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Felicity House, OSV-0007723, 03 November 2020

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

Issued by the Chief Inspector

Name of designated centre:	Felicity House
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	03 November 2020
Centre ID:	OSV-0007723
Fieldwork ID:	MON-0030234

About the designated centre

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

Felicity House provides full-time residential care for up to seven children, both male and female, presenting with intellectual disability, autism, basic medical needs and who may display behaviours of concern. The centre consists of a house and an apartment, which are co-located. The apartment offers a kitchen/living area, bedroom and shower room. The house offers 6 bedrooms, two sitting rooms, two kitchens, a play room, a sun room and a utility. Staff also have a room in the main house. The resident in the apartment lives alone but socialises in the main house with peers. Outside the children have access to a secure garden with poly-tunnel and other outdoor recreational equipment. The centre is located in a rural setting and has access to two vehicles for accessing the local community.

Services offered are designed to meet social, emotional, psychological, physical, intimate care and healthcare needs of children. Care plans are tailored in accordance with the child where practicable, their families and the multi-disciplinary team. The staff ratio outlined in the statement of purpose is eight staff for seven children during the day and two waking night staff at night. The staff team consists of social care workers. Multidisciplinary support is provided through access to a clinical psychologist, behavioural support specialist, occupational therapist, occupational assistant, psychiatrist and a nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 3 November 2020	10:00hrs to 16:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre is home to seven children and while all seven were present on the day of inspection the inspector only met with four. This was due to children coming home from school at different times and some appointments that were attended after school. This inspection took place in the middle of the COVID-19 pandemic and the inspector reviewed documentation in a separate area of the centre and adhered to national guidance when in the centre and engaging with others.

Some of the children currently have part time placements in education and as such were in the centre for a number of hours in the morning. They were seen to be engaged by staff in activities they enjoyed, in spending time outside playing and interacting with staff while relaxing in the sitting rooms. Staff demonstrated good awareness of when they needed to adapt their interaction style to maintain positive communication experiences with the children.

One child who liked to draw with chalk had had a wall painted with blackboard paint in their personal space and there had been tunnels and small spaces created within the room to allow the child to meet their sensory needs. Staff were seen to use strategies in a fun but consistent manner in their interactions. One child wishing to relax was in their bedroom on the beanbag with the lights dimmed and a coloured globe projected multi-coloured lights within their space. This was seen to facilitate the transition from school to home.

Other children were observed gathered around the kitchen table and one requested an after school snack using a symbol communication system which staff then prepared. Children were relaxed and happy in all their interactions with staff and were familiar with routines in their home.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for children in this centre. There were clearly defined management structures in place which identified the lines of authority and accountability. This centre was newly registered and this was the first inspection since children had moved in.

Within the centre the person in charge was supported by a full time centre manager. There had been six monthly unannounced visits as required by the regulations with specific action plans arising from the completion of these. It was evident that improvements were made as a result of the findings of these reviews which were

positively impacting on children living in the centre.

There was a suite of audits being completed including; food audits, infection control audits, supervision audits, care plan audits, medication audits, person in charge observations and health and safety walk around audits. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as management meetings, service area meetings for all persons in charge in that geographical area and staff meetings. Childrens' care and support needs were central on the agenda of all of these meetings.

The inspector found that the children appeared happy, relaxed and at ease with the support offered to them by staff. Staff were observed by the inspector to be caring and respectful in all interactions with the children. The staff who spoke with the inspector were knowledgeable in relation to the childrens' needs and likes and dislikes. There were sufficient staff numbers to meet the assessed needs of the children as identified in the centre statement of purpose. The children were supported at night by three waking staff and the provider has a support system in place with additional staff on call who are available at short notice to provide cover or take a child to an urgent appointment or collect required items.

On reviewing training records staff had completed training and refreshers in line with childrens' assessed needs. In addition they had completed additional training in line with childrens' needs such as communication and alternative and augmentative communication, picture exchange communication systems, autism, epilepsy, restrictive practice and health and safety. All staff had additionally completed training in infection prevention and control, hand hygiene and personal protective equipment (PPE) use. Certain staff has been allocated specific duties such as responsibility for medication or fire safety and they spoke to the inspector about the additional responsibilities they had. Staff were in receipt of regular formal supervision to support them to effectively carry out their duties.

The inspector reviewed contracts of care in place for the children on moving into the centre. These outlined the terms against which the children would live in the centre and identified any relevant charges or services to be provided. A pre-admission risk assessment had been completed. The provider had additionally completed compatibility and impact assessments for each child and all others they would be sharing their home with.

The provider had a clearly documented complaints procedure in place with an easy to read and symbol supported version also available. There had been no complaints received since the centre had opened however in contrast over 60 compliments had been received. The person in charge and centre manager also took any comments they received seriously and these were treated as pre-complaints and dealt with in a transparent manner.

Regulation 15: Staffing

Staff were knowledgeable in relation to childrens' care and support needs. From reviews of rosters and observations on the day there were sufficient numbers of staff to meet the assessed needs of the children in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with childrens' needs. They had also completed additional training in line with infection prevention and control and were in receipt of regular formal supervision to support them to carry out their roles and responsibilities effectively.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre was well managed and that children were in receipt of person-centred care and supports. The management team were meeting regularly to monitor care and support and identifying areas for improvement and putting plans in place to complete actions to bring about these improvements. There was a suite of audits being completed which were bringing about positive changes for children.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been pre-admission risk and compatibility impact assessments completed in line with the providers policy. All children had detailed contracts for provision of service in place.

Judgment: Compliant

Regulation 3: Statement of purpose

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all incidents and adverse events that had occurred in the centre and those that required notification to the Chief Inspector of Social Services had been within the time lines set by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a detailed complaints policy and associated procedures in place. Procedures were available in formats accessible for children. No complaints had been received as yet in the centre however there had been a number of compliments.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality of the service provided to children living in this centre was good. Each child was supported in a person-centred manner in keeping with their assessed needs and preferences.

The inspector found that both premises, the main house and the annex were clean and homely with children's individual spaces personal to them. There was adequate private and communal space for children with a number of areas identified where children could spend quiet time if they preferred. Rooms were of a suitable size and layout to meet children's needs. Children had suitable storage to store their personal belongings. Consideration to the location of the tumble dryer was required and this was discussed on the day of the inspection as it was in the hallway of the annex rather than in a utility area. This meant that all staff were entering an individual child's living area to access the machine although the centre manager ensured this did not occur when the child was at home. The inspector found that children had access to appropriate facilities for play in line with their interests. They had access

to equipment for play both indoors and outdoors and were observed using same on the day of inspection.

The inspector found that children had an assessment of need in place and care plans in line with their assessed needs. These care plans clearly guiding staff to support children. There was evidence of regular review and update of personal plans to ensure they were effective and changes were made in line with childrens' changing needs. Each child had access to the support of a keyworker. The inspector reviewed daily notes for the children and could see that the activities on a daily basis complemented goals set in addition to highlighting areas that may require review. These records were reviewed and audited by the centre manager and person in charge.

Children had communication support plans in place as required which outlined how they liked information to be presented, how they received information, how they made decisions and how staff could support them to understand. They had care plans developed as required and detailed all about me documents which clearly outlined their communication needs and preferences. Social stories were developed to support children as required. Pictures and accessible documentation were in use throughout the centre such as visual schedules, an accessible area specific young persons protection policy, complaints procedure, information for respite and how to access advocacy services. Some of the children used specialised augmentative and alternative communication systems and staff had been trained to use them and to support the children in the development of their communication.

There were suitable arrangements to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each child had a personal emergency evacuation procedure. Fire evacuation procedures were available in a format accessible to children using the service and there was a social story available in relation to safe evacuation in the event of an emergency. There was evidence that personal emergency evacuation procedures were reviewed regularly and that changes were made in line with learning from fire drills. This included a new phased evacuation procedure for use at night.

Children were protected by risk management policies, practices and procedures. There was a system in place for keeping them safe while responding to emergencies and there were systems in place to identify, record, investigate and learn from incidents. A risk assessment of the systems utilised to keep children safe while responding to emergencies was completed on the day of inspection and reflected the new phased evacuation plan. There was a risk register and evidence that it was reviewed and updated regularly. General and individual risk assessments were reviewed and updated as required. There was evidence that vehicles were regularly serviced, insured and equipped with appropriate safety equipment. Staff spoken with outlined the vehicle cleaning and safe use procedures in relation to COVID-19.

Children were supported to manage their behaviour. Positive behaviour support plans in place clearly guided staff practice to support them. They included proactive

and reactive strategies. Additionally, they outlined known triggers for children and the function of some of the behaviours of concern as communicative attempts. Protocols were in place to guide staff in supporting children in situations known to be difficult for them such as waiting for the school bus or transitioning home after a day in school. There was evidence that they were reviewed and updated regularly in line with childrens' changing needs. There was evidence that restrictive practices were regularly reviewed to ensure the least restrictive measures were used for the least amount of time. Restrictive practices in place were also reviewed by the providers 'rights and restrictive practice' committee.

The inspector found that the provider and person in charge were proactively protecting children from abuse. There were policies and procedures in place and staff had access to training appropriate to their role and responsibilities in relation to child protection. Allegations were appropriately investigated and followed up on in line with national guidance and reported to the Office of the Chief Inspector as required. Where children required support with personal care plans were in place giving detailed guidance to staff.

The registered provider and person in charge had policies and procedures in place to keep children protected from infection. These had been reviewed and updated as required to include supports and systems required for COVID-19. There was accessible and child friendly COVID-19 information on display and records were maintained for temperatures for all children and staff. Additional cleaning schedules were in place and adhered to. A member of staff had been designated as responsible for infection prevention and control and they carried out weekly checks on matters such as cleaning and PPE supplies, procedures for soiled laundry and storage of mops and other cleaning equipment. These checks were in addition to those completed by the person in charge and the provider. Staff were observed to wear personal protective equipment as per national guidance and there were designated sinks for hand hygiene and easy access to hand sanitising gels. There was a 'stop, pause and check' system in place for all who entered the centre and both staff meetings and management meetings had COVID-19 as a standing agenda item.

Regulation 10: Communication

Children were supported to communicate in line with their needs and ability. They had communication passports and support plans in place. Where some children used augmentative and alternative communication systems, staff were seen to be familiar with these. Accessible information was available throughout the centre to support them to communicate their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Children were supported to participate in activities in accordance with their wishes. They had opportunities to play and age appropriate opportunities to be alone. They had access to equipment to play both indoors and outdoors.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for children and the physical environment was clean. Placement of the tumble dryer required review and this was discussed on the day.

Judgment: Compliant

Regulation 26: Risk management procedures

Children were protected by the risk management policies, procedures and practices in the centre. Arrangements were in place for the identification, recording and review of incidents. There were systems in place to respond to emergencies and the specific risk assessments for some of these were finalised on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were policies and procedures in place to protect the children from the risk of infection and these had been updated to include COVID-19. Staff were observed to wear masks in line with national guidance and adhered to cleaning and other schedules in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Children were protected by the policies, procedures and practices in place to detect, contain and extinguish fires. Staff had completed suitable training and fire drills were being completed regularly. Childrens' personal emergency evacuation plans were updated regularly and in line with learning following drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each child had an assessment of need completed and care plans and risk assessments were developed as required. There was evidence that childrens' personal plans were reviewed regularly with multidisciplinary team meetings scheduled at least annually

Judgment: Compliant

Regulation 7: Positive behavioural support

Children had positive behaviour support plans in place to support them to manage their behaviour. In addition they had care plans and risk assessments developed as required. Staff who spoke with the inspector were knowledgeable in relation to childrens' support needs. Audits of restrictive practices were being completed to ensure the least restrictive measures were being used for the least amount of time.

Judgment: Compliant

Regulation 8: Protection

Children were being protected from abuse through appropriate policies, procedures and practices. Processes for dealing with allegations were in line with national guidance.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant