

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Crannmor Respite Service
Centre ID:	OSV-0005005
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 March 2017 13:30	14 March 2017 17:00
15 March 2017 09:00	15 March 2017 15:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous inspection was undertaken on the 6, 7 and 9th of October 2015 and the centre was registered in January 2016. As part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with three residents who were availing of respite in the centre. The inspector observed warm interactions between the residents and staff caring for them and that the residents were in good spirits.

The inspector interviewed the person in charge, acting programme manager, social care worker, care assistant and a resident's parents. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose. The centre provided respite care for up to three children at any one time, with a diagnosis of intellectual disability, between the ages of 8 to 18 years. At the time of inspection a total eight children were accessing the centre for respite at various times.

The centre was located in a large two storey on a quiet road on the outskirts of a large town. It had a large garden to the rear of the property.

Overall Judgement of our findings:

Overall, the inspector found that the children availing of respite in the centre were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Children's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- Improvements were required in relation to arrangements for residents to transition to adult services. (Outcome 5)
- Fire safety and risk management arrangements required some improvements. (Outcome 7)
- Improvements were required in relation to behavioural support arrangements. (Outcome 8)

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 well being and welfare of children availing of respite was maintained by a good standard of evidence-based care and support. However, improvements were required in relation to arrangements for service users to transition to adult services.

Each child's health, personal and social care needs were fully assessed. There was documentary evidence to show that children's parents or representatives were involved in assessments to identify their child's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

The arrangements to meet each child's assessed needs were set out in a personal plans that reflected his or her needs, interests and capacities. However, the inspector identified that social goals set for children were limited. The inspector found that multidisciplinary input was incorporated into each child's personal plan by the child's keyworker following all yearly planning meetings and on receipt of updated multidisciplinary reports. Parents spoken with outlined how they were involved in establishing personal plans for their child and how they felt the service met their child's needs.

There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family and or representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the children.

One of the young people living in the centre had recently turned 18 and was continuing in full time education until June 2017. However, arrangements for the young person to transition to adult services had not been agreed and an adult placement for the young person had not been confirmed at the time of inspection. There was evidence that some work had been undertaken with the young person on life skills to support them to live as independently as possible.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of children, visitors and staff were promoted and protected. However, fire safety and risk management arrangements required some improvements.

There was a risk management policy in place, dated June 2015, which met with the regulatory requirements. There was a formal risk escalation pathway in place. The centre had a risk register which was regularly reviewed. There was a safety statement in place dated 2016, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. 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, a number of individual risk assessments for children were overdue for review.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. There was a policy on managing and reporting of accidents, incidents and critical incidents, dated October 2014, which was overdue for review. The inspector reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge. Accident, incident review meetings were undertaken on a six weekly basis. There was evidence that these meetings were attended by the provider's multidisciplinary team including psychology and the acting programme manager. The minutes of these meetings were shared with staff were required to sign that they had read the minutes. The inspector reviewed staff team

meeting minutes which showed that specific incidents were discussed and learning agreed. An annual report of incidents was produced which considered trends across the service.

There were procedures in place for the prevention and control of infection. There was an infection control policy in place, dated May 2015. A cleaning schedule was in place and records were maintained of tasks undertaken. Colour coded cleaning equipment was used and appropriately stored. There were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of waste.

Some precautions against the risk of fire were in place. There were fire safety guidelines in place to guide staff. There were adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a recently updated personal emergency evacuation plan 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. There was documentary evidence that fire fighting equipment were serviced and checked by an external company on a yearly basis and checked regularly as part of internal checks in the centre. Records were maintained of a weekly check undertaken by staff of the fire alarm. However, there was no evidence that a servicing contract was in place for the fire alarm system which had not been serviced for an extended period. Fire drills involved children and were undertaken on a regular basis. However, the inspector identified that a number of children availing of respite in the centre had not attended a fire drill for an extended period.

There was a site specific business continuity management plan in place to guide staff in the event of such emergencies as power outages or flooding.

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, some improvements were required in relation to behavioural support arrangements.

The centre had a policy and procedure for the welfare and protection of children, dated December 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There were also good practice guidelines for protection against abuse, dated March 2015. The inspector 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. Staff had attended training in understanding abuse and Children First, 2011. The picture and contact details for the designated liaison person for the centre, (as per Children First, 2011) was observed on display. There had been no allegations or suspicions of abuse in the previous 12 month period.

Overall, children were provided with emotional and behavioural support. However, an up-to-date behaviour support plan was not in place for a number of children who were identified to require such support. There was a policy and procedural guideline in place for providing positive supports in response to behaviours that challenge, dated September 2016. Records showed that a number of staff were due to attend training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviours that were challenging for individual children. Behaviour support checklists were in place for a number of the children. The provider had a paediatrician and psychologist who could be accessed by the centre.

There were a number of environmental and physical restraints being used in the centre for children's safety which were not considered by the inspector to be of concern. A restrictive practice register was in place. It was noted that the providers human rights committee had approved and reviewed restrictive practices in place. There was evidence that all restrictive practices were regularly reviewed and monitored by the multidisciplinary team. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

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):

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

Findings:

Children's healthcare needs were met in line with their personal plans and assessments.

The children availing of respite in the centre had minimal medical needs and or support requirements. Each child's health needs were appropriately assessed and met by the care provided in the centre. Each of the children had an up-to-date emergency medical treatment transport sheet with appropriate information should a child require to be transferred to hospital in the event of an emergency. The providers paediatrician reviewed all children availing of the respite service on at least an annual basis.

The centre had a fully equipped kitchen come dining area. There was a policy on food and nutrition in place, dated December 2014. The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for the children in the centre. Parents spoken with outlined that food prepared in the centre was to their child's liking and considered to be of a good quality.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure the safe management and administration of medications. However, there were some improvements required in terms of record keeping practices.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children, dated May 2015. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of all medicines. The processes in place for the handling and storage of medicines were safe and in accordance with current guidelines and legislation. The inspector reviewed a sample of four prescription and administration records for children and overall found that they had been appropriately completed, However, a photo of the service user was not available on the sample of files reviewed which is contrary to best practice and the providers policy.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to service users' families. It was determined that it was not appropriate for any of the children availing of respite in the centre to be responsible for their own medications, following a medication assessment. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector reviewed records for monthly medication audits undertaken in the centre which showed a good level of compliance and where issues were identified that appropriate actions had been taken.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. Parents spoken with, as part of the inspection, described the person in charge as approachable and open to hear their views. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for the children availing of respite in the centre. The person in charge was in a full time post and did not hold responsibilities in any other centre. She reported to the acting programme manager, who in turn reports to the director of service. (The programme manager was on extended leave at the time of inspection). There was evidence that the person in charge and acting programme manager had formal supervision on a regular basis where performance development and review were discussed. The person in charge had a background as a disability nurse but had

recently completed a leadership and management course. She participated in a number of duty shifts each week which were reflected on the duty roster.

As per regulatory requirements, the provider had undertaken an annual review for 2015 of the quality and safety of care in the centre. At the time of the last inspection, inspectors identified that a six monthly unannounced visit to the centre had not been undertaken by the provider. On this inspection, the inspector noted that unannounced visits had been undertaken in May and November 2016 as per the regulatory requirements. There was an action plan in place to address issues identified in these visits. Good progress was being made in monitoring and addressing issues identified. The inspector reviewed questionnaires which had been completed by families regarding the quality and safety of the service. These were noted to be complementary of the service. There was evidence that all accident and incidents reports and risks were reviewed by the acting programme manager and person in charge, It was noted that relevant matters were discussed with the director of service.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and for the safe delivery of services. However, staff supervision arrangements required improvement.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children availing of respite in the centre. There was a vacancy of one and a half whole time equivalent staff positions but this was being covered by regular locum staff. It was

reported that recruitment was underway to secure the full staffing complement. There was an actual and planned staff roster in place. The majority of the staff team had worked in the centre for an extended period. This meant that children had some continuity in their care givers.

There was a staff recruitment policy in place, dated January 2015. There were also recruitment and selection guidelines for managers, dated January 2015. The inspector reviewed a sample of four staff files and found that the information as required by schedule 2 of the regulations was in place.

A training programme was in place for staff which was coordinated by the providers quality enhancement directorate. There was a staff training and development policy, dated March 2014. A staff training needs analysis had been undertaken. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre. Training records showed that the majority of staff were up to date with mandatory training requirements. The inspector identified that eight staff were due to attend refresher training in dealing with behaviours that challenge.

There were staff supervision arrangements in place but these were not always found to be adequate or in line with the providers policy on supervision. The inspector reviewed a sample of supervision files and found that a small number of staff had not received formal supervised on a regular or consistent basis. One staff member had been working in the centre for over a one year period but had not had formal supervision during this period.

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

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate

**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 Brothers of Charity Services Ireland
Centre ID:	OSV-0005005
Date of Inspection:	14 and 15 March 2017
Date of response:	01 May 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:

One of the young people living in the centre had recently turned 18 and was continuing in full time education until June 2017. However, arrangements for the young person to transition to adult services had not been agreed and an adult placement for the young person had not been confirmed at the time of inspection.

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

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

The PIC and Children's Programme Manager continue to liaise with Adult Services Management regarding future services and supports for one young person who is due to transition to adult services.

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A number of individual risk assessments for children were overdue for review.

2. 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 PIC will ensure that all risk assessments that are overdue for review for some children will be reviewed.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

A number of children availing of respite in the centre had not attended a fire drill for an extended period.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The PIC will ensure that all children availing of respite in the centre will participate in at least one fire drill during the course of the year and that the PEEP's (personal emergency egress plan) are updated as required.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

There was no evidence that a servicing contract was in place for the fire alarm system which had not been serviced for an extended period.

4. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

A servicing contract will be put in place for the routine servicing of the fire alarm system.

Proposed Timescale: 31/05/2017

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:

An up-to-date behaviour support plan was not in place for a number of children who were identified to require such support.

5. 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:

The PIC will ensure that behaviour support plans will be reviewed/in place for all children who are identified to require such support

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

A photo of the service user was not available on the sample of files reviewed which is contrary to best practice and the provider's policy.

6. Action Required:

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

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

The action has been addressed. All children's IMARS have a photo attached as required.
Proposed Timescale: Completed as of 16/03/2017

Proposed Timescale: 16/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

A small number of staff had not received formal supervised on a regular or consistent basis.

7. 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:

The PIC will ensure that all staff receive Support & Supervision in line with the organisation's policy and will conduct at least three individual Support & Supervision meetings with each staff member during the course of the year

Proposed Timescale: 31/12/2017