



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	OCS-SM
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	13 January 2020
Centre ID:	OSV-0004030
Fieldwork ID:	MON-0022668

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides respite/short breaks for up to six children, both male and female with an intellectual disability, with complex needs, aged 5-18 years. The number of children availing of a respite break at any time can vary depending on childrens' assessed needs. The centre is a single story premises located on the grounds of a large campus in an urban area in Dublin. There are six bedrooms, a large combined sitting/dining room and a smaller sitting room at the other end of the house. There is a large secure back garden with some items for children to play with. It has access to many amenities such as good local transport links, and local access to public parks and shops. Residents availing of respite also have access to the campus facilities include a playing field, playground, sensory garden and gymnasium. The aim of the centre is to provide a warm, clean, fun and safe environment for children accessing the service for their respite break. Crisis care is also provided in the centre in line with the centres' admission procedures. Children are supported on a 24 hour basis by a person in charge, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 January 2020	09:30hrs to 15:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector of social services had the opportunity to meet four of the children availing of a respite break during the inspection. Throughout the inspection, the children appeared happy and comfortable in the centre and with the support offered by staff. The inspector observed one child enjoying 1:1 time with staff members throughout the day. They were observed, smiling and having fun while engaging in different activities of their choosing during the day. Staff members supporting them were observed to be respectful and focused on ensuring this child was enjoying activities of their choice during the day.

The inspector only had the opportunity to briefly engage with the other 3 children when they arrived in the centre for the first day of their respite break. They were observed engaging in a residents meeting supported by three staff. They all appeared content as staff chatted to them in relation to plans for their respite stay and events which had happened in their lives since their last respite admission, such as birthday parties and other events in school.

Three satisfaction questionnaires were completed prior to the inspection and presented to the inspector for review during the inspection. One of these questionnaires was completed by the advocacy group in the centre during their most recent meeting. This questionnaire indicated that the children were happy with the care and support in the centre, the staff in the centre and the level of activities they engaged in during their respite break. The staff who supported the advocacy group to complete the questionnaire described to the inspector how the group contributed to the questionnaire and how much they enjoyed talking about elements of their care and support in the centre including reflecting on how much they were achieving for their peers through actions completed by their group. The other two questionnaires were completed by childrens' representatives. They were both complimentary towards care and support for children in the centre and both referred to how helpful staff were.

Capacity and capability

Overall, the inspector found that the centre was well managed and that the provider and person in charge were monitoring the quality and safety of care and support for children during their respite breaks. They were identifying areas for improvement and completing the required actions to make these improvements.

This inspection was facilitated by the person in charge. They were found to be knowledgeable in relation to childrens' care and support needs and their responsibilities in relation to the regulations. They were motivated to ensure that

each child was safe and enjoyed their respite break. The person participating in the management of the designated centre (PPIM) and service manager were also available during the inspection and attended the feedback at the end of the inspection. The person in charge, PPIM and service manager were meeting regularly and had systems in place to monitor the quality and safety of care and support for children. They also had systems to support staff to carry out their roles and responsibilities to the best of their abilities. The provider was completing an annual review of care and support in the centre and six-monthly reviews in line with the requirements of the regulations. There was evidence that actions from these reviews were being completed in line with the timeframes identified in them. The provider had recognised in the latest annual review that they needed to complete the next annual review in a more timely manner and that they needed to include more formal feedback and input from children or their representatives in the next review.

A number of audits were being completed in the centre regularly and there was evidence that these were identifying areas for improvement and that the majority of actions from these reviews were being completed. There were regular staff meetings held and staff's responsibilities in relation to attending these and making a contribution were clearly outlined in a document available in the staff meeting folder. In addition to the organisation's policies and procedures, there were area specific policies, procedures and guidelines available in the centre.

There was a skilled and competent team of staff supporting children to enjoy their respite break in accordance with their needs and preferences. Staff were knowledgeable in relation to their support needs and their personalities and interests. The inspector observed respectful and friendly interactions between staff and children. Staff were observed chatting with children and delivering support and assistance in a manner which was respectful and dignified. The inspector reviewed a sample of rosters for the centre which clearly showed that regular staff were consistently available to support residents. The centre had its full staff compliment, regular relief staff were covering planned and unplanned leave. There was evidence of minimal usage of agency staff. The inspector reviewed staff files prior to the inspection in the organisations' human resources department and found that a number of the files reviewed did not contain all of the information required by the regulations. During the inspection, the provider showed the inspector evidence that some of these documents were now in place.

Staff had access to training and refreshers in line with the organisations policies and procedures. However, a number of staff had not completed training or refreshers in line with these. The person in charge had completed a training gap analysis for staff and contacted the training department to find out the next available dates for these trainings. However, not all staff had been booked on these training sessions at the time of the inspection. Staff were in receipt of regular support and supervision, including annual performance development reviews. These reviews gave staff opportunities to identify where they were performing well, areas they were having difficulties with, and their goals and skills they may wish to develop to further enhance their performance. An action plan was then put in place to address any concerns or to put supports in place for staff to reach their goals.

There were admissions policies and procedures in place which included the procedures for crisis admissions to the centre. These were also outlined in the centre's statement of purpose. The inspectors reviewed a sample of childrens' contracts of care for their respite breaks and found that they clearly outlined details of the support, care and welfare to be provided, the services and facilities provided and the fees to be charged. They were reviewed regularly and updated as necessary.

The inspector reviewed records relating to accidents and incidents in the centre and found that all of those which were required to be notified to the Chief inspector, had been, in line with the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The information required by the regulations was submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Children were supported by a stable staff team with planned and unplanned leave being mostly covered by a panel of relief staff. There was evidence of minimal use of agency staff. There were planned and actual rosters in place which were well maintained. The inspector reviewed a number of staff files prior to the inspection and found that they did not contain all the information required by the regulations. During the inspection, the inspector was shown evidence that some of this documentation was now in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with the organisations policies and procedures. A number of staff had not completed some of these required training or refreshers. The person in charge had completed a gap analysis and contacted the training department to identify dates for upcoming training. However, all staff were not yet booked onto these trainings and refreshers. Formal staff supervision was being completed with staff to support staff to carry out their roles and responsibilities to the best of their abilities.

Judgment: Substantially compliant

Regulation 22: Insurance

Children were protected by the insurance in place for the centre in relation to personal injury and third party property damage.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well managed. There were clearly defined management structures which were ensuring that children were in receipt of a good quality and safe service during their respite break. There were systems in place to monitor the quality of the care and support for children including the annual and six-monthly reviews by the provider or their representative and audits were being completed regularly in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were admissions policies and procedures in place, including the procedures for crisis admissions. The inspector reviewed a number of childrens' contracts of care and found that they contained the information required by the regulations and were being reviewed and updated regularly.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief inspector was notified in writing of all incidents occurring in the centre which required to be notified, in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, children were in receipt of a good quality and safe service. They were being supported to enjoy their respite breaks and to engage in activities they enjoyed during their break. They were supported by a team of staff who were knowledgeable in relation to their care and support needs. Groupings were reviewed and changed as necessary to ensure children attending respite together were compatible.

The premises was found to be clean, warm and comfortable. It was well maintained and designed and laid out to meet the number and needs of children. There was adequate private and communal accommodation for children and storage for childrens' belongings during their respite break. Children had access to an enclosed garden and access to age-appropriate play and recreational facilities. Plans were in place to install additional play equipment in the garden and the advocacy group in the centre were in the process of securing money to get additional equipment for the sensory room. The centre was located on a campus and children had access to facilities on the campus and it was close to a variety of local shops and amenities.

Each of the 44 children currently accessing respite breaks in the centre had an assessment of need and action plans developed. The inspector viewed a sample of these and they were child centred and clearly guiding staff to support them in line with their care and support needs and their wishes and preferences. There was evidence that they were being regularly reviewed to ensure they were effective and reflective of childrens' current needs. There was evidence of annual reviews with childrens' representatives and relevant members of the multidisciplinary team. Keyworkers were completing quarterly reviews and developing action plans for which documents required review and update. Accessible personal plans were in development in the centre. There was a project group looking at improving the accessibility of care plans for young people. This group were working with speech and language and information technology to develop audio/visual care plans for children. In addition, the inspector viewed a sample of childrens' personal plans which were available in an accessible format. They included pictures which were interchangeable and represented childrens' care and support needs and their likes, dislikes and preferences.

Children in the centre were protected by appropriate risk management policies,

procedures and practices. There were systems in place for keeping children safe while responding to emergencies. There was a risk register and general and individual risk assessments in line with the young peoples' needs. There was evidence of regular review and update of risk assessments in line with their changing needs and learning following incidents.

There were suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Practice evacuation drills were conducted regularly to ensure children and staff were familiar with what to do and how to efficiently and safely get out of the building. Records of these drills identified the procedures followed and learning following them. Each child had a personal emergency evacuation plan which clearly outlined their assistance and communication needs in the event of emergency. There was evidence that these were reviewed regularly and changes made in line with learning from fire drills.

Children were protected by the policies, procedures and practices in the centre in relation to safeguarding. Staff were in receipt of training to support them to be aware of and know the steps to follow, if they were to become aware of any allegation or suspicion of abuse in the centre. From reviewing incident reports and notifications for the centre, it was evident that allegations or suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Childrens' intimate care needs were assessed and plans were in place which clearly guided staff in relation to their needs, wishes and preferences.

Overall, children were protected by the policies, procedures and practices in relation to medication management in the centre. The provider was recognising the need to make further improvements in relation to medication management, particularly relating to documentation. Since the last inspection, a complete review of the medication systems in place in the centre had been made. A staff member had been assigned a role to review medication practices and policies in the organisation and the person in charge and PPIM were sitting on the service sub committee who were reviewing the medication policy in the organisation. A number of improvements had been made including sourcing a medication fridge with a secure lock, a review of documentation systems and the addition of a number of medication related audit and checking systems. There were two medication systems being used in the centre during the last inspection, there was now one medication system in use. There were a number of audits completed in the centre in relation to medication management. However, there was a lack of evidence that the actions following these audits were being completed or followed up on.

Regulation 17: Premises

The centre was clean, comfortable, spacious and well maintained. It contained plenty of private and communal space for children to enjoy during their respite break. They had access to a garden and some outdoor toys. Plans were in place to

install further play equipment in the back garden. The advocacy group in the centre were also in the process of sourcing money to get additional equipment for the sensory room in the centre.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was in place and available for children in the centre. It contained the information required by the regulations and was available in an accessible format.

Judgment: Compliant

Regulation 26: Risk management procedures

Children were protected by the the risk management policies, procedures and practices in the centre. There was a risk register and this and general and individual risk assessments were developed and reviewed as necessary. There were systems in place to respond to emergencies and systems in place to ensure the vehicles in the centre was serviced regularly and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Children were protected by the polices, procedures and practices relating to fire in the centre. There was evidence that fire equipment was maintained and regularly serviced. Regular fire drills were held and children had personal emergency evacuation plans in place which clearly outlined any support they required in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence that the provider was recognising areas for improvement in relation to medication management, particularly relating to documentation. A

number of improvements had been made in relation to medication systems and audits since the last inspection. However, the inspector reviewed a number of audits where there was a lack of evidence that the required actions had been completed or followed up on.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Children had an assessment of need and action plans which clearly guided staff to support them. There was evidence that these documents were reviewed and updated regularly.

Judgment: Compliant

Regulation 8: Protection

Children were protected by the policies, procedures and practices relating to safeguarding in the centre. All allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for OCS-SM OSV-0004030

Inspection ID: MON-0022668

Date of inspection: 13/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Work History Form was completed on 13-01-2020 for 2 staff members whereby gaps in employment history were identified. Vetting for one staff member that was identified as outstanding was completed in October 2019 and presented on day of inspection. One staff member had two job descriptions on file, this was rectified and confirmed by HR on 04/02/2020. One staff member identified as relief staff confirmed and is no longer working in the designated centre. HR department have confirmed that all staff files of the designated centre have been reviewed and all documentation as required under schedule 2 will be in place from 10/02/2020.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff members that have recently transferred to the designated centre have been booked on all required mandatory training to ensure that they are completed by the 31st of March 2020. Refresher training has been completed for staff members requiring hand hygiene training on 15th, 16th and 22nd of January 2020. Supervision is on-going and annual performance reviews allow staff members to outline training needs and any continuous professional development that they wish to pursue. Staff have informal supervision in the form of monthly Unit Meetings and formal individual supervision every 12 weeks or sooner if needed. Annual Performance Development Reviews are scheduled for November 2020. Training needs analysis is completed at local level annually and forwarded to Service Manager and PPIM. External calendar of continuing professional education programmes available at local level and staff members wishing to pursue	

courses provided by CCNE (Centre of Children's Nurse Education) that are relevant to the care needs of children and young people accessing short breaks. Organisational policy in situ whereby staff members can apply to Service Manager to be granted time off and for funding to be granted for same if required for external courses that are relevant to the care needs of children/young people. Shared learning from these types of courses are done at local level via staff meetings and information available in CPD folder in office area which all staff members have access to.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

PIC and Project Officer to meet with regard to ensuring that the audit system for medication ensures that actions highlighted from weekly audits is being completed and followed up. Amendments will be made to audit form to include a review by the PIC to ensure adherence to action plan identified in the audit. Amendment to be added by the 2nd of March 2020 and same will be discussed at staff meetings at local level on a monthly basis. Staff Nurses completing audit must ensure that feedback from same is communicated to all staff nurses and PIC via communication book. PIC will review audits on fortnightly basis. Issues arising from audits that can be completed at local level will be done by staff nurses in liaison with PIC and, family members as they are responsible for ensuring that medication prescription booklets are updated and reviewed by GP/Prescriber when required. Staff nurses must also on a 6 monthly basis review medication prescription booklets and give families timely notice that a review by GP/Prescriber is required. Issues with regard to the prescriber have been noted and have been escalated by Service Manager to clinical director and issues that cannot be resolved at local level have been highlighted by PPIM to organizational drugs and therapeutic committee for review.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	10/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2020
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	02/03/2020

	storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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