

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Eden Lodge
<b>Centre ID:</b>	OSV-0002032
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Enable Ireland Disability Services Limited
<b>Provider Nominee:</b>	Fidelma Murphy
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 3 day(s).

**The inspection took place over the following dates and times**

From:	To:
07 December 2016 15:20	07 December 2016 19:00
08 December 2016 09:05	08 December 2016 13:00
20 December 2016 15:15	20 December 2016 17:30

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

Outcome 02: Communication
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 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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the second inspection of this centre and it was completed to monitor the centre's compliance with the regulations and standards.

How we gathered our evidence:

As part of this inspection, the inspector met with one child who was a recipient of respite care. The inspector met a number of staff, including the person in charge who also acted as a regional manager of children's services, a person involved in the management of the centre and two family support workers. The inspector also met with the key-worker who led the service on a day to day basis.

The inspector observed staff as they interacted with the child. The inspector was not able to fully converse with the child however, they presented as happy and content to be at the centre. The inspector also reviewed a sample of documentation such as

personal plans, medicines management records and incident and accident logs.

Description of the service:

The provider had produced a document called the statement of purpose which described the service provided. Services provided were on a scheduled basis depending on the needs of the children and funding arrangements and at the time of this inspection 15 children were availing of respite in the centre. The inspector found that the service matched what was described in the statement of purpose.

During this inspection, there were two staff attending to the needs of one child. Some of the children attended respite alone and others attended as part of a small group. The capacity of the centre was six children.

The centre was located in a detached two-storey house on the outskirts of a town and comprised of seven bedrooms in total, three on the ground floor and four on the first floor. One of the bedrooms on the ground floor was being used as a staff sleepover room and an office space. There were two sittings rooms, a large well-equipped kitchen with a dining area and a utility room. Each bedroom had its own en-suite toilet, shower and wash-hand basin. There was an enclosed garden to the rear of the centre containing a lawn and play equipment. The area to the front of the centre was used for car parking and was enclosed by a wall and electronic gates. The centre had access to local towns. There was a dedicated vehicle for use by staff and the children.

Overall judgment of our findings:

Overall the centre was in compliance with the regulations however, some improvements were required.

Actions in this report include:

- the comprehensive assessments of need for the children required updating in line with regulations (outcome 5)
- an area of the rear garden required attention (outcome 6)
- not all staff were trained in fire safety (outcome 7)

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

**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 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):**

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, children did not have access to the internet.

Since the previous inspection, internet facilities were now provided at the centre. The key-worker told the inspector that some of the children brought in hand-held devices with them from home. The use of such equipment was referenced in a centre specific policy. Parents had responsibilities along with staff to ensure that the necessary software was downloaded on to the equipment to ensure safe usage by children.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place for personal planning. Children had personal plans that were reviewed regularly and these set out their individual needs and choices and supports they required to enable them to maximise their potential and enjoy a good quality life. Improvements were required in the area of comprehensive assessments of need as they required updating.

This centre provided a range of respite services to children that were grouped in accordance with their ages, needs and abilities. Some of the children received a one to one service. Others attended with a small group of children that had similar diagnoses. Some of the young people were described as high functioning young adults that had an autistic spectrum diagnosis but only required minimum supports in areas such as the development of social skills.

Personal plans were in place for all children whose file the inspector viewed. These plans were up-to-date and developed and maintained by the key-worker. The personal planning process incorporated the support needs of the children under various areas, such as communication, intimate care and risk taking behaviours (where applicable). The key-worker liaised both in person and in writing with the parents and representatives of the children regarding the development of and sign off of this personal plan. The personal plans were placed in an easy to access folder designed for staff ease of retrieval.

The children's files also contained the personal communications passports of all of the children. These included photographs of the children and a description of their routines, interests, feelings and various things they wished the staff to know about them, including the people who were important in their lives. These passports were reviewed annually by the parents or representatives and any new information was incorporated into the overall personal plan. Children contributed to the review of the communication passports where they were able to do so or chose to do so.

Each child had a set of goals that was linked to their personal plan and this was completed by the child themselves where possible. Some of the children chose goals in the area of friendships and social skills. The key-worker tracked the progress of these goals and shared with the inspector some of the achievements of various children in their goal-setting.

The inspector met with a staff member who was very clear on the needs of the child that she was caring for on the day of the inspection. She was familiar with their personal plan, their goals and described how staff planned the activities of the day based on the choices that the child had made when they arrived. The inspector was shown the picture exchange system used to help communication between the child and staff and this demonstrated how the child had chosen their preferred activity that day. The key-worker explained how they offered choices to the child using these pictures.

There was evidence that the key-worker had completed an assessment of need for children but the majority of these assessments were a number of years old and had not

been updated annually. There was a need for the provider to establish a procedure around this so as to ensure that they had all of the information they required to provide a safe service to children.

Children were supported on a day to day basis as they made the transition from home or school to the centre but also in their journey from childhood to adulthood. On a day to day basis, the key worker contacted the children and families in advance to confirm the respite break, discussed with the parents about the current needs/requirements of the children and made the practical arrangements for collecting the children and returning them, usually to school, on the following day. A checklist was completed upon the arrival of each child and this helped staff to establish the needs of the child and any pertinent updates relevant to their stay.

The inspector observed a child on their arrival to the centre and on departure to an activity and saw that they appeared at ease and comfortable with the centre and the staff. Staff supported the child at the required pace. The child was observed to be comfortable and happy.

The key-worker and person in charge were aware of their responsibilities in supporting children in the transition to adult services. Children were discharged from the service when they reached 18 years and earlier in certain circumstances. A child had been discharged from the service in the 12 months prior to this service and the key-worker of the service explained the circumstances of this discharge. There was written evidence that the service offered alternative services to the child to better suit his/her needs.

All staff with whom the inspector met with spoke fondly of the children that were graduating from the service in 2017. They also shared with the inspector the information that they had in relation to the current situation of the young adults that had already graduated from the service. They were proud of the achievements of the children. The person in charge and staff reported that they had recently invited a service user to speak to them about the impact that the service had on their lives and that this was a successful event completed in conjunction with the child and their parents.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the upstairs windows posed a risk to the safety of the children.

During this inspection, the upstairs windows were found to have the necessary restrictors.

The centre was well-maintained with suitable furniture and fittings. It was comfortable but it was not decorated in a child-friendly manner. The inspector discussed these issues with all those involved in the management of the centre and they committed to reviewing this issue while at the same time maintaining a low arousal environment for some of the children with needs in this area.

The inspector noted to the person in charge that there were some small patches of damp visible in the centre, for example, in the utility room. The person in charge and the key-worker were both aware of this issue and confirmed to the inspector that the damp was being treated by the landlord and awaiting painting. Some of the painting had been completed prior to the end of this inspection.

The inspector observed that the decking area at the rear of the premises was fenced off. The person in charge and key-worker told the inspector that the decking was in need of repair and that for safety reasons they placed metal barriers around the area. The completion date for the repairing was not known by the person in charge at the time of this inspection. The metal barriers did not give a homely appearance to the centre and they could be observed by neighbouring houses.

Prior to the conclusion of the inspection, the key-worker updated the inspector on this issue and confirmed that they had agreed a deadline with the landlord for a resolve to this issue.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote the health and safety of children visitors and staff. However, not all staff had received formal training in fire safety. The actions required from the previous inspection were satisfactorily implemented.

There was a risk management policy in place and this referenced the areas set out by the regulations. There was a training matrix developed and this showed that staff had completed in 2015/2016 courses in a range of relevant areas including manual handling, fire safety, hand hygiene and infection control however four staff had not completed the necessary training in fire safety which is discussed further below.

Accidents and incidents were recorded on specific forms which were signed off by the person in charge. A monthly summary of all incidents was collated and discussed by the key-worker with the person in charge each month. The inspector reviewed incidents and accidents that had taken place and found that each incident was analysed appropriately and supports put in where appropriate for example the staffing ratio for a child had changed in response to a series of incidents and this meant that the needs of the child were being met more effectively than before.

There was a centre risk register in place and this was complemented by a series of risk assessments individualised to each child. The assessments identified specific hazards, the risks identified by these hazards, the measures in place to control the risk, any additional controls required and the name of the person responsible for reviewing the risk. They were regularly reviewed by the key-worker. The information was placed in an easily accessible folder for staff ease of retrieval.

There were facilities available within the centre for children to share bedrooms on occasion. The procedures involved for children sharing a bedroom were set out in the statement of purpose and this stated that a risk assessment would be completed prior to children sharing bedrooms. However the inspector noted that the procedure was not followed by staff when a decision was made by them for two children to share a room in 2016.

There was a maintenance logging system in place. The key worker told the inspector that maintenance issues were addressed each week and urgent issues were responded to immediately. The maintenance log recorded the issue, the date on which an issue was reported, the work completed and each report was signed off and dated when completed. Despite these systems in place one of the bulbs in a bedroom had been waiting to be replaced for a number of weeks which was not appropriate. The person in charge attended to this on the day of the inspection and resolved the issue immediately.

There was an emergency plan in place which set out the appropriate response by staff to a range of emergencies, including fire, flooding, loss of power and infection control.

The vehicle used for transporting children was taxed, insured and had the relevant national certificate of testing. It contained a first aid kit and breakdown equipment. Arrangements were in place for the vehicles to be checked regularly by staff. A daily transport log was maintained which included details of who was transported, the times and durations of journeys, repairs and any accidents or incidents.

Satisfactory procedures were in place for the prevention and control of infection. There was a written cleaning programme and staff signed and dated when they had cleaned specific areas. Colour-coded cleaning materials were used and all chemicals were kept in secure cupboards. There were sufficient facilities and materials available for hand washing. The premises was mostly clean however there were some parts of the centre that were out of reach and there was some cobwebs and dust observed in these areas. The exterior of the windows required cleaning.

There were systems in place regarding fire safety measures but some improvements were required. The fire alarm and emergency lighting was serviced each quarter and the extinguishers were serviced annually. Staff completed daily checks of fire safety systems. Each week the fire alarm panel was tested. Fire drills had taken place regularly and the names of participants included both staff and children and the time taken to evacuate the premises was recorded.

The inspector reviewed the staff training in fire safety. There were four members of staff that had not yet completed training in fire safety although some of them had completed what was described as 'zone marshall' training. The person in charge organised prior to the conclusion of the inspection the appropriate training to take place in January 2017 and gave verbal assurances to the inspector that no staff would be scheduled to work alone with children without having completed this training.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were measures in place to safeguard the children and protect them from abuse.

There was an organisational policy in child protection for staff to follow. The training records showed that staff had attended training in child protection. A staff member interviewed by the inspector was knowledgeable regarding the signs and symptoms of abuse and was clear about how to report any concerns she had. The inspector observed

staff interacting with the children in a respectful and warm manner. A visitors' book was situated at the entrance and there was evidence that the names of persons entering and leaving the centre were recorded.

The person in charge was the designated person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. He was aware of his responsibilities which he outlined to the inspector. He demonstrated clarity in relation to the reporting of any allegations of abuse or neglect and he outlined the steps he would take in the event of an allegation of abuse of a child by a staff member. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre in the 12 months prior to this inspection.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. There was an organisational policy in place to guide staff in this area. Staff had received training in the management of actual and potential aggression in 2016. The key-worker was very clear about the children that required supports in this area and she organised regular multi-disciplinary meetings with relevant professionals to ensure that they were supporting the children with needs in this area in as best as they could.

The inspector saw that in some of the children's files, where required, information on approaches to use with children who engaged in behaviours that challenged was provided. Staff were clear about the use of techniques and strategies when addressing behaviour that challenged.

The person in charge told the inspector that restrictive practices were not used at the centre. The inspector did not observe environmental restrictive practices in place. The front door was locked on occasion for safety reasons which was appropriate as it led to a busy road. There had been one use of a hold in the 12 months prior to the centre which was administered as per the guidance received by staff during their training.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children were supported to enjoy the best possible healthcare. There were systems in

place to support their health needs.

Since this was a respite service, the healthcare needs of the children were met by their parents and primary care team. Some children also attended healthcare professional teams that were linked to their schools. The parents provided information to the staff each year on the child's involvement with healthcare professionals and where appropriate, the key-worker then sought copies of reports and assessments from the professionals involved. The child's communication passport contained a section on healthcare and this was updated each year by the parents and or child. The key-worker showed the inspector how she used the information in the communication passport when updating the personal plan.

The children who availed of the respite service were already known to the service and to the wider organisation. Some staff knew the children a number of years and from other settings. It was clear that all staff with whom the inspector met had a very good knowledge of each child and spoke highly of them. They were informed of their health needs from the personal plan, the communication passport and the formal assessment of need. The need for the formal assessment of need to be updated more regularly has already been commented upon in outcome five.

Prior to their respite stay at the centre, the key worker contacted the parents of the child and enquired whether any health issues had arisen that staff may need to be aware of. Should a health issue that required medical attention arise while the child was on respite, an out of hours general practitioner (GP) service was available. In certain cases, children were discharged home to the care of their parents or representatives.

The provider ensured that staff were trained to address the health needs of individual children or be guided by the relevant healthcare professionals. According to the statement of purpose, input from therapists such as speech and language therapists, occupational therapists and psychologists would be sought on occasion. The key-worker showed examples of this input in a range of children's files viewed by the inspector.

The majority of children availing of the respite service were independent in the area of personal care and were encouraged to take responsibility for their own health and medical needs, including self-administration of medication, if assessed as competent to do so, an example of such an assessment was shown to the inspector.

Food was available to children. During this inspection, the inspector did not observe any meal-times however there was plenty of food and snacks available for the children. There were records kept of food and nutrition provided. Records showed that the key-worker spoke to parents about their child's diet and staff monitored the food and drink consumed by children on special diets. At the welcome meeting organising at the commencement of respite, a child was consulted about their preferences for food for the duration of their stay. Some of the children used picture exchange systems to give their food choices and preferences.

**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:**

There were adequate systems in place for medicines management to ensure the safety of children. An improvement was required in the area of recording information about allergies.

There was a medicines management policy in place which had been updated in 2016 and was awaiting final sign off. This policy contained information on the prescription, administration, recording, safekeeping and disposal of medicines. All staff were trained in the safe administration of medicines management and had attended separate training on the administration of emergency medications.

Medicines were stored securely in a locked cupboard however the location of the cupboard was in the kitchen. The key-worker committed to reviewing regularly the location of the medicines to ensure that it was located in the most suitable place.

A person involved in the management of the centre explained the process of medicines management to the inspector. Prescription records were considered valid for six months. Prior to a child's arrival at the centre the key worker for the children contacted the children's parents to enquire if there had been any changes to medication or any issues arising in relation to medication. Children usually brought their own medication to the centre. Once the medication was received at the centre it was checked and records maintained in the children's files.

During this inspection, there were no children prescribed controlled drugs. The person involved in the management of the centre was knowledgeable of the processes required in the event of these drugs coming into the premises.

There were no out of date medicines found on the premises.

There was a medicines management information document for each child and this contained details such as their name, a photograph, their date of birth and their diagnosis. The section on allergies was not always recorded.

The inspector viewed a sample of prescription sheets which contained all required information such as the name and address of the child, their photograph, their date of birth, the name, dose and route of the medicine.

The inspector viewed a sample of administration records and these contained the signature of the staff member administering the medication. There was a signature sheet to compare signatures to. There was adequate space to record comments. The times of administration matched the prescription sheet.

There was a yearly audit of medicines management conducted by a nurse and this audit was due following this inspection prior to the end of the year. In addition to the yearly audit, there were monthly audits on medicines management conducted by the key-worker.

The person involved in the management of the centre showed an example to the inspector of a child who self-administered medicine during the respite stay and discussed the assessment of this and the documentation that supported this decision, which was found to be suitable.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

At the previous inspection, the statement of purpose did not include all of the information specified in Schedule 1 of the regulations.

At this inspection, the statement of purpose was found to contain most of the information as required by the regulations however there were still some gaps.

The statement of purpose outlined the aims and objectives of the service and the care group that the service would cater for. It identified the care needs of the resident it would cater for and the facilities and services available.

The statement did not include the information set out in the certificate of registration. The total staffing complement, although set out was confusing as it confirmed the whole time equivalents of the roles but not the whole time equivalent of the role as it pertained to this centre. It therefore did not reflect the fact that the person in charge

was not based at this centre full-time and his/her other managerial responsibilities to other services.

The post of key-worker was a significant role at the centre as they led the service on a day to day basis and reported to a regional manager who acted as person in charge. This post-holder was not named on the statement of purpose despite their significant role.

The arrangements made for the supervision of those involved in providing therapeutic techniques used at the centre were not set out. For example, massage was described as a service provided and the supervision of this service was not set out. There was reference made to staff upholding the religious beliefs of each child but the arrangements for children to attend religious services were not set out. The arrangements for a child to be contacted by their Tusla social worker were not set out.

The statement was version controlled and was reviewed annually or more often as required.

The statement was available to children in an accessible format and displayed in the hallway.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were adequate systems in place to effectively manage the centre. An aspect of the annual review required improvement.

The statement of purpose set out the management system at the centre. Staff were employed as family support workers and they reported to a key-worker. The key-worker reported to the person in charge who in turn acted as a regional manager for this centre and other services. In his role as regional manager, this post-holder then reported to the

person nominated by the provider. The person in charge had responsibilities for a number of centres. Given that this centre was not at the time of this inspection open 24 hours 7 days a week the inspector found that the systems in place were adequate. The person in charge acknowledged that should the centre expand its opening hours then his current whole time equivalent at this centre may not be sufficient in order to adequately govern and manage the centre given his other responsibilities within the organisation.

Staff were clear about the running of the centre and who was in charge. All confirmed to the inspector the on-call arrangements. Staff knew the persons involved in the management of the centre very well and told the inspector that they felt supported and listened to.

There were systems in place for the formal supervision of staff. Staff attended at minimum one supervision session annually with a person involved in the management of the centre. They also took part in group performance management appraisal systems and were held accountable for shared aims and objectives of the centre which were reviewed quarterly. Regular staff team meetings were held and the minutes of these meetings showed that a wide range of issues were considered including policies and procedures.

An annual review of the centre had taken place for 2015 and this report was shown to the inspector by the person in charge. The person in charge was aware of the findings and discussed with the inspector the actions arising. The report did not however include the viewpoints of the service users and or their parents or representatives. This was acknowledged by the person in charge who committed to including these views in the annual review of 2016.

The provider had arranged for the centre to have two unannounced inspections in 2016 and all involved in the management of the centre were aware of the findings of the inspection held in 2016, the second of which was due in December 2016.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were adequate arrangements in place in the event of the absence of the person in charge.

The person in charge was aware of the necessity to inform HIQA of the proposed absence of the person in charge for 28 days or more.

The person in charge was not based full-time at the centre. There were adequate deputising arrangements in place. A key-worker was identified as the lead member of staff in the absence of the person in charge. The inspector met with this post-holder who demonstrated the appropriate knowledge of the regulations and standards. The post-holder had a suitable knowledge of the information that was required to be notified to HIQA.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

There were appropriate numbers of skilled staff to meet the needs of residents. There was continuity of care. Staff had access to on-going training. There were supervision and performance management development systems in place. The actions arising from the previous inspection were satisfactorily implemented.

There was an appropriate skill mix and number of staff to meet the needs of the children. This centre was not open full-time and as such the staff employed to work at the centre also worked elsewhere for the provider. There was a key-worker who led the service on a day to day basis and she was supported by a team of family support workers. The key-worker used the shift roster to demonstrate to the inspector how the same staff were scheduled to work alongside the children to ensure continuity of care. Some of the children required additional staffing whereas other children required a lower ratio of staff to children. During interview, staff presented with a very good knowledge of the children.

The inspector viewed a training matrix which highlighted all of the training completed by staff to date and the date of completion. Staff completed a range of courses in manual handling, child protection, fire safety and first aid. There were a number of staff who had not completed training in fire safety and this has been commented upon in outcome seven.

The inspector viewed a sample of personnel files. The information contained in the personnel files mostly matched the requirements of the regulations. There were a small number of gaps identified but these were resolved prior to the conclusion of the inspection. Some of the garda vetting forms were older than five years. A person involved in the management of the centre told the inspector that the staff working at the human resource office were giving consideration to establishing the frequency of garda vetting at the time of the inspection. There were probationary systems in place for new staff and an induction was provided.

There were no volunteers working at the centre at the time of this inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the directory of residence did not contain the necessary information and the resident guide was not in a format accessible to children. Not all of the policies and procedures specified in Schedule 5 of the regulations had been developed.

At this inspection a folder entitled 'Schedule 5' had been created by the key-worker and this folder contained all of the necessary policies as set out by the regulations.

The inspector viewed the directory of residence and it included all of the information as set out by the regulations.

A copy of the resident's guide was forwarded to HIQA and this contained information for the children on the service such as the facilities available, their right to make a complaint, information on visitors. The statement did not however, set out the terms and conditions of residency. It did not give information to the children on the arrangements for them to be involved in the running of the centre, for example it did not set out information about the welcome meetings conducted upon each admission. It also failed to inform the children of how they could access an inspection report on the centre.

The information provided on complaints did not set out the procedure of how to make a complaint however it did set out information on complaint making.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002032
<b>Date of Inspection:</b>	7 <sup>th</sup> , 8 <sup>th</sup> and 20 <sup>th</sup> December 2016
<b>Date of response:</b>	26 <sup>th</sup> January 2017

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

A comprehensive assessment of need was not conducted annually.

**1. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

An assessment of need will be conducted with all services users and their parents and information gathered will be used to create a support plan to meet the needs of each service user.

**Proposed Timescale:** 28/02/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The outside decking required repair. Some of the rooms required damp to be treated and the wall re-painted.

**2. Action Required:**

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

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

The outside decking area is to be replaced with a hard surface area and boundary wall. Damp area have been inspected and treated and a full schedule has been drawn up with the Landlord to paint the interior of the house

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

The centre was not decorated in a child-friendly manner.

**3. Action Required:**

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

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

The keyworker and staff will consult with service users and families to choose suitable materials including pictures, soft furnishing and examples of service users work to create a more child-friendly atmosphere in the house. Opportunities will also be provided for children to do some of flowers at the front of the house.

Proposed Timescale: February 1st to March 31st 2017planting

**Proposed Timescale:** 31/03/2017

### **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:**

A risk assessment had not been completed of the risk to residents when sharing a bedroom which was not in line with organisational policy.

**4. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A risk assessment has been carried out for all children sharing bedrooms in Eden Lodge. These will be reviewed monthly prior to each respite session and any wish to change to a single room will be accommodated.

Proposed Timescale: Completed.

**Proposed Timescale:** 26/01/2017

**Theme:** Effective Services

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

There was dust and cobwebs in some parts of the centre that were out of reach. The exterior of the windows required cleaning.

**5. Action Required:**

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

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

The cleaning programme in the house has been updated following a review with all staff. A contract has been set up to clean outside windows on a regular basis.

Proposed Timescale: Completed.

**Proposed Timescale:** 26/01/2017

**Theme:** Effective Services

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

Not all staff had received formal training in fire safety.

**6. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training was undertaken by staff on the 14th of January 2017

Proposed Timescale: Completed

**Proposed Timescale:** 26/01/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The section on allergies was not always completed on the information document entitled 'my medication management information' which meant that staff might not know this important information.

**7. Action Required:**

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

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

All medication charts have been updated to include section on allergies.

Proposed Timescale: Completed

**Proposed Timescale:** 26/01/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not include all of the information specified in Schedule 1 of the regulations.

**8. 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:**

Statement of Purpose will be updated to include information:

- The full staff complement.
  
- The role of Keyworker will be named.
  
- All therapeutic techniques provided in Eden Lodge and supervision required for the provision of these services.
  
- The provision made for upholding the religious beliefs of each child and arrangement made for children to attend religious services where requested.
  
- The arrangements for children to be contacted by their Tusla social worker if required while in Eden Lodge.

**Proposed Timescale:** 31/03/2017

### **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:**

The annual review of the service did not include how the provider consulted with the residents and their representatives.

**9. Action Required:**

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

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

The Annual Review for 2016 will include Information on how the service provider gained feedback from residents and their representatives and how this was recorded and used to better the service

**Proposed Timescale:** 28/02/2017

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The terms and conditions of residency were not set out in the resident guide.

**10. Action Required:**

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

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

The residents guide will be updated to include conditions of residency for service users.

**Proposed Timescale:** 28/02/2017

**Theme:** Use of Information

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

The arrangements for residents to be involved in the running of the centre were not set out in the resident guide.

**11. Action Required:**

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

The residents guide will be updated to include the involvement of service users in the running of Eden Lodge.

**Proposed Timescale:** 28/02/2017

**Theme:** Use of Information

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

The resident guide did not inform residents of how to access inspection reports on the centre.

**12. 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:**

The residents guide will be updated to include how inspection reports will be made available to service users.

**Proposed Timescale:** 28/02/2017

**Theme:** Use of Information

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

The resident guide did not set out the procedure respecting complaints.

**13. Action Required:**

Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

The residents guide will be updated to include information on the procedure for service users to make a complaint.

**Proposed Timescale:** 28/02/2017