reliant on families to inform them if prescriptions changed. Inspectors examined the medication management system and found that medication was administered by a registered nurse or a staff member who had received safe administration of medication training. A prescription record was in place for each child with medication dosage and route of administration signed by a general practitioner (GP). Each child had medication information which contained their photograph, instruction on how they received their medication, their current prescription, their seizure management protocol and an up- to- date medical profile. These were all stored with the original prescription and the administration record.

Medication was stored in a locked cabinet in a locked room and keys were accessed via a separate locked facility. Medication was received into the centre at the time of children's stay and checked back out with children when they left. This process meant that no returns of medication were required as medication was not permanently stored there.

Errors were identified and reported appropriately through an incident reporting system which was overseen by the team leader. Records showed there had been two errors since the last inspection which related to supplements for one child not being sent to the centre, and no adverse consequences were reported from not administering this supplement. Medication audits were undertaken by the person in charge on a monthly basis and these assessed key aspects of the system and were up to date. These audits identified where prescriptions were up to date and when they needed to be renewed.

Systems were in place to ensure that if chemical restraint was used it would be in accordance with good practice guidelines. Chemical restraint was not in use for any children in the centre.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the*

*manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose in place which set out the aims, objectives and values of the centre and this was reviewed by inspectors. The statement set out the facilities and services provided to children and described the staff team and their skills and experience. It reflected the needs of the children attending the service currently and the team leader told inspectors that the centre was planning to expand the service to a cohort of children with different needs, and that this would be incorporated into the statement, which would be reviewed to reflect this. The statement was available in a format that was accessible to children and families and was on display in the centre.

Staff that spoke to inspectors were aware of the purpose and function and the statement had been reviewed annually by the provider. However, inspectors found that aspects of the day-to-day operation of the centre had not been reflected in the statement. The centre was a respite service that was open for 12 nights per month for children that had been assessed and approved as requiring respite care. However, on some nights that the centre was not being used by these children, another part of the organisation brought children who were not known to the respite service to stay overnight- usually in responses to emergencies in families. These children had not been assessed in relation to residential (respite) services and did not have personal plans or intimate care/medication records. The staff that were utilised to care for them were not staff from the respite service. In addition, the person in charge was not involved in their admission or stay and this meant that they could not be assured of their suitability for the service, the quality and appropriateness of the care provided or the skills and training of the staff supporting them. In addition, the use of the centre for these other children was not reflected in the statement. This meant that these children were not afforded any of the safeguards or required supports outlined in regulations. The director of service told inspectors that this had been identified as not being in line with the purpose and function of the centre and the practice had ceased.

**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*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

At the time of inspection, the Brothers of Charity were undergoing organisation change as the regional registered companies were being subsumed into a national Brothers of Charity company. Consequently, there were two boards in operation, a national and a regional.

Lines of accountability within the local, regional and national organisation were clear. The team leader reported to the acting programme manager (PPIM) who in turn reported to the director of services. The director of services reported to the CEO and to a regional board. The CEO reported to the national board, and all regional directors were also directors of the national board. Reports to the board by the director of services were reviewed by inspectors and showed that the board were updated on the overall operation and progress of the centre and any significant incidents or concerns relating to the centre. Staff that spoke to inspectors were aware of the reporting structure and told inspectors they would be confident in contacting any senior manager should the need arise.

The designated centre comprised of a residential bungalow which was located in a congregated setting, alongside other centres. The original person in charge of the centre, the programme manager, was on extended leave at the time of this inspection. In her absence, a temporary person in charge had been appointed to the designated centre. She worked full time on shift and had been allocated 22.5 hours per fortnight for their person in charge and team leader role, with the rest of their time spent on shift in the centre. Inspectors found that the team leader had good oversight of the centre and was accountable in their role. However, she acknowledged that she found it difficult to complete all of their duties while undertaking a number of shifts in the centre. In addition the team leader was not fully involved in all areas they were responsible for under the regulations. For example, they were not involved in deciding admissions to the centre or in the assessments of children prior to admission to the centre, and this meant they could not fulfil all of their statutory obligations. Actions relating to this are outlined in Outcome 4 of this report.

Inspectors interviewed the team leader and found them to be a suitably qualified person with knowledge and experience commensurate to the role. She had worked as a team leader within the Brothers of Charity Galway service for a number of years and had held the position of temporary person in charge in the centre since late 2014. They were very knowledgeable regarding the needs of the children and demonstrated good leadership skills and a commitment to child centred care during this inspection. She demonstrated a good knowledge of their responsibilities and legislative requirements during this inspection and there were effective systems in place to provide safe care. She had

undertaken training both within and external to the service to ensure they had ongoing continuous professional development and she demonstrated a commitment to adding to their skills and knowledge. Staff told inspectors that they felt well supported and guided by the team leader and meeting minutes and supervision records reflected this.

Inspectors conducted an interview with the provider nominee (director of services), and the external line manager of the centre as part of the registration inspection. The director of services demonstrated a very good knowledge of the operation of the centre and the needs of individual children who attended there. She was clear about their responsibilities in the regulations and the lines of accountability from the centre to the board. She stated that she visited the centre from time to time and met with the team leader. Reports were submitted to the director of services on a monthly basis to outline the operation of the centre by the external line manager, and any significant events relating to the children and the outcome of these were incorporated into these reports. Both the director of services and the external line manager were alerted to serious incidents/accidents or events in the centre via an electronic reporting system.

The external line manager demonstrated an adequate understanding of the regulations and a good knowledge of the operation of the centre and the needs of children. The external line manager told inspectors that she reviewed records in the centre from time to time. However, inspectors did not find there was a formal system in place to record this and this meant that the senior management team could not be fully assured of their oversight of the centre.

The organisation had a three year strategic plan. This addressed areas such as funding and resources, service delivery, supporting service user life choices, active community participation and consultation and decision making. Each of the areas had specific actions, persons responsible and timelines. The plan reflected the organisations values and led future development. During interview, the director of services outlined the medium to long term goal was to move this respite service from the congregated setting to a more suitable community based setting.

There were some good management systems in place to ensure that the care provided to children was effective and of a good standard, but these required further development in order to ensure that the service was effectively monitored. There was good communication between the team leader and staff through team meetings, day-to-day interactions and guidance, and informal supervision. Formal supervision was in place but this was infrequent. There were regular team meetings with a standing agenda which included the children's wellbeing, safety, events, training, complaints and policy updates. Families received verbal and written updates regularly. Monthly respite centre managers meeting were held with the acting programme manager and the team leader informed inspectors that she attended these and found them supportive in ensuring actions were progressed and practice was consistent in the service. The director of care met with the acting programme manager monthly. Additional recording systems had been introduced since the last inspection and there was evidence of some oversight by the team leader in some records. However, there were some logs and reports that while the team leader told inspectors they had reviewed these, there was insufficient evidence of that review.



There had been good oversight by the provider of the operation of the centre through unannounced visits, an annual review and audits. Inspectors found there had been an annual review since the last inspection. The six monthly visits by the provider had also been undertaken and were due to be carried out around the time of the inspection. The format of the six monthly unannounced inspections by the provider was examined and showed that these had been amended since the last inspection to incorporate assessing compliance against a number of areas, which the centre manager and director of services told inspectors provided assurance regarding safe care in the centre. The provider had undertaken an annual review of the quality and safety of care in the centre and this involved consultation with children and families. In addition to provider visits, inspectors found that the chair of the board had visited the centre and met staff and children since the last inspection.

There was a facility for staff to raise concerns about all aspects of the operation of the centre. The organisation had up-to-date procedures on protected disclosures of information in the workplace which was on display in the centre. This procedure was examined by inspectors and promoted a culture of openness and accountability so that employees could report any concerns they may have in relation to their workplace. All staff interviewed by inspectors were aware of the protected disclosure procedure and their obligations within this.

**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:**

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the team leader the acting children's service coordinator was the designated person to manage the centre. The team leader had not been absent for 28 days or more, and therefore no notifications were required to be made to the Authority. Inspectors found through interviews that the team leader and the acting children's service coordinator were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.



**Judgment:**

Compliant

**Outcome 16: Use of Resources***The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.***Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre was adequately resourced to ensure that most of the care and support delivered to children was in line with the statement of purpose. The team leader had a budget for the centre which s/he reconciled monthly and reviewed quarterly with the external line manager of the centre. The centre's décor, furniture and other materials in the house were in good working order and homely, and inspectors observed that children felt comfortable and at ease in the centre. There were a range of toys, games and play materials for the children and there was a supply of craft materials and sensory equipment to encourage tactile and sensory stimulation which meant that children with complex needs were given a multitude of sensory experiences. The centre was adequately staffed to support children inside the centre. However, there was limited staffing for external activities and no transport available, and this was the case identified at the previous inspection. Due to the high dependency needs of the children accessing the centre, the community based and preferred activities of children such as swimming were not always facilitated, as they were dependent on staffing and transport resources in the centre. Limitations on resources to facilitate preferred activities were noted during reviews of personal outcomes and the barriers preventing progress on personal outcomes were noted by keyworkers and reported to the organisations senior management team. Inspectors found that a business case had been made for a volunteer for the centre which had been recruited to which provided additional hours to support activities at weekends and for additional staff at weekends and in the evenings. The volunteer was now in place. A capital funding request had also been made for the purchase of a bus. However the transport and additional staffing were not yet in place and this impacted on children's progress in the area of community access and integration.

**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):**

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

**Findings:**

Inspectors found that the numbers of staff on duty during the day remained inadequate to fully support a reasonable level of community access and new experiences. The children attending the respite centre experienced complex care needs and vulnerabilities. At the time of the last inspection in April 2015, inspectors found that there were insufficient staff working in the centre during the day to ensure the children's social care needs and personal plan goals were met/achieved. This was because the majority of children had restricted mobility and they required one-to-one support outside the centre. With three staff on duty and five children in the centre this was difficult to achieve. A volunteer had been recruited to provide additional opportunities for children at the weekend and was due to commence shortly after the inspection. In this inspection inspectors found that children had accessed the community more but it was still not with the frequency or range of activities that the children or staff would like to experience. The person in charge and director of care demonstrated that additional staff resources of three hours extra each evening and at weekends had been applied for through funding, but this was not yet approved. Inspectors found that the progress on this issue was not timely.

Inspectors found that the staff team was experienced, skilled and knew the children well. This inspection also found that children were cared for in a kind and respectful manner by the staff team and that families felt confident that children were cared for and safe. The children were observed being at ease with staff and feeling secure in the centre. Staff were observed being very well attuned to the children's communication indicators and responded to these promptly and with warmth. Most staff demonstrated a good knowledge of policies, procedures and standards in interviews with inspectors however there were some gaps identified.

Staff training deficits identified at the last inspection had been addressed and rectified in this inspection. Staff received mandatory training in a range of areas, including child protection and safeguarding, medication management, person centred planning, safe administration of medicines, a model of behaviour support and specialised feeding. The deficits in safe care and fire safety training identified previously for some staff had been provided. However, an analysis of the needs of children to inform staff training needs had not been undertaken. Inspectors found that the staff team availed of the training schedule in the organisation only and this was not always specific to the children they cared for.

Staff and managers were supervised and accountable in their roles but the regularity of

supervision needed to improve. Formal supervision had been introduced in the organisation in the year prior to this inspection and a policy was in place to support this. Inspectors examined a selection of supervision records for care staff and centre managers and found that safety, regulation, risks to children and safeguarding practices were discussed regularly and actions were identified and followed up on. However, some staff had only experienced one or two supervision meetings in the past year and this was not frequent enough to establish accountability. A review of team meeting minutes showed that these were held regularly and well attended by staff. A range of areas including the wellbeing and progress of each child were also discussed at each team meeting, and children's profiles, medical needs and needs at home and at school were also reviewed at the meetings.

The vetting and recruitment of staff and volunteers was robust. Inspectors reviewed a selection of staff files and found that these files contained contracts and evidence of An Garda Síochána vetting and two written references. Nursing staff held up-to-date registration with Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland). In addition, there was photographic identification on file for staff.

The recently recruited volunteer had also been vetted fully and this was in line with the organisation's procedures for volunteers. The volunteer had just commenced with the centre and was undergoing an induction, the content of which was seen by inspectors. The team leader told inspectors that supervision would be provided to the volunteer, but as they had just commenced in post this had not yet occurred.

**Judgment:**

Non Compliant - Moderate

**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:**

Records on each child were maintained securely. The majority of policies and

procedures were in place but some policies required improvement and further formal procedures were required. Detailed records on each of the children were maintained and the children's files were stored securely in locked cabinets in the staff office. The majority of records on each child were signed and dated by staff, the manager and children's representatives, as appropriate. However, inspectors found that some essential information about children, such as particular assessments were held in other locations in the organisation that the centre staff did not have access to and were not fully aware of. This resulted in fragmented records which meant that all relevant information pertaining to children might not be known to staff that were caring for them.

The majority of policies and procedures required under Schedule 5 were in place, up-to-date and complied with the regulations. However, the policy on visitors required additional information to bring it in line with the regulations.

The Resident's Guide was in a format accessible to parents. The guide was not accessible to children but a child friendly slide show entitled " A day in the life of Crannog" was available to children. The guide also did not include information on how children and their representatives could access previous inspection reports by the Authority.

The centre held a directory for residents and their insurance was up to date.

**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:***

Orla Murphy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005006
<b>Date of Inspection:</b>	08 October 2015
<b>Date of response:</b>	

### 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:**

Children did not experience a sufficient range of activities and community participation outside the centre due to a lack of resources.

**1. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental

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

needs.

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

- (1) The person in charge has identified an appropriate wheelchair accessible bus that would be available for use on evenings and weekends.
- (2) Two staff will be identified to acquire a D1 licence to drive the bus.
- (3) Locum bus driver will be identified to facilitate outings in the interim.
- (4) Funding will be put in place for the additional hours required for the provision of increased staffing supports on evenings and weekends to facilitate social and recreational activities.

**Proposed Timescale:** 30/04/2016

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

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

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

**2. Action Required:**

Under Regulation 11 (2) (c) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

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

Currently children are free to receive visitors without restriction. The Provider will inform the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11 (2) (c)

**Proposed Timescale:** 12/11/2015

**Theme:** Individualised Supports and Care

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

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless a Court order has required the restriction of visits.

**3. Action Required:**

Under Regulation 11 (2) (d) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless a Court order

has required the restriction of visits.

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

Currently children are free to receive visitors without restriction. The Provider will inform the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11 (2) (d)

**Proposed Timescale:** 12/11/2015

**Theme:** Individualised Supports and Care

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

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

**4. Action Required:**

Under Regulation 11 (2) (a) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

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

Currently children are free to receive visitors without restriction. The Provider will inform the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11 (2) (a)

**Proposed Timescale:** 12/11/2015

**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 process of admission to the centre was not adequately transparent.

The person in charge did not have adequate gatekeeping in respect of the admissions to the designated centre.

**5. Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in

accordance with the statement of purpose.

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

Guidelines will be completed on a clear admissions process for new children applying to Children's Respite Service, inclusive of the lead role of the PIC in decision making. A centre based respite assessment of need will be used in conjunction with MDT reports to ensure a holistic assessment on each child applying to the service.

**Proposed Timescale:** 31/03/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Some children did not have their goals progressed in a timely way due to a lack of resources.

**6. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- (1) The person in charge has identified an appropriate wheelchair accessible bus that would be available for use on evenings and weekends.
- (2) Two staff will be identified to acquire a D1 licence to drive the bus.
- (3) Locum bus driver will be identified to facilitate outings in the interim.
- (4) Funding will be put in place for the additional hours required for the provision of increased staffing supports on evenings and weekends to facilitate social and recreational activities.
- (5) Children's goals based on developmental needs will be regularly reviewed and barriers identified to highlight action areas and required responses.

**Proposed Timescale:** 30/04/2016

**Theme:** Effective Services

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

Assessments were fragmented and did not involve the person in charge.

**7. 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 centre based respite assessment of need will be used in conjunction with MDT reports to ensure a holistic assessment on each child applying to the service.

**Proposed Timescale:** 31/03/2016

**Theme:** Effective Services

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

Reviews of personal plans did not adequately reflect the views of the multi disciplinary team.

**8. 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:**

A multi-disciplinary meeting will be held annually in the respite service to review personal profiles and assessments of each child.

**Proposed Timescale:** 31/05/2016

**Theme:** Effective Services

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

The transition plan in place for one young person was not adequately detailed.

**9. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

A specific detailed plan will be written up for children transitioning to the adults service detailing commencement dates, durations, support, etc. Each plan will be individualised.

A log of each visit is kept.

These documents will be kept in the individuals personal profile.

**Proposed Timescale:** 29/02/2016

**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:**

Risk management systems, such as a fully operational centre risk register with controls in place to address risks, were not in place in the centre.

**10. 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:**

Individual risk registers will be completed for each child.  
Local risk register will be fully operational with individual risk registers and annual safety checklist informing the register and identifying current risks and actions required.

**Proposed Timescale:** 31/05/2016

**Theme:** Effective Services

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

Not all risks in the centre, such as the excessive hot water temperature, had been identified or addressed.

**11. 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:**

**Proposed Timescale:**

**Theme:** Effective Services

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

Systems for and checks on fire equipment in the centre were not consistently adhered to.

**12. 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:**

Person in Charge will check to ensure that all fire equipment checks are completed and sign on a quarterly basis.

**Proposed Timescale:** 31/12/2015

**Theme:** Effective Services

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

The simulation night time fire drill did not adequately assess the effectiveness of the emergency procedure for fire during the night, as it did not simulate the procedures in place for getting support from the night supervisor or security staff to help with an evacuation at night time, and the simulation did not involve these staff members.

**13. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Person in Charge will arrange a night time fire drill including the night supervisor and security guard.

**Proposed Timescale:** 31/01/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The reviews of restrictive practices by the Rights Committee were not timely which may lead to practices being in place longer than necessary.

**14. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Outstanding referrals from the Children's Respite Service will be addressed at the next Human Rights Committee meeting.

An effort will be made by the HRC to review referrals in a timely manner.

**Proposed Timescale:** 29/02/2016

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Two restrictive practices in use in the centre were not notified to the Authority on quarterly returns.

**15. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

Person in Charge will ensure that all restrictive practices are notified to the authority on a quarterly basis.

**Proposed Timescale:** 31/10/2015

### **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 centre was utilised to provide emergency care to children from outside the service and this was not in line with the centre's statement of purpose and function.

**16. 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 utilisation of the building for emergency respite by another part of the service has ceased.

**Proposed Timescale:** 30/09/2015

### **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:**

At times the person in charge did not have sufficient time or opportunity to fulfil all aspects of their role as required by regulations.

**17. Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

Person in charge will meet with senior management to discuss the PIC role and the time requirements of the post.

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

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

Not all monitoring and checks undertaken by the person in charge and external line manager were recorded.

**18. 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:**

All monitoring checks will be completed and signed by the person in charge and external line manager.

**Proposed Timescale:** 29/02/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

There were insufficient resources in transport and staffing made available in a timely manner, in order to provide effective care and support to the children using the respite service.

**19. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- (1) The person in charge has identified an appropriate wheelchair accessible bus that would be available for use on evenings and weekends.
- (2) Two staff will be identified to acquire a D1 licence to drive the bus.
- (3) Locum bus driver will be identified to facilitate outings in the interim.
- (4) Funding will be put in place for the additional hours required for the provision of increased staffing supports on evenings and weekends to facilitate social and recreational activities.

**Proposed Timescale:** 30/04/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was an inadequate number of staff at times to support children in activities outside of the centre.

**20. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Funding will be put in place for the additional hours required for the provision of increased staffing supports on evenings and weekends to facilitate social and recreational activities.

**Proposed Timescale:** 31/12/2015

**Theme:** Responsive Workforce

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

A training needs analysis of the staff team had not been undertaken.

**21. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training needs analysis will be completed on an annual basis, at each team meeting and in conjunction with new admissions to highlight specific training needs to support the children attending the respite centre.

**Proposed Timescale:** 31/12/2015

**Theme:** Responsive Workforce

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

The frequency of staff supervision was not adequate to demonstrate accountability.

**22. 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:**

Person in Charge will complete staff supervision for each staff member on a quarterly basis.

Any informal support and supervision will be documented.

**Proposed Timescale:** 31/03/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The guide did not outline how children and families could access previous inspection reports.

**23. Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

Respite guide will be amended to include information for families to access previous inspection reports.

**Proposed Timescale:** 29/02/2016

**Theme:** Use of Information

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

Children had a number of records in different locations and this resulted in records being fragmented and staff could not be assured that all necessary information was known to them.

**24. Action Required:**

Under Regulation 21 (6) you are required to: Retain records related to children in care in perpetuity and transfer these to the Executive not later than 7 years from the date on which the child ceased to reside in the designated centre.

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

(1) A multi-disciplinary meeting will be held annually in the respite service to review personal profiles and assessments of each child. This will ensure that all up to date documentation and information on individual children is available within the centre.

(2) A medical report will be required for all new applicants prior to their admission to the Children's Respite Centre.

**Proposed Timescale:** 31/05/2016