

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Boherduff Children's Services
Centre ID:	OSV-0003280
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Maureen Burns Rees
Support inspector(s):	Noelene Dowling
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	2

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:
20 September 2016 09:30	20 September 2016 17:30
21 September 2016 09:30	21 September 2016 15:30

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 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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a 13 outcome inspection carried out to inform a registration decision. It was the third inspection of the centre. The previous 18 outcome registration inspection was undertaken on 13 and 14 January 2016 and as part of the current inspection the inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection the inspectors spent time with three of the four children living in the residential unit and three of the children availing of respite in the respite unit. Although the majority of these children were non-verbal and unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the regional service manager, the newly appointed service manager, person in charge, the two staff nurses in the respite unit who were identified as persons participating in management, a social care worker and healthcare assistant. The inspectors reviewed care practices and documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The service provided was described in the providers statement of purpose, dated April 2016. The designated centre consisted of a residential house and a respite house. Each house was located several miles apart but within a short drive to a local town. The residential house provided a long stay residential service for children in the age range of 7 to 18 years with intellectual disability in the mild to profound range, including those with additional needs. The respite house catered for a maximum of five children between the ages of 3 and 18 years with intellectual disability in the moderate to profound range, including those with additional needs. At the time of inspection there were 31 children availing of the respite service.

Overall judgement of our findings:

Overall, inspectors found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. Inspectors found that there had been significant improvements since the last inspection. The person in charge had worked within the service for more than 10 years and had taken up the position of deputising for the person in charge in April 2016. She demonstrated adequate knowledge and competence to participate in the management of the centre. In addition, she was dedicated and passionate about the children in her care and respected by the staff team. However, the position was not permanent and there was a planned change at the end of December 2016. Recruitment for a replacement had commenced at the time of inspection.

Good practice was identified in areas such as:

- Children were treated with dignity and respect. There was a robust complaint process in place (Outcome 1);
- Children's communication needs were met (Outcome 2);
- A record of all incidents occurring in the centre was maintained. In the preceding six month period, incidents, where required had been notified to HIQA as per the requirements of the regulations (Outcome 9);
- All of the information as required by schedule 4 of the regulations was maintained in the centre (Outcome 18);

Some areas of non-compliance with the regulations and the national standards were identified These included:

- Both houses required some decorating, the respite house needed to be made more homely and there was limited sensory equipment available (Outcome 6);
- In order for the respite house to accommodate five children as per the statement of purpose, two children were required to share a bedroom. It was noted that on occasions children of different genders shared a bedroom (Outcome 6);
- Systems for the management of some identified risks were not satisfactory (Outcome 7);

- Restrictions in place for one of the children were not being appropriately recorded, reported or reviewed (Outcome 8);
- Improvements were required in relation to processes for the management of controlled drugs (Outcome 12);
- There were some management systems in place to ensure that the service provided was safe and effective. However, regulatory requirements in relation to the monitoring of the centre required improvement (Outcome 14).

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):

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

Findings:

Overall, inspectors found that children's rights were upheld. However, arrangements in one of the bedrooms for the privacy rights of a child could have been improved.

At the time of the last inspection, inspectors found: the young people did not have access to advocacy services; there was limited information pertaining the rights; consultation with young people was not clearly documented in their files; the religious beliefs of young people was not recorded and that some practices infringed on the rights of the children and young people.

On this inspection, inspectors found that a human rights charter was on display in the centre and that children's rights were discussed as part of house meetings in the centre. The provider had established an internal advocacy group across the service which met quarterly and information pertaining to these meetings was available in the centre. There was evidence that key working staff had advocated for children in the centre regarding medical appointments. Records were maintained in relation to consultation with young people. This included at circle of support meetings, one to one house meetings with each young person on a weekly basis and at key working sessions. Since the last inspection the personal profile template had been revised to include a section on religious beliefs. In a sample of files reviewed this was found to have been appropriately completed. Practices in the centre relating to routine night time checks had been reviewed by the multidisciplinary team. Inspectors reviewed individualised night time support plans which had been put in place to address the infringements on children's rights identified at the last inspection.

Also at the time of the last inspection, inspectors found that processes for the management of complaints were not robust. Since the last inspection, documentation practices relating to complaints had been revised to ensure that the outcome of complaints and the follow up actions by staff were recorded. The complaint policy had been revised to include details of the appeals process. The inspectors observed that the complaint procedure was on display. The complaint log showed that there had been four complaints since the last inspection, all from the one complainant. These had been dealt with appropriately and promptly.

On this inspection, the inspectors noted that wall viewing panels were being used in a bedroom in each of the two houses to observe individual children with a medical condition. The inspectors proposed that a more suitable alternative should be considered.

Other aspects of this outcome were not reviewed as part of this inspection.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

At the time of the last inspection, inspectors found that there were no communication passports for the children who availed of respite in the service. Since that inspection, communication passports had been put in place for each of the children along with an easy to read version. The inspectors reviewed a sample of these and found that they contained sufficient detail about children's communication needs and support requirements.

The service had a communication policy in place. Staff interviewed had a good knowledge of the different communication and support needs of the children living in the centre. The health service executive's speech and language therapist had recently provided training for staff regarding development of the communication passport and how best to use it. The inspectors observed that children had access to television and the internet. A number of communication aids were being used to meet the diverse needs of the children. These included, sign language, objects of interests and picture reference cards for diet, activities, daily routines and journey destinations.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

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

Findings:

Admissions to the centre were in line with the centres statement of purpose. However, children availing of the respite service did not have individual contracts for the provision of services.

At the time of the last inspection, the criteria for admissions as outlined in the admission policy was not in accordance with the centres statement of purpose. Since that inspection, the admission policy had been revised and was aligned to the statement of purpose.

At the time of the last inspection, individualised contracts of care were not in place for some children in across the centre. Since that inspection, an individualised written agreement detailing the services to be provided including details on discharge arrangements had been put in place for each of the children in the residential house. However, formal contracts of care, which met the requirements of the regulations, had not been put in place for the children availing of respite in the respite house.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall children's well being and welfare was maintained by a high standard of evidenced-based care and support. However, improvements were required in relation to the personal plans.

Each child's health, personal and social care needs had been assessed and were being monitored. At the time of the last inspection, a personal plan for each of the children availing of the respite service was not in place and the participation of children in the creation of their personal plans was not evident. At the time of this inspection, inspectors found that personal plans had been put in place for children in each of the houses and there was evidence that children or their family representative were consulted with in formulating the plan. There was also significant involvement of allied services including psychiatry, occupational therapy and speech and language therapy. The plans outlined individual wishes and preferences. There was evidence that priority goals were set and monitored for children on a three-monthly basis. It was noted that children had achieved a number of goals set in the preceding period. For example, going to a concert, GAA match or an overnight break.

There were processes in place to review children's personal support plans with the involvement of the multidisciplinary team and family representatives. However, staff did not have access to a single overall personal plan which reflected each child's assessed needs, interests and support requirements. Information was located in a number of different areas within the file. In a sample of files reviewed, inspectors found occasions whereby recommendations of the multidisciplinary team were not reflected in personal plans. In addition the level of quality and detail in the plans varied and there was considerable overlap of detail in areas.

It was evident that the children engaged in a good range of activities in the community. A number of the children were involved in horse riding and swimming. Others enjoyed attending musical events, GAA games, walks, shopping trips. Each child had a weekly activity schedule in place. Children's wishes and preference for social activities were well supported.

The centre supported young people in preparing for adulthood and moving between services. At the time of the last inspection, discharge plans had not been devised for the young people who required them. At the time of this inspection, inspectors found that arrangements were in place to plan for the children's transition and discharge from the age of 16years. Three of the young people in the residential house were over 16years and transition planning was in progress for each of them. They were all in school. There was evidence that life skills goals had been established for each of the young people and that they were being monitored and supported to achieve them through their

personal plans.

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):

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

Findings:

The design and layout of the centre was in line with the statement of purpose. However, both houses required some repainting work, the respite house needed to be made more homely and there was limited sensory equipment available. In addition, there were occasions when two children were required to share a bedroom in the respite house.

Overall, the rooms were of a suitable size and layout for the needs of the children. The centre was observed to be clean and tidy. There was sufficient lighting and heating. There were sufficient furnishings, fixtures and fittings in place. There was a suitable garden in both houses for children to play in. Overall, there was adequate private and communal accommodation available in both houses.

At the time of the last inspection, inspectors found that children were on occasions shared a bedroom which had limited space to accommodate them. The capacity for the respite house at that time was for six children. Subsequent to that inspection, the capacity of the centre was revised to five children and it was proposed that each child availing of respite would have their own room. However, at the time of this inspection, inspectors found that the fifth bedroom of the respite house was being used as a staff sleep over room. The provider reported that the fifth bedroom of the house was used as an emergency respite bed in urgent situations. This meant that on those occasions when there were five children availing of respite, two children were required to share a bedroom. It was noted that on occasions children of different genders shared a bedroom. Staff reported that this was, at the request of specific children, subject to a written risk assessment and discussed with the children's parents in advance of admission but this was not always documented.

Overall children had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and was appropriately

used, maintained and serviced. However, inspectors noted there was limited sensory equipment available in the respite house.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the health and safety of children and staff were promoted. However, systems for the management of some risks required improvement.

There was a risk management policy which met the regulatory requirements. At the time of the previous inspection, inspectors found that not all risks in the centre had been assessed or reviewed as required. Since that inspection, a new local procedure for the management of risk had been put in place. Inspectors reviewed the risk register in each of the houses and found that they were updated and reviewed on a regular basis. There was a safety statement in place with written risk assessments pertaining to the environment and work practices.

The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. However, inspectors identified a risk of self-harm (head injury) from unsuitable materials such as a metal bed frame in a bedroom. The bedroom was identified in the behaviour management plan as a safe area to direct young people to during episodes of challenging behaviour. This had not been identified as a hazard or risk assessed. Also risks of children absconding via the windows in the respite house had been identified but adequate procedures had not been put in place to address this.

There was an emergency plan in place which, while detailed in most respects did not define suitable interim accommodation arrangements in the event that either house had to be evacuated for a period of time.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. At the time of the last inspection, incident records were not kept in the centre and learning from incidents was not evident. At the time of this inspection, inspectors found that a record of all incidents were maintained in the centre and also recorded actions taken. The inspectors reviewed staff team meeting

minutes which showed that specific incidents were discussed with learning agreed. This is demonstrated by the provision of additional staffing for individual residents. There was evidence that trends of incidents were reviewed by the management team. This meant that opportunities for learning to improve services and prevent incidences were being promoted.

There were satisfactory procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and generally in a good state of repair, although some re-painting work was required in both houses (Discussed further under Outcome 6). The provider had undertaken a number of hygiene audits which showed positive results with any deficiencies addressed. There was a cleaning schedule in place which was monitored by the person in charge. Colour coded cleaning equipment was used in the centre and securely stored. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and suitable hand towels were in use in the centre. Posters were appropriately displayed. The inspector reviewed training records which showed that staff had attended hand hygiene training.

Fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. At the time of the last inspection, inspectors identified that there was no overview of the participation of children in fire drills so as to ensure that all children accessing the service attended. Also inspectors found that keys to fire exit doors were not securely stored. At the time of this inspection, inspectors found that a plan had been put in place to ensure the participation of all children in regular fire drills. Any issues identified such as the need for additional support were defined in the personal evacuation plans. The inspectors reviewed records of fire drills undertaken which had occurred on a regular basis. The inspectors found that safe storage systems for fire exit door keys had been put in place. There were fire doors in all areas of the respite unit. However the bedroom doors were held open with hooks. This was to facilitate easy access for the younger children and also access for staff with equipment. However, it diminished the value of the doors in the event of a fire.

Staff spoken with, were knowledgeable about manual handling requirements. Training records showed that staff had attended manual handling training but two staff member required training. Dates for this had been booked.

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:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, restrictions in place for one of the children were not being appropriately recorded, reported or reviewed.

The centre had a policy and procedure for the protection of children from abuse and neglect, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There had been one allegations or suspicions of abuse in the previous 12 month period which had been dealt with appropriately. Inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. A picture and the contact details for the designated liaison person (as per Children First, 2011) was on display in both of the houses. Training records showed that three staff required updated safeguarding training but that this training had been booked.

At the time of the last inspection, inspectors found that there was limited documentation to guide the personal care of children. Since that inspection revised intimate care plans had been put in place for all of the children. Inspectors reviewed a sample of files in both the residential and the respite house and found that children's intimate care needs and requirements were documented in sufficient detail to guide staff.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. At the time of inspection, inspectors found that there were gaps in some behaviour management plans to support the young people according to their need. In addition, a number of staff had not been trained in the technique adapted by the centre to manage behaviours that challenged. Since that inspection, behaviour support plans had been reviewed and revised by the multidisciplinary team and staff had received appropriate training. There was a behaviour that challenges policy in place. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Inspectors noted that there had been a significant reduction in the incidences of challenging behaviour in the centre since the last inspection. Although there had been an increase in the numbers in March and July which inspectors proposed may have been associated with the use of

agency staff and the occurrence of school holidays during these periods.

There was evidence that restrictive practices in use in the centre were monitored and there was oversight by the services psychologist. At the time of the last inspection, inspectors found that some interventions had not been considered or notified as restrictive practices and therefore had not been reviewed as part of the personal planning process. Since that inspection, a new system had been implemented to record restrictive practices in place and there was evidence that the use of restrictive practices had been audited. There was evidence of discussions with parents regarding the use of a specific restraints for individual children.

Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. However, on the day of this inspection, inspectors identified that the locking of a door to restrict one young person during episodes of challenging behaviour was not recorded as a restrictive practice and the duration for which the door was being locked had not been recorded. This was not in line with the newly implemented practices in the centre.

Judgment:
Substantially 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):

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

Findings:

A record of all incidents occurring in the centre was maintained. In the preceding six month period, incidents, where required had been notified to HIQA as per the requirements of the regulations.

At the time of the last inspection, inspectors found that not all notifications as required by the regulations had been notified to HIQA. Since that inspection, a new system had been put in place to log all restrictions, accidents and incidents. There was evidence that this log was reviewed by the person in charge on a regular basis to ensure that notifiable events were notified within required timeframes. The person in charge and staff interviewed were knowledgeable about notification requirements. However, as outlined under outcome 8, a restrictive practice for one young person had not been appropriately identified, recorded or reported to HIQA.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Overall children were protected by the centres policies and procedures for medication management. However, improvements were required in relation to processes for the management of controlled drugs.

There was a medication policy and procedure in place. The inspectors reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard in each of the houses. There were appropriate procedures in place for the handling and disposal of unused and out of date medications. There were no chemical restraints used in the centre. At the time of the last inspection, the inspectors identified a number of administrative errors in relation to the prescribing and administration of medications. Since that inspection the service had updated its medication recording system. The inspectors reviewed a sample of medication sheets as part of this inspection and found that they had been appropriately completed. However, inspectors found that the administration and management of MDA/ controlled drugs in the respite house were not being undertaken in accordance with the services medication policy and procedure. For example, the administration of a controlled drug was not signed for by two members of staff and a count following each administration was not always completed.

There were some systems in place to review and monitor safe medication management practices. Regular audits of medication practices were undertaken and there was evidence that actions were taken to address any issues identified. There was good communication noted with the dispensing pharmacists who also undertook an audit of medication administration and usage.

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):

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

Findings:

There was a statement of purpose in place, dated April 2016 which accurately described the service being provided and contained all of the information as required by schedule 1 of the regulations.

At the time of the last inspection, inspectors found that some of the information as required by schedule 1 of the regulations was not present and that some information did not correspond with information contained within the centres policies. Since that inspection the statement of purpose had been revised to meet regulatory requirements.

Judgment:

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

Findings:

There were some management systems in place to ensure that the service provided was safe and effective. However, regulatory requirements in relation to the monitoring of the centre required improvement.

At the time of the last inspection, the role of the person in charge was not full-time as she had multiple roles within the organisation and the overall management structure was complex and roles of authority and accountability were not clear. Since the last inspection, a new person in charge had been appointed and the service had been reconfigured. A clear governance and reporting structure had been put in place which

provided clear lines of accountability and responsibility. Inspectors found that significant work had been undertaken by the provider to address the actions identified in both the previous HIQA inspection reports.

The centre was managed by a suitably qualified and skilled person in charge. The person in charge reported to a service manager who in turn reported to the regional manager. The service manager had only recently taken up the position but there was evidence that the person in charge had received adequate support from the regional manager before this appointment. The person in charge had worked within the service for more than 10 years and taken up the full-time position in April 2016. However, it was a temporary contract and there was a planned change from the end of the year. It was reported that recruitment of a replacement was underway. She was supported by two registered staff nurses based in the respite house who were identified to HIQA as person participating in management. Staff interviewed told the inspectors that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with her. The person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support needs and plans for the children living in the residential and in the respite house.

Further to the last inspection an annual review of the quality and safety of care and support in the centre had been completed for 2015. However, inspectors found that while it included the views of relatives and their families, it did not provide a robust evaluation of the quality and safety of care and support provided. The annual report had not been made available to residents. The regulatory requirement for the provider to undertake an unannounced inspection on a six monthly basis was not being fully complied with. The provider had undertaken an unannounced visit to the centre in June 2016 and produced a report. However, the corrective action plan arising from that report did not assign responsibility or timelines for all of the specific actions. A number of other audits were undertaken in the centre. For example, medicine usage and administration, health and safety and challenging behaviour incidents. There was evidence that actions were taken to address issues identified. The service had a quality monitoring committee who reviewed trends of incidents, medication errors, complaints and other issues across the service and there was evidence of shared learning as result.

On call arrangements were in place and staff were aware of these and the contact details.

Judgment:
Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix in place to meet the assessed needs of children. However, staff supervision arrangements required further improvement.

The skill mix, numbers and qualifications of staff were suitable to the assessed needs and support requirements of the children. The skill mix included paediatric, general and disability nurses, social care workers and FETAC Level 5 trained care assistants. The provider had demonstrated a commitment to the provision of additional staff for one to one supports and nursing care where residents were assessed as requiring this. Additional staff were assigned at weekends in the respite unit as the young people did not have school or day services. There were between five and three staff allocated to each unit during the day which ensured individual supports were available. All staff spoken with demonstrated a very good knowledge of the residents and competency in their roles. There were actual and planned staff rosters in place which had been appropriately recorded.

Training records showed that all mandatory training in manual handling, first aid, and safeguarding and fire safety was up to date or where gaps were identified these were already scheduled within a very short time frame. Where necessary non nursing staff were also trained in the administration of emergency medication. At the time of the last inspection, there were gaps in the training needs for some staff. At the time of this inspection, inspectors found that staffs training needs were being met. A training needs analysis exercise had been undertaken by the services manager and the person in charge.

At the time of the last inspection the provision of supervision was not consistent and its quality varied. On this inspection, inspectors found that supervision for staff was regular and of a good quality in the residential house but was only in the early stages of being rolled out in the respite house. Team meetings were now held monthly and the records indicated that these focused on care needs and planning for the residents.

An examination of a sample of personnel files showed effective recruitment procedures for staff with the regulatory requirements of schedule 2 regarding staff documentation being met. No volunteers were used at this time. There was a procedure for the use of agency staff and sourcing of the required documentation was outlined.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

At the time of the last inspection, inspectors found that not all of the information as required by schedule 4 of the regulations was maintained in the centre and that the resident's register did not include the correct date of admission for some of the children. During this inspection, inspectors found that schedule 4 documentation was maintained in the centre and that all entries on the residents register were correct for the residential unit.

Other aspects of this outcome were not reviewed as part of this inspection.

Judgment:

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:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Boherduff Children's Services
Centre ID:	OSV-0003280
Date of Inspection:	20 September 2016
Date of response:	03 November 2016

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:

On this inspection, the inspectors noted that wall viewing panels were being used in a bedroom in each of the two units to observe individual children with a medical condition. This required review with regard to privacy.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A monitored sensor mat has been put in place to monitor the medical conditions of identified children in the respite service and the viewing panel will be blocked up by 18th November 2016. Following consultation with service user, family and multi-disciplinary team a protocol will be put in place around the use of the viewing panel in the residential service to ensure privacy, dignity and safety.

Proposed Timescale: 30/11/2016

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:

Formal contracts of care, which met the requirements of the regulations, had not been put in place for the children availing of respite in the respite unit.

2. Action Required:

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

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

Contracts of care will be devised for children availing of respite services.

Proposed Timescale: 30/11/2016

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:

Staff did not have access to a single overall personal plan which reflected each child's assessed needs, interests and support requirements.

Information was located in a number of different areas within the file. In a sample of files reviewed, inspectors found occasions whereby recommendations of the multidisciplinary team were not reflected in personal plans.

In addition the level of quality and detail in the plans varied and there was considerable overlap of detail in areas.

3. Action Required:

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

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

Each child will have an integrated personal plan.

Recommendations from MDT meetings will be recorded ensuring persons responsible & due date for targeted actions are identified.

Information shall be reviewed annually by keyworker staff to ensure personal plan is amended & takes account of changes in circumstances & new developments for the individual relating to their needs, interests & required supports. Given the volume of children accessing the service this will be done on a phased basis with a planned completion date of 15/12/2016 for all revisions.

Proposed Timescale: 15/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To accommodate five children in the respite house as per the statement of purpose, meant that two children were required to share a bedroom. It was noted that on occasions children of different genders shared a bedroom.

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Children of different genders no longer share bedrooms. The practice in place of children using the staff room when the fifth emergency placement child is in the house will continue, except where children express a clear preference to share a room and all necessary risk assessments are completed and parental consent sought in addition to ensuring privacy measures are in place. Divider screens are currently being sourced to ensure privacy for children, whereby they still wish to share, while also ensuring privacy & dignity for the children.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Both houses required some repainting work.

The respite house needed to be made more homely.

5. 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:

Painting work is currently being contracted with an expected completion date of 01/12/2016. Additional homely touches have been put in place in the respite service.

Proposed Timescale: 01/12/2016

Theme: Effective Services

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

There was limited sensory equipment available in the respite house.

6. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

In addition to the fully equipped sensory room already in place in the respite house further sensory and items for play time are being sourced for children availing of respite.

Also sensory & play items will be sourced for the young people in Tir na n'Og, expected completion date of 01/12/2016.

Proposed Timescale: 01/12/2016

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:

Systems for the management of some identified risks were not satisfactory including but not exclusive to: risk of absconding and accidental injury.

7. 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:

The identified risks will be assessed and appropriate control measures put in place by the person in charge by the 13th November 2016.

Proposed Timescale: 13/11/2016

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:

Inspectors identified that the locking of a door to restrict one young person during episodes of challenging behaviour was not recorded as a restrictive practice and the duration for which the door was being locked had not been recorded.

8. 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:

Future quarterly notifications will include clear reporting of this restriction. The duration for which the door is locked will be clearly recorded in the log for this restriction.

Proposed Timescale: 31/10/2016

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:

A restrictive practice for one young person had not been appropriately identified, recorded or reported to HIQA

9. 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:
Future quarterly notifications will include clear reporting of all restrictions.

Proposed Timescale: 31/10/2016

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:

Inspectors found that the administration and management of MDA/ controlled drugs in the respite house were not being undertaken in accordance with the services medication policy and procedure. For example, the administration of a controlled drug was not signed for by two members of staff and a count following each administration was not always completed.

10. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

A register for the recording of Controlled Drugs will be put in place for the occasions when this child is availing of respite services and staff practice will change in relation to the double signing for administration and completion of a count following each administration.

Proposed Timescale: 15/11/2016

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 report had not been made available to residents.

11. Action Required:

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

Please state the actions you have taken or are planning to take:
Annual report will be made available to children using the respite services & their families

Proposed Timescale: 18/11/2016

Theme: Leadership, Governance and Management

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

The annual report completed for 2015 did not provide a robust evaluation of the quality and safety of care and support provided.

12. Action Required:

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

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

The annual report for 2016 will provide a more robust evaluation of the quality and safety of care and support provided.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

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

The regulatory requirement for the provider to undertake an unannounced inspection on a six monthly basis was not being fully complied with. The provider had undertaken an unannounced visit to the centre in June 2016.

13. Action Required:

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

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

An unannounced visit took place in June 2016 and a further unannounced visit is scheduled for November 2016.

Proposed Timescale: 30/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff supervision was only in the early stages of being rolled out in the respite house.

14. 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:

Staff supervision will continue to be developed ensuring all staff have the opportunity to participate in regular supervision with PIC/delegate

Proposed Timescale: 31/01/2017