

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Red House
Centre ID:	OSV-0002650
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Grainne Fogarty
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 July 2017 10:55	12 July 2017 17:30
13 July 2017 09:00	13 July 2017 15:00

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

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 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

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

How we gathered our evidence:

This monitoring inspection was unannounced and took place over two days. As part of the inspection, the inspector met with four children, one parent, a number of care staff, the team leader, the person in charge, the regional manager and the person representing the provider. The inspector reviewed a sample of files in areas such as personal planning, health and safety and medicines management.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. This centre was a designated centre for children with disabilities that opened in 2000. At the time of this inspection, the centre operated a respite service for 13 recipients and a limited

residential service. The centre also operated an after-school service and a separate community based service.

The statement of purpose stated that the centre catered for children with a diagnosis of autism. The maximum number of residents that the centre could cater for overnight purposes was five of both male and female gender. The centre was a purpose built, spacious detached bungalow with a large rear, front and side garden.

The number of respite recipients was lower than the previous inspection as there were some families choosing to not avail of the service at the time of the inspection. The management team were aware of this variance.

Overall judgment of our findings:

The service was led by a committed person in charge and team leader who were both very knowledgeable about all of the children. A parent expressed satisfaction with the level of care given to her or his child during their respite. Care staff presented as caring and considerate of the children and their needs. During the inspection, there were sufficient staff on duty. There were sufficient arrangements in place to ensure that the person in charge was suitably supported to manage this centre given that she was also the person in charge of a second designated centre for children with disabilities.

Despite these positive findings, the centre was found to not be sufficiently clean. The inspector noted that there were systems in place regarding cleaning, however, the staff team did not have specialised support in their cleaning of the centre. An immediate action was given to the provider regarding this issue and the provider responded appropriately. Following the inspection, the provider submitted assurances to the Health Information Quality Authority (HIQA) that cleanliness at the centre had been addressed immediately and a system was put in place to support staff in this area.

The centre was not sufficiently resourced to operate both a residential and respite (mixed) service. The provider had escalated this issue to the relevant stakeholders and applied appropriately to HIQA to vary a condition of registration. However, the mixed service resulted in a significant number of children (through their parents and or representatives) opting out of the service on a temporary basis while other children received a reduced respite service. The issue had not been resolved in the first set of timelines given to HIQA. A second set of timelines had been submitted at the time of this inspection and these were accepted by HIQA.

Good practice was identified in areas such as:

- the statement of purpose met the requirements of the regulations (Outcome 13)
- personnel files matched the requirements of Schedule 2 of the Regulations (Outcome 17).

Improvements were required in areas such as:

- the assessment of need was not sufficient for a residential placement (Outcome 5)
- the centre was not, on the day of the inspection, sufficiently clean (Outcome 6)
- improvements were required in the area of risk assessment and aspects of fire

safety (Outcome 7)

- the annual review for 2016 did not show how it provided for consultation with the children and their parents or representatives (Outcome 14)
- the centre was not suitably resourced to cater for the mixed service it provided (Outcome 16).

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.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The wellbeing and welfare of the children was promoted through personal planning arrangements. There were systems in place to support children moving between childhood and adulthood. However, in relation to resident placements, an assessment of need was not in accordance with the regulations.

This service operated predominantly a respite service and as such there were systems in place to ensure that an assessment of the needs of the child was completed by the team leader with the parent or representative of the child annually. The inspector noted that the signature of the team leader was not always signed on the assessment of need document and the managers of the service agreed to include same immediately. At the time of this inspection, the provider had introduced a new assessment of need template for all recipients of care at the service and the team leader showed the inspector the assessments that had commenced using this new template. The person in charge told the inspector that all children would have their assessment of need re-assessed annually using this tool in 2017.

However, in relation to the residential placement and given the responsibilities that staff had with regard to this placement, the assessment of need document did not demonstrate sufficiently the needs of the child. Information on the needs of the child was in the file but contained across a range of other documentation. These documents did not clearly set out the team of professionals around the child and this meant that in one document found in a file, there was reference to an allied health service, however, the personal plan and assessment of need made no reference to this service.

There were arrangements in place for personal planning. Key workers were appointed to each child and they had assigned responsibilities to ensure that personal plans were kept up to date. The children had personal planning documents, a sample of which were viewed by the inspector. The personal planning arrangements were referred to as support plans. These support plans were also available to the children in pictorial format. The support plan set out a range of information about the child such as their preferences regarding communication, eating, feeding and dressing, information on their education, their personal expression, their medicines and their sleeping routines. Staff with whom the inspector met with had a good understanding of the personal planning process and the purpose of same.

The inspector saw evidence of the person in charge attending review meetings for a number of children in receipt of respite and these meetings were organised and led by multidisciplinary professionals attached to the child's school team. This meant that the person in charge had access to important information about children in receipt of respite services. The child's personal plan was reviewed annually within the service by their key worker, the parent and in general a representative from the health service executive such as a social worker. The minutes of these meetings usually referred to whether the child participated in the review meeting and the decision of the parent regarding same. The annual review of a resident placement personal plan was not yet due and the person in charge told the inspector that the review would be multidisciplinary in nature given the significance of the full-time placement and the responsibilities of the provider regarding same.

Improvements were required in goal-setting. Each child had a set of agreed goals and these were called 'actions', however progress against these goals was not sufficiently documented. The inspector heard from staff examples of the positive impact that the service had on children, both in receipt of respite and a residential service but this was not sufficiently set out in writing. The six month unannounced inspection conducted shortly before this inspection had also noted similar findings and the person in charge confirmed that this was an area that both staff and managers would be working on in the coming months.

There were systems in place for preparing children for adulthood and in turn their transition from the service. There was evidence that the management team liaised with the statutory services and other agencies and as such they were playing their role in the planning of these transitions for children in receipt of respite. The inspector viewed minutes of meetings for a child whose transition was discussed.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

order.

Theme:

Effective Services

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

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

Findings:

The location and design of the centre met the needs of a group of children in general, however, the current needs of some children in receipt of the residential and respite service meant that the layout of the centre was not appropriate. The centre was not clean in parts. Furthermore, there remained a number of outstanding actions from the previous inspection.

The centre had adequate communal space. Children were able to access most areas of the centre. Bedrooms were of adequate size and contained the required furnishings. Each child had their own bedroom. There were sufficient toilet and washing facilities. The premises had suitable lighting. There were enough furnishings and fixtures throughout the premises. There were suitable play facilities for the children outside. There were large gardens available to the children and the premises was kept secure by an outdoor fence.

The layout of the centre was not suitable for the residential and respite service that was being provided at the time of this inspection. Some children had their own preferences regarding space and they had a need to explore and move freely around the premises but they were restricted in doing so given the preferences of other children. Staff attended to the needs of all children and ensured that all children were kept safe from harm. Despite this, parents, staff and managers told the inspector that the mix of children in general did not ensure that they could reside comfortably together. This issue has also been further commented upon in Outcome 15.

The interior of the centre required decoration in some areas and better upkeep. Since the previous inspection, some of the bathrooms remained in poor condition. There was significant tiling damage in one bathroom, both on the floor and on the wall. Fixtures in a second bathroom were rusty. A shower door required attention. A shower head required cleaning or replacement. Other issues observed by the inspector included a bedroom that had a malodour. There were flecks of paint across a number of furnishings in the sitting room which led to a poor appearance. Some curtain rails around the centre required fixing and some of the window frames were in poor condition in comparison to others. The lid of a cistern required replacement. The wardrobes in some of the bedrooms were old in their appearance. The person in charge provided written evidence that some of these issues had been identified by managers as requiring action in 2016. However the tasks were not completed due to the need for the centre to close for a certain time frame. The person in charge told the inspector that the centre was unable to close for the time period necessary that it would take for the refurbishments to be made until the service returned to operating only a respite service.

During the inspection, the inspector observed that the centre was not fully clean. This resulted in an immediate action being given to the provider. The provider responded accordingly and submitted written assurances to HIQA of confirmation that they had ensured that the premises was clean and that systems were put in place to address this issue going forward.

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

Judgment:

Non Compliant - Major

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):

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

Findings:

The health and safety of children, staff and visitors was promoted through appropriate systems. However, improvements were required in the area of risk assessments and in fire safety.

There were systems in place for risk management. The risk management policy met the requirements of the regulations. The organisation provided training in health and safety. There were comprehensive training records for all staff including relief staff. Staff completed training in areas such as manual and people handling and health and safety at work. Each month a staff member completed a monthly health and safety hazard checklist and any actions arising were clearly set out and signed off on by those involved in management.

There was both an organisational and local health and safety statement and this was complemented by a centre-specific risk register. Hazards at the centre were identified, risk assessed and controls were identified to mitigate the risk. The centre risk register did not however identify an aspect of infection control as a distinct hazard in itself. Furthermore both staff and management offered varying descriptions of the risk associated with this hazard which meant that the inspector could not see clearly in writing the actual risk that this hazard posed to children, staff and visitors. There was no written guidance for staff to follow in addressing this particular hazard. The decision to not use paper towels throughout the centre and to use cloth towels was not formalising

in writing and risk assessed.

There were individual hazards identified for each child and these were risk assessed and controls identified. However, the inspector noted a number of hazardous behaviours pertaining to some children that had not been identified and risk assessed.

There were computerised recording systems in place for staff to document all medicine errors, safety related incidents and behaviours that require a response which were then reviewed by the person in charge and or other persons involved in the management of the centre. The person in charge discussed the patterns and trends of these events that had taken place in 2016 and 2017 with the inspector and the learning that had arisen.

There were cleaning systems in place and records confirmed the cleaning duties that were attended to by staff. The kitchen and counter tops were observed to be clean. Staff described to the inspector the cleaning they performed at the centre and confirmed use of personal protective equipment. Cleaning records were viewed and signed off by those involved in the management of the centre. Despite these positive practices, an immediate action was given to the provider regarding the overall cleanliness of the centre and this has been commented upon in Outcome six.

The centre vehicle was viewed by the inspector and was found to have the relevant motor tax and certificate of insurance. The vehicle carried a first aid kit and emergency equipment. Staff told the inspector that they had no concerns about the road-worthiness of the vehicle, which was a new model. The vehicle was leased and subject to a weekly check by staff and would be subject to formal servicing by the leasing company.

There were systems in place regarding fire precautions; however, significant improvements were necessary.

There was a fire fact file in place. This file contained organisational policies and procedures regarding fire management and guidance for staff. A fire register was in place. Staff conducted regular checks on aspects of fire safety arrangements. The fire alarm system had been inspected each quarter in 2016 and 2017. Emergency lighting was in place and had been serviced on a quarterly basis in 2016 and 2017. Extinguishers were available for staff to use and had been serviced within the previous 12 months. There was a dedicated assembly point area identified. A personal emergency egress plan was developed for each child. Fire safety training was a mandatory training for staff and training records demonstrated that all staff named on the rota had written confirmation of same.

The majority of the fire exits were clear on the day of the inspection. One exit had a child's play tent in front of it, however, this was moved immediately. Evacuation procedure notices were not displayed around the centre and this was rectified during the inspection by the person in charge. On the first day of the inspection, three fire doors were held back with furniture. The person in charge and team leader took immediate action to address this and none were observed on the second day of the inspection being held back in this manner. However there was a risk that this may reoccur and this issue had not been identified as a hazard and appropriately risk assessed and controlled. There was a significant gap between a fire door and the floor and the management

team took immediate steps to address this during the inspection; evidence of which seen by the inspector following the inspection. A description of zones identified by the fire panel was not displayed next to the fire alarm panel.

Fire drills were conducted by staff at regular intervals and records were kept of each drill. However, not all of the drill records identified the name of the children that participated. This issue had already been identified by the provider and rectified in the most recent fire drill held. A member of staff had not yet participated in a fire drill.

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:

Measures were in place to safeguard children and protect them from abuse. The systems in place for the management of child protection were appropriate. There was a lack of clarity in records to show the definition of a restrictive practice.

There was a policy in place for the prevention, detection and response to abuse. This included reference to the processes in place for the forwarding of concerns to the Child and Family Agency (Tusla). There was a designated liaison person within the organisation. There was also an organisational policy on the safeguarding of vulnerable adults for use when children turned 18 years of age. Staff had an appropriate understanding of the different types of abuse and knew who to contact. They were aware of the role of the designated liaison person. All visitors to the centre were required to sign in.

The inspector viewed training records that confirmed that the staff team were trained in the safeguarding of vulnerable children and most had attended separate training on the safeguarding of vulnerable adults.

The team leader and the person in charge had an appropriate knowledge of the guidance regarding child protection and adult safeguarding concerns. At the time of this

inspection, they both told the inspector that there had been a small number of concerns raised in the 12 months prior to this inspection that required intervention by the designated liaison person and subsequent liaison with the Child and Family Agency (Tusla). There were appropriate records confirming the outcome of concerns submitted.

There were appropriate systems in place to address behaviours that required a response. However some improvements were identified and required. Staff were trained in the management of behaviour that required a response and completed refresher training in this area. The staff team had access to a behavioural support specialist employed by the provider. There were positive behavioural support plans in place where necessary to guide staff in their care of the children. However where these were written and devised by a member of the staff team they were not always signed off by the behaviour specialist. There had been no use of physical holds in the 12 months prior to this inspection.

A staff member with specialist skills in the area of autism had joined the team and staff and managers both told the inspector that they were benefitting from her or his involvement and the guidance they were receiving in their care of a child.

The use of restrictive practices was monitored by the person in charge and team leader. A restrictive practice committee was in place within the organisation and there was a policy on restrictive practices for staff to follow.

At the time of this inspection, there was a particular environmental restrictive practice in place. This practice resulted in children having limited access at times to all parts of the centre, in certain circumstances, for example, a child may not be able to temporarily enter a room where another child was playing due to the distress it might cause to either or both children. These arrangements were described as 'seclusion' in the paperwork viewed by the inspector. The organisational policy did not define seclusion. The inspector discussed this issue with the person representing the provider, the regional manager and person in charge and they informed the inspector that they would review their use of this term to ensure that it adequately reflected practice at the centre.

Most of the wardrobes had locks on the outside of the wardrobe doors and the rationale for same was not adequately set out in writing.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health. However the documentation of this support required improvement.

The children attending respite lived at home with their parents and or guardians who took primary responsibility for the children's healthcare. Children had access to allied health services through the health service executive or through the multidisciplinary team of professionals attached to their schools. Notwithstanding this, staff at the centre played a role in supporting the children on an individual basis to achieve and enjoy the best possible health by attending to the healthcare needs of the children while they were in receipt of respite.

There was information collated on the child's healthcare needs upon their first admission to the service and at the review stage of the child's support plan. Information regarding the child's day-to-day health was also given by the child's parent and or guardian to the centre prior or at time of admission. A parent reported satisfaction that their child's health was supported whilst they were in the care of staff during respite. Parents were advised in the centre's statement of purpose that should their child become ill following their admission, the policy was that they would normally be discharged home to the care of their parents.

At the time of this inspection, the children attending for respite were described by the management team as to not have any significant healthcare complications and that they mostly all enjoyed good health with only a small number of children involved in allied health services. However, the team of professionals around each child was not clearly set out in the personal planning system. The team leader told the inspector how the assessment tool being introduced to the centre at the time of this inspection would address this area as the information on the tool required confirmation of all professionals involved.

There was evidence to show that children, in receipt of a residential placement, attended appointments with healthcare professionals such as a general practitioner. There was confusion amongst staff and managers about the role that an allied health professional had with a child. Where a child refused to engage with a healthcare service, then, there was insufficient evidence that this was brought to the attention of the medical practitioner.

A sufficient quantity of food was observed in the centre and food was labelled upon opening. The children were described as to prefer to not eat together at meal times and this was in line with their likes, dislikes, abilities and preferences. The likes and dislikes of children as regards their food preferences was documented. During interview, parents reported satisfaction in this area.

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:

Systems were in place for the safe management of medication in order to protect the children.

There was an organisational policy on medicines management and centre-specific guidance developed where needed. There was evidence that staff had completed the required training in the safe administration of medicines management or were scheduled to attend refresher training. Staff were aware, in their conversations with the inspector, that it was company policy that they not administer medicines without the required training.

Medicines were stored safely in a locked press in the staff office. A separate safe was available for the storage of drugs that required stricter controls when required. A fridge was also available for the storage of medicines when required.

The medication needs of the children were assessed as part of their overall assessment of need and their personal planning. An individualised medication management plan was developed for each child where required.

The inspector viewed a sample of prescription records and administration records. The prescription record was updated every six months. This contained the relevant sections for the required information to be recorded such as the name of the child, their date of birth, the name of the medication, the route and dose. The administration records matched what was prescribed. There was sufficient space in the administration record for the staff member to record the refusal or withholding of medication. There was a signature sheet to compare initials to. The maximum dose of all PRN (medicines only taken as required) was set out, where required.

Information on allergies was set out in the children's personal profiles but not always recorded on the prescription chart of the child and this was attended to by the team leader on the day of the inspection. A medicine was found to not have been discarded within the recommended time frame and this was brought to the attention of the team leader who organised the immediate disposal of the product in line with organisational policy.

There were processes in place for the identification and recording of medicines errors

and events and these were recorded and processed accordingly on computerised organisational systems. The person in charge and team leader demonstrated a very good knowledge of the medicine errors in the 12 months prior to this inspection and the learning that had arisen from these.

There were systems in place for the checking of medicines at the centre. There were record sheets completed daily upon a child's admission for respite.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a written statement of purpose that described the service provided in the centre.

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

The statement of purpose was kept under review and any formal review dates were clearly outlined at the front of the document with the next review date also stated.

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

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:

Management systems were in place to support and promote the delivery of care. There was a clearly defined management structure that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. The annual review required an improvement in line with the regulations.

The service at the time of this inspection provided a residential and respite service. The provider had applied appropriately to HIQA for a variance of a condition of registration prior to offering the dual service. The person in charge was aware of the impact that a mixed service may have on children and their families. Some families were currently choosing for their children to not avail of the service for a particular time period. Other children were left without their usual quantity of respite service. There was evidence to show that the situation had been escalated to the HSE. There was a time bound plan in place to address this issue, however the timelines had been extended from when they were first set. The person representing the provider acknowledged that the annual review of the service due in 2017 would reflect these issues.

There were two six monthly unannounced inspections that took place in the 12 months prior to this inspection. The person in charge showed the inspector the results of the most recent inspection which was conducted shortly prior to this monitoring inspection. The person in charge was clear about the findings and the timelines that she was working towards with completing these actions, some of which had already been closed off.

An annual review of the service was conducted in 2016 but it did not show how it provided for consultation with the children and their parents or representatives. The person in charge showed the inspector the evaluation questionnaires returned by parents in 2017 and the feedback of which would be incorporated into this year's annual review. These questionnaires had not been sent to the children or parents of children who were currently choosing to not attend respite. This meant that the questionnaires returned may not fully reflect the satisfaction levels of all children and their families.

There were weekly check lists completed by the team leader and the person in charge. However these check lists were generic in parts and did not show how checks were done. Issues identified in personal plans by this inspector were not previously identified in these checks. Aspects of fire safety identified by the inspector had not been identified. On the day of the inspection, the centre was not sufficiently clean.

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

Regular staff team meetings were held at the centre in the 12 months prior to the inspection. The agenda items included areas such as health and safety, medication, the children and child protection. Actions were identified at meetings and a person was assigned as responsible for following through on actions.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. She had appropriate experience of working for the organisation. She demonstrated a good knowledge of the regulations and the statutory responsibilities of the role of the person in charge. She also acted as the person in charge of a second children's designated centre and told the inspector that she was able to manage both roles as she was supported by a team leader in each service. The person in charge reported to the regional manager each month on key performance indicators, the data of which was then forwarded on nationally for review by the person nominated by the provider. These key performance indicators referenced capacity issues, support plans, supervision sessions and staffing arrangements. An on-call system was in place within the organisation.

A team leader supported the person in charge in her day-to-day running of the centre and she had lead responsibilities in certain areas. She had a good knowledge of all of the children in receipt of services and their needs.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

The person nominated by the provider had previously informed HIQA of the planned absence of the person in charge and suitable deputising arrangements were put in

place.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in full by the inspector.

At the time of this inspection, the provider had responded to an unexpected resource issue, and, as such the layout and design of the centre was not suited to the mixed service that the centre provided. This issue had been escalated to the HSE by the provider and at the time of this inspection. The provider was applying to HIQA to extend the time period of the mixed service and submitted written information confirming that funding had been secured to initiate the necessary action that would result in the service reverting back to operating a respite only service.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was an appropriate skill mix to meet the assessed needs of children and to ensure the safe delivery of services. Children received continuity of care from a team of care workers. Staff had access to on-going training. Staff were supervised regularly and recruited, selected and vetted.

There were enough staff on duty to meet the needs of the children during the inspection. Staff were observed caring for children in a considerate manner. Children received continuity of care from a core staff team and this was complemented by internal relief staff. A proposed and actual staff rota was in place and rotas were a number of weeks in advance.

There were comprehensive records kept of the continuous professional development of staff. Staff had access to a variety of training courses each year. The persons involved in management were supported by the human resources department in this regard. Staff completed training in a range of areas in 2016 including manual and people handling, safeguarding of vulnerable children, fire safety, the management of actual and potential aggression and the safe administration of medicines.

There were effective recruitment procedures in place. The inspector viewed a sample of personnel files and found that the information required by the regulations was in place.

Staff were supervised in their roles in a formal manner. The team leader provided supervision to the care workers, the frequency of which was every six to eight weeks. Supervision records were signed and dated and supervision covered a range of issues, such as their practice with the children and the staff member's personal development needs and training.

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

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:

Carol Maricle
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002650
Date of Inspection:	12 & 13 July 2017
Date of response:	20 September 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:

The assessment of need completed for residential placements was not sufficient and did not reflect changing circumstances.

1. Action Required:

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

¹ 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:

A revised needs assessment will be completed to ensure all of the children's needs identified are being supported as required.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The progression of children in their actions (goals) was not sufficiently documented in their personal plans.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Team Leader & Keyworkers have updated personal plans to reflect actions set out for each child currently receiving a service.

Proposed Timescale: 19/07/2017

Theme: Effective Services

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

Although a personal plan was in place for a residential placement, the plan did not sufficiently demonstrate how it met the assessed needs of the child.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A residential needs assessment, will be completed no later than 28 days for all children admitted into the service .

Proposed Timescale: 31/08/2017

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 centre was not designed and laid out to meet the aims and objectives of the current cohort of children accessing the service.

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:

- The service will function as a respite service only.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Some aspects of the interior of the centre had not been maintained to a satisfactory level.

5. 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:

Works have been commissioned to be carried out. The service is planned to close for 2 weeks in order for the works to be carried out.

Proposed Timescale: 30/01/2018

Theme: Effective Services

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

The provider had failed to ensure that the premises of the designated centre was clean and suitably decorated.

6. 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:

- Cleaning records revised and updated to include highlighted risk.
- Risk assessments with appropriate control measures in terms of required levels of cleaning has been put in place.
- A deep clean completed and will be repeated as required going forward.

Proposed Timescale: 20/07/2017

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:

The systems in place at the centre for the assessment, management and ongoing review of risk required improvement as they failed to include hazards identified during this inspection.

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:

- Risk register has been updated to reflect all risk assessments identified during the inspection.
- Management weekly checklist has been updated. The checklist now identifies specific actions that need to be monitored.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

Three fire doors were held back with furniture on the first day of the inspection. A description of zones identified by the fire panel was not displayed next to the fire alarm panel.

8. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- For reasons of privacy and dignity bedroom doors are the only doors in the service

that are not magnetised. On the day of the inspection the doors were opened by a child based on their preferences. This behaviour is detailed in the child's support plan along with guidance for staff in terms of managing this behaviour. Staff will ensure at all times bedroom doors remain closed.

- Risk register updated highlighting this risk and all staff have been updated.
- A description of zones identified by the fire panel is displayed in the locked display cabinet near the fire panel due to a child removing all documentation from the walls.

Proposed Timescale: 14/07/2017

Theme: Effective Services

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

Not all staff members had participated in a fire drill.

9. 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:

- All staff will have now participated in a fire drill.
- Names of service users and staff who participate in fire drills are now recorded on the fire drill report.
- Going forward fire drills will be scheduled to ensure all staff have an opportunity to engage in fire drills at regular intervals.

Proposed Timescale: 04/08/2017

Theme: Effective Services

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

There was a significant gap between a fire door and a floor.

10. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- A fire company fitted a door saddle so there is no longer a gap between the fire door and the floor

Proposed Timescale: 19/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A restrictive practice required review with regard to the terminology used to adequately reflect the practice.

The rationale for locks on wardrobes was not set out in writing.

11. Action Required:

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

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

- The Behaviour Therapist has reviewed the restrictive practice documentation and the terminology has been changed to reflect the practice.
- All locks on the wardrobes have been removed.

Proposed Timescale: 25/07/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Where a child refused to attend a healthcare appointment or to participate in a recommended intervention then there was a lack of evidence to show that this was brought to the attention of the medical practitioner.

12. Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

- When a child refuses to attend medical appointments their GP will be informed immediately and this will be documented in the child health record section which is in their personal plan
- The allied health professional will be invited to attend case reviews where appropriate.

Proposed Timescale: 14/07/2017

Theme: Health and Development

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

In one file viewed by the inspector the current role of an allied health professional was not clear.

13. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- PIC will review child's file and identify the role of the allied health professional that are involved currently supporting the child, an annual needs assessment will be completed that will identify any additional supports required. Referrals to allied health professionals will be made if required.

- The allied health professional will be invited to attend case reviews where appropriate.

Proposed Timescale: 31/08/2017

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:

Questionnaires had not been sent to the children or parents of children who were currently choosing to not attend respite.

14. 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 PIC will contact all the families currently not using the service to review their current views of the service and identify their child's future respite needs.

Proposed Timescale: 15/10/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Management systems in place did not identify the non compliances found in this inspection in relation to the cleanliness of the centre and some aspects of fire safety management. The personal planning arrangements for the residential placement were not fully in line with the regulations and this was not identified in the weekly checks performed by the management team.

15. Action Required:

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

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

- Management weekly checklist updated to enable manager to complete effective monitoring of the cleaning.
- All staff to complete fire drills, this will be documented and attached to the fire drill completed, PIC to review when signing off fire drill documentation.
- PIC / PPIM will review 3 personal plans per week with the keyworkers and this will be documented in the weekly checklist.

Proposed Timescale: 31/07/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

16. Action Required:

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

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

- A structured transition plan is currently being developed that will facilitate changes required to enable the service to revert to providing respite services only.
- Staff will ensure that daily activities are planned to ensure a safe environment for all participating and cognisance given to individuals need for a personal safe space/environment.

Proposed Timescale: 31/12/2017

