

# eDeposit Ireland

## A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited, Clare

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002032
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Enable Ireland Disability Services Limited
<b>Provider Nominee:</b>	Fidelma Murphy
<b>Lead inspector:</b>	Tom Flanagan
<b>Support inspector(s):</b>	Paul Tierney;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
02 April 2014 09:15	02 April 2014 17:00
03 April 2014 09:15	03 April 2014 16:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
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
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of the centre carried out by the Authority. According to its statement of purpose, Enable Ireland provided overnight and day respite in the form of sleepover clubs, Saturday clubs, after-school clubs and holiday camps in the centre. The children who took part were already in receipt of a family support service at home and had intellectual disabilities and/or autism spectrum disorders. As part of this inspection, inspectors met with children, staff members, the person in charge, the provider nominee and spoke by telephone to some of the parents. Questionnaires completed by children and their parents were also received by the Authority. Inspectors observed practices and reviewed documentation.

The centre was located in a rented premises, which was a very large two-storey house close to a main road on the outskirts of a town. An enclosed garden to the rear of the centre contained a lawn and garden furniture and provided space for children to play. Car parking was provided to the front of the premises.

Two children were receiving a short respite service on the first day of inspection and five on the second day. Some of the children were high functioning while others were less able and required more staff support. All of the children were engaged in an educational programme in one of the special schools in the area.

Inspectors found that the service provided opportunities for children to enjoy a short respite break from home and develop social skills and friendships with their peers. Children received a child-centred service in an environment which was comfortable, supportive and generally safe. Care was delivered by a committed and skilled staff team. Evidence of good practice was found across all of the outcomes inspected. However, areas for improvement were also identified and these areas included risk management and safety, governance and management, staff supervision and policies and procedures.

These and other improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to support children's rights, to promote their dignity and to ensure that they were consulted in relation to their care.

The person in charge told inspectors that each respite break began with a welcome meeting during which the children were invited to make suggestions regarding the timetable of events for their brief stay. Inspectors observed one such meeting and found that it offered the children an opportunity to influence decision making in the centre and to take a degree of ownership and responsibility for their programme while in the centre.

The respite coordinator and key worker were proactive in contacting parents of the children prior to respite breaks and eliciting feedback about the service provided afterwards. In their statement of purpose, the service promoted the use of advocates and stated that chosen advocates were welcome to represent the views of the children at various meetings. As there was no agency providing advocacy for children with disabilities in the area, parents were the main advocates for their children and some parents who completed questionnaires said that they were fully informed of the rights of the child.

There were policies and procedures for the management of complaints, which included a commitment to resolve the complaint quickly, contact the complainant in writing with the outcome of the investigation and to set out the action taken. There was also an appeals process in the event of a complainant not being satisfied with the outcome. A complaints log was available for use but the person in charge told inspectors that no complaint had been received about the staff or service. Parents who spoke to inspectors

or completed questionnaires in conjunction with their children had no complaints.

Parents who spoke with inspectors and those who completed questionnaires said that their children were treated with dignity and respect. The majority of children enjoyed a great deal of privacy and slept in single rooms. Only friends who expressed the wish to share a room did so. The premises was large enough to facilitate children who needed space to have it and all rooms, including bedrooms, provided more than adequate space. Some children were given the opportunity for quiet or rest time in their rooms should they require it. Staff told inspectors that they were conscious of preserving the children's privacy and dignity while providing personal care in line with the centre's policy on intimate care. Staff were required to seek consent where appropriate before personal care giving and to knock on bedroom doors before entering.

Systems were in place to ensure that children's belongings and finances were protected. Inventories of belongings were recorded on arrival. A sufficient number of wardrobes and bedside lockers were provided for the safe storage of children's belongings. Secure storage was available if monies were required to be stored on behalf of children.

Children's capacity to exercise choice in their daily lives and routines was respected and facilitated. Children were invited to state their likes/dislikes or, if they were unable to make these known, their parents were asked to make these known on their behalf. The system, whereby children were cared for by the same staff on each respite break, ensured that staff became familiar with the children and their particular needs. Small stocks of food were maintained in the centre and there were no set menus. Instead, children had choices with regard to the food they ate and food was bought once the children had expressed their preferences.

Children had opportunities to participate in activities that were meaningful to them, and which suited their needs, interests and capacities. The respite break gave children the opportunity to spend quality time outside of school with their friends. Records showed that children took part in a range of leisure activities together. These included playing together within the centre, sharing meals together and going on trips to places of interest or engaging in a wide range of activities such as bowling, swimming, horse riding, kayaking and going to the cinema. A stock of toys and games were also available in the centre. One child who completed a questionnaire said that she enjoyed accompanying staff on shopping trips and also enjoyed helping with the cooking.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Staff were aware of the individual communication needs of children and they supported children to communicate their needs and choices. Each child's personal plan contained a communications passport in which their individual communication needs were set out. Staff who spoke with inspectors demonstrated their familiarity with the children's needs and how best to respond to them. Inspectors observed good communication and interactions between staff and children during the inspection. For example, a staff member used pictures with one child in advance of going shopping to assist her in choosing what she wished to have for dinner.

The communication needs of children who availed of the service varied hugely. Some children had well-developed verbal skills while other children required support to express themselves in a way that could be understood. Staff had received some training in communicating by means of sign language and were familiar with the use of pictures or photographs to facilitate the expression of choices and preferences.

All the children who availed of the service lived in the community. On their overnight respite breaks they had access to television and dvds. Some of the children on respite brought their own electronic devices such as laptops or tablets. However, there was no computer available in the centre or internet access which could be used for both leisure and learning purposes.

**Judgment:**

Non Compliant - Minor

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Children were supported to maintain their relationships and develop links with the community.

Parents were offered the opportunity to visit the centre with their child prior to the commencement of their respite service. This was confirmed by parents and children in completed questionnaires. Before each respite break the key worker contacted the

parents to ask about any new information that staff should be aware of. This information may include concerns that have arisen for or about the child, changes in medication or diet. Records of this contact were maintained on the children's files. The key worker also established what clothing, money, specialist pieces of equipment and personal electronic equipment the child would be bringing to the centre. The statement of purpose stated that families were welcome to visit the centre, being mindful of the needs of other children. They were also encouraged to contact their children by telephone during their brief stay if they wished and the staff confirmed that children were facilitated to make and receive calls from their families. There was also evidence that parents were involved in the development of their child's personal plans and their review.

Children were encouraged to use community facilities. As the centre was located on the outskirts of town, transport was provided by the centre. Children participated in shopping trips and availed of local community facilities such as the swimming pool, cinema and places of interest. Children who completed questionnaires said how much they enjoyed going out and taking part in activities in the locality.

Emphasis was placed on the mix of children taking part in each respite break. As the respite breaks were of one night duration, they functioned as an opportunity for children to meet their friends and enjoy social interaction similar to their peers.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Admissions were in line with transparent criteria outlined in the Statement of Purpose. Following an application by the parents for services, the respite coordinator undertook a home visit and carried out an assessment of the child's and family's needs. The particular needs and the safety of the child and those of other children availing of respite services were then taken into account before a respite placement was offered.

Each child had a written contract which set out the services to be provided and this was signed by the parents and a representative of the centre. No fees were charged for the service and costs incurred during the period of respite were borne by the centre.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Children had personal plans that were based on comprehensive assessments and set out their individual needs and choices and the supports they required to enable them to maximise their potential and enjoy a good quality life.

Inspectors viewed the personal plans of seven children. They were developed with the active participation of children and their parents and each was signed by the child, their parents, the key worker and the respite coordinator. The plans were available to children and/or their representative in an accessible format.

The personal plans were based on comprehensive assessments of need undertaken by the respite coordinator, which included visits to the children's homes and discussion with the children and their parents. The assessments were wide-ranging and included all aspects of the children's lives such as health, medical condition, education, sexuality, personal care, communication, activities, eating and drinking and sleep patterns. Inspectors found that these assessments formed the basis of individual plans that were implemented during the respite breaks. The assessment took into account the recommendations of specialist assessments carried out by other professionals but copies of these assessments were not maintained on the children's files.

The children's files also contained their "personal communications passports", which included photos of the children and their description of their routines, interests, feelings and various things they wished the staff to know about them, including the people who were important in their lives.

Staff told inspectors that the children's personal plans were reviewed by staff prior to each respite break and that they would be formally reviewed in conjunction with the

children and their parents on an annual basis. Each plan had a date for review.

Children were supported as they made the transition from home or school. This involved the key worker contacting the children and families in advance to confirm the respite break, discussion with the parents about the current needs/requirements of the children and making the practical arrangements for collecting the children and returning them, usually to school, on the following day. Feedback was provided to the parents on their children's stay and any issues that arose. Inspectors observed the children on their arrival at the centre and on departure and saw that they seemed at ease and comfortable with the centre and the staff.

A child was discharged from the service when they reached 18 years, when they no longer required the service or chose another provider to provide a similar service or when their needs could no longer be met by the service. The respite coordinator told inspectors that she had a role in supporting children in the transition to adult services and that she met with the children, their parents and other professionals to identify suitable opportunities to meet the children's needs.

As the purpose of the respite service was mainly of a social nature and the respite breaks were of very short duration, it was not possible for staff to be involved in in-depth preparation of the children for independent living. Nevertheless, there was evidence that children were encouraged to be involved in decision-making and in giving their opinions. The opportunity to spend time away with their peers was also an opportunity for children to develop their social skills. Staff told inspectors that they were mindful of the children's routines at home and at school and that their interactions with the children were in line with these insofar as possible. Children were also involved in a small way in the practical running of the centre by planning meals, shopping, and assisting with meal preparation, making beds and washing clothes.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre was generally suitable for its stated purpose but

permanent measures needed to be put in place to control risks to the safety of children.

The centre was located in a rented premises, which was a very large two-storey house close to a main road on the outskirts of a town. The layout was as described in the statement of purpose and provided adequate private and communal space. There were seven bedrooms in total, three on the ground floor and four on the first floor. One of the bedrooms was being used as a staff sleepover room and an office space. There were two sitting rooms, a large well-equipped kitchen with dining area and a utility room. Each room had its own en-suite toilet, shower and wash-hand basin.

An enclosed garden to the rear of the centre contained a lawn and garden furniture and provided space for children to play. A basketball hoop and a trampoline were located there also. The area to the front of the centre was used for car parking and was enclosed by a wall and electronic gates.

The centre was well-maintained with plenty of natural light. It had ample space for children to move around. It had sufficient furniture and fittings and was very clean. It was comfortable but not decorated in a child-friendly manner.

Risk assessments had been carried out on the premises and some measures had been put in place to control risks. Access to the attic had been blocked off. Signage alerted people to a change in level on the upstairs floor. Inspectors were concerned that the windows on the first floor posed a safety risk to children. While this risk had already been identified by the provider, measures to control it had not been put in place. During the inspection, the person in charge ensured that the windows were locked and gave a written assurance that they would remain locked until suitable restrictors were put in place.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to promote the health and safety of children visitors and staff. However, the plan to respond to emergencies other than evacuation in the event of a fire required improvement and not all risks were included in the risk register.

There was a health and safety statement in place which was dated January 2014. It was

generic to the organisation but was prescriptive of the systems that were required to be in place in the centre. Inspectors found that it was implemented in the centre. Associated measures were in place to ensure the safety of children, staff and visitors. There was a health and safety representative and a health and safety committee met monthly. A visitors' book was situated at the entrance and there was evidence that the names of persons entering and leaving the centre were recorded. The vehicles used for transporting children were registered and taxed and contained first aid kits, and safety equipment. Arrangements were in place for the vehicles to be checked weekly. A daily transport log was maintained which included details of who was transported, the times and durations of journeys, repairs and any accidents or incidents. The key worker told inspectors that maintenance issues were addressed each week and urgent issues were responded to immediately. The maintenance log recorded the issues, the dates on which they were reported and the work completed and each report was signed off and dated when completed.

Satisfactory procedures were in place for the prevention and control of infection. The premises was clean. A dedicated person was responsible for cleaning two hours per week. There was a written cleaning programme and staff signed and dated when they had cleaned specific areas. Colour-coded cleaning materials were used and all chemicals were kept in secure cupboards. There were sufficient facilities and materials available for hand washing. Staff had undertaken accredited training in food safety management and had the appropriate equipment and facilities to implement this.

A comprehensive risk management policy was in place and was implemented. Accidents and incidents were recorded on specific forms which were signed off by the person in charge. A monthly summary of all incidents was collated and sent to senior management in the organisation for review and a system was in place for an analysis of all accident/incident reports to be carried out every six months by the organisation's national health and safety committee. However, the respite coordinator told inspectors that some errors in medication prescriptions had been noticed by staff who were vigilant in checking the prescription sheets of the children but these errors were not recorded on incident sheets.

Risk assessments were carried out on each child using the centre and copies maintained in their files. A range of centre-specific risk assessments were carried out in March 2014 and were maintained in a risk register. The assessments were wide-ranging and identified specific risks, the measures in place to control them, any additional controls required and the name of the person responsible. They were due for review in June 2014.

The person in charge told inspectors that staff were trained in manual handling and the training records confirmed this.

A number of precautions were in place to guard against the risk of fire. Suitable fire equipment was available and this was serviced on 5 January 2014. A fire alarm was in place and was serviced in January 2014 and again in April 2014. Inspectors observed that fire exits were unobstructed. Fire doors had been installed within the building in previous months. Fire drills had taken place in January and February 2014 and the names of participants, which included both staff and children, and the time taken to

evacuate the premises was recorded. All staff took part in fire safety training, including a fire drill, on 6 March 2014. Staff undertook daily and weekly checks on the fire equipment and on the means of escape. Emergency lighting was also in place. A procedure for the safe evacuation of children and staff in the event of fire was prominently displayed. Staff were knowledgeable regarding the steps to be taken in the event of a fire. A list was maintained of emergency contacts and this included the mobile phone numbers of senior staff. Prior to the inspection the provider submitted to the Authority written confirmation that the centre was in compliance with fire safety and building control regulations.

An emergency plan was in place for the safe evacuation of the premises. However, the emergency plan did not set out the arrangements in place for responding to other emergencies.

**Judgment:**

Non Compliant - Minor

**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:**

There were measures in place to safeguard the children and protect them from abuse.

The person in charge was the designated person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. He was aware of his responsibilities which he outlined to the inspectors. He told inspectors he had completed training in Children First and had subsequently attended a briefing on Children First (2011). He demonstrated clarity in relation to the reporting of any allegations of abuse or neglect and he outlined the steps he would take in the event of an allegation of abuse of a child by a staff member. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre.

Training records showed that all staff received training in child protection from an external trainer in February 2014. A staff member interviewed by inspectors was knowledgeable regarding the signs and symptoms of abuse and was clear about how to

report any concerns she had. There was a protocol in place to guide staff in ensuring that children were protected from abuse and neglect. This was dated 28 March 2014.

Inspectors observed staff interacting with the children in a respectful and warm manner. Children told inspectors they were happy in the centre and some children who completed questionnaires said that they felt safe there.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. The organisational policy on behaviours that challenge promoted interventions that were based on a non-restrictive, multi-element behaviour support model. Staff were knowledgeable about how to manage behaviours that challenge and training records showed that specific training had been provided to all staff in March 2014. Inspectors saw that individual behavioural support plans were in use for particular children. The person in charge told inspectors that restrictive practice was used only in the case of one child who was at risk of leaving the centre and the external doors were locked during his stay. This practice was recorded in the child's personal plan, risk assessed and monitored and there was a behaviour support plan in place for this child.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the centre was maintained. The person in charge was knowledgeable on how to report incidents, accidents and notifiable events and signed all accident and incident forms. There had been no incidents to date that required notification to the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and*

*employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The rights of children to have an education and to socialise with their peers was valued and supported.

In their mission statement, the organisation recognised the capacity of children with intellectual disabilities to benefit from education and their entitlement to participate in the local community. According to the statement of purpose one of the main goals of the respite placements, which took the form of sleepover clubs, was to afford the children opportunities to socialise with their peers and engage in social activities both inside and outside the centre.

Prior to a child taking up a respite placement, an assessment of the child's and family's circumstances was undertaken by the respite coordinator and this assessment established the child's needs, one of which was in relation to education. Each child's communication passports also contained a section on their school and how they were getting on there. Inspectors viewed a number of such assessments and passports on file and observed that children who stayed in the centre on week nights were facilitated to attend school.

At the beginning of each respite placement, children took part in a welcome meeting during which they decided on the activities they would undertake while in the centre. Inspectors observed one such meeting. On the respite placements and during summer clubs children took part in a range of activities in the community, including meals out, visiting places of interest, bowling, swimming, horse riding, and surfing.

**Judgment:**

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 to enjoy the best possible healthcare while on their respite placements.

The children who availed of the respite service were already known to the service. An assessment of their needs, including healthcare needs, was carried out by the respite coordinator. Inspectors viewed a number of assessments and saw that these needs were outlined. The children's communication passport also contained a section on health information.

Since children availed of the respite service for a maximum of one night per week, the main health care needs were attended to at home in conjunction with their parents and their own general practitioner (GP). Prior to their visit to the centre the key worker contacted the parents of the child and enquired whether any health issues had arisen that staff may need to be aware of. Should a health issue that required medical attention arise while the child was on respite, an out of hours GP service was available.

The provider ensured that staff were trained to address the health needs of individual children. In early 2014, the majority of staff attended training on asthma care, epilepsy awareness and anaphylaxis. Medication management training also took account of the possibility of having to administer emergency medication. According to the statement of purpose, input from therapists such as speech and language therapists, occupational therapists and psychologists would be sought on occasion. The person in charge explained to inspectors the arrangements for contacting these therapists, including therapists employed by the provider.

The majority of children availing of the respite service were independent in the area of personal care and were encouraged to take responsibility for their own health and medical needs, including self-administration of medication, if assessed as competent to do so.

The pre-admission assessment contained a section on food and drinking and the children's passports outlined their likes and dislikes regarding food. Records showed that the keyworker spoke to parents about their child's diet and staff monitored the food and drink consumed by children on special diets. As the children were only in the centre for a short time during the inspection, inspectors did not observe them requesting food or having snacks or meals. Staff had undertaken special training on food preparation and were aware of healthy eating standards. At the welcome meeting beginning the respite placement, children were consulted about their preferences for food while in the centre and, occasionally, meals out were organised.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

A process was in place to manage medication in order to protect children but the policies required revision and some improvements were required in the administration of medication.

A policy and procedures on the ordering, prescribing, storing and administration of medicines to residents was in place. However, the policy, which was dated February 2014, was in draft form and was not centre specific. The policy did not reflect a key feature of the service provided, namely, that all staff had been trained and were assessed as competent to administer medication and also it did not take account of the lack of availability of technology in the centre, for example, the fact that there was no fax machine.

The respite coordinator, who was also a nurse, explained the process of medication management to an inspector. Prior to a child's arrival at the centre, an up-to-date prescription sheet was received from the child's general practitioner. The key worker for the children contacted the children's parents to enquire if there had been any changes to medication or any issues arising in relation to medication. Children usually brought their own medication to the centre but transportation of medication was risk assessed and specific measures for transportation were outlined in the policy and procedures. Once the medication was received at the centre it was checked and records maintained in the children's files. Medication was stored securely in a locked cupboard. The keys were in the possession of the shift leader. Inspectors viewed the prescription sheets which contained all required information with the exception of the doctor's name. The administration sheets did not contain photos of the children or their addresses or the centre's address. No signature sheet, containing the names and signatures of staff, was included in the medication records.

All members of staff had received training in medication management and had been assessed in relation to their competency to administer medication. The respite coordinator told inspectors that child-specific training had been provided to staff in relation to the children for whom they were the consistent staff and that all staff had also been trained in the administration of emergency medication to a child who may require this. Training records and interviews with staff confirmed this.

Some of the children's files contained self-medication risk assessments and the respite coordinator told inspectors that those children had been assessed as able to self-administer medication such as inhalers and that they kept them in their possession for the duration of their stay.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a detailed statement of purpose which set out the ethos, the aims and objectives and the services and facilities provided. Staff interviewed by inspectors were familiar with the statement and it was implemented in practice.

While the statement of purpose contained almost all the information required by the regulations, the statement was not dated and there was no date for review. It was not clear from the statement who was the person in charge as the title of person in charge was not used. The section on staffing did not make it clear which of the staff listed actually worked in the centre. The criteria for admission were confusing as they referred to the wider family support and respite service rather than the centre itself and suggested that young people with physical disabilities were admitted when, in fact, they were not. Some of the information, such as the numbers of children availing of the service, was slightly outdated and could be omitted.

The statement of purpose was not available in a format that was accessible to children.

**Judgment:**

Non Compliant - Minor

**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):**

No actions were required from the previous inspection.

**Findings:**

The management system in place supported and promoted the delivery of a safe, quality care service but improvements were required in the area of monitoring the quality of the service provided.

The person in charge described a clearly defined management structure, which identified the lines of authority and accountability in the centre and this was set out in the statement of purpose. Family support workers and the key worker reported to the respite coordinator, who reported to the person in charge. The person in charge reported to the National Director of Services in the organisation.

Management systems to review the quality of care and support to residents were not fully developed. There was evidence of regular consultation with parents and children in order to elicit feedback on their experience of the service but there was no six monthly visit to the centre by the provider or his/her nominee with a view to preparing a written report on the safety and quality of care and support provided in the centre. Neither was there an annual report on the quality and safety of care. The provider nominee told inspectors that the organisation planned to set up a national team to review and monitor services.

The person in charge, whose primary qualification was in education, had previously managed a centre for adults with disabilities and had extensive management experience within the organisation. He was in a full-time position and was also the person in charge for another children's centre. When interviewed, he demonstrated adequate knowledge of the legislation and of his statutory responsibilities. He demonstrated good leadership by ensuring that a training programme was put in place for staff and that they had opportunities to come together to reflect on their quality of their work with residents.

The person in charge ensured the effective governance, operational management and administration of the centre. He was not based in the centre but he held monthly management meetings with the respite coordinator and the key worker and visited the centre each week. He told inspectors that he had attended national seminars on the Standards and Regulations and had led a self-assessment of the centre's compliance with the Standards and Regulations from which an action plan was generated in order to improve the service. Inspectors viewed the minutes of the management meetings and documentation associated with the self-assessment and action plan. He also told inspectors that he was available to be called by staff outside of normal working hours in the event of a crisis. There was ample evidence that he was aware of individual children and their needs. Day to day management of the centre was carried out by the respite coordinator and the key worker, who liaised with the children and their families, planned the staff rota and undertook the practical arrangements involved in each respite break. Staff told inspectors that they were well supported by the person in charge.

Inspectors viewed a copy of the service level agreement with the Health Service

Executive (HSE), which was closely monitored. Key performance indicators were maintained and these were returned to the HSE each month. The respite coordinator met with the HSE Disability Manager every two months. The person in charge, in his role as regional director of services, met with senior managers from the HSE each quarter to monitor and review the implementation of the service level agreement. Inspectors viewed copies of the monthly returns and minutes of the monitoring meetings.

**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):**

No actions were required from the previous inspection.

**Findings:**

There had been no absences of the person in charge requiring notification to the authority.

The person in charge told inspectors that, in the event of his absence for 28 days or more, the organisation's regional director of children's services would deputise as the person in charge. The director of children's services was qualified and sufficiently experienced to take on the role and the person in charge told inspectors that he would ensure that sufficient information about the centre would be available for the deputy person in charge should this be required.

**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:**

There were sufficient resources to meet the needs of children to whom the service was provided and the services and facilities reflected the statement of purpose.

Inspectors spoke to the person in charge regarding the deployment of staff, viewed the staff rosters and observed staff beginning their shifts after school. In order to maximise the use of resources, staff were employed on split shifts to coincide with the times that children were in the centre. Since the children attended school during the weekdays, activities and outings took place after school and, in order to facilitate this, the centre had two people-carrier vehicles at their disposal for collecting children from school and for outings. None of the children who used the service required assistive equipment. Inspectors observed that there was a stock of toys and games for children in one of the sitting rooms. Televisions were also available.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate numbers of skilled staff to meet the needs of residents and to provide the delivery of safe services. Continuity of care was ensured and staff had up-to-date mandatory training and access to other training and education. Improvements were required in the areas of supervision.

The staff team comprised a key worker and eight family support workers. All worked part-time, making up a whole time equivalent of 1.45 staff. Staffing levels took into account the assessed needs of the children and the size and layout of the premises. For example, some children were assessed as requiring either one-to-one staffing or the assistance of two staff at times in relation to their needs and the particular activities they were engaged in. Inspectors viewed the staff rota for the time of inspection and for the following month and saw that staffing arrangements were organised to have a minimum level of staff on duty while children were at school and a maximum number of

staff on duty when residents were in the centre and participating in activities. Staff members had a range of skills and experience which were recorded in their files. The team included a nurse and several special needs assistants who worked in special schools.

The staff rota, which was planned in advance, showed that the same staff worked with the same children when they came to the centre. The person in charge explained that this ensured continuity of care for the children concerned and enabled staff to gain a deeper understanding of the needs of the children they worked with. Inspectors observed staff interacting with residents and found that they treated them with respect and were warm and caring in their interactions and attentive and responsive to their needs.

The person in charge told inspectors that an analysis of training needs was undertaken and a range of training was provided, including mandatory training on Children First (2011), fire safety, moving and handling and first aid. An overall training matrix showed that staff had also received training in food safety, behaviour that challenges, medication management, asthma care, epilepsy awareness and response to anaphylactic shock. There was also evidence in the staff files that staff undertook a two-day induction training. The person in charge told inspectors that a rolling programme of training was being put in place. Staff who were interviewed were aware of the policies and procedures and the legislation and Standards and presented as competent.

Since the majority of staff worked only one day or two days per week, the responsibility to ensure that staff had formal supervision proved to be a challenge for the person in charge. There was no supervision policy in place and supervision records showed that some staff received supervision once a year while others had two or three supervision sessions in the course of the year. The opportunity to meet for supervision was sometimes used to conduct performance management reviews. The person in charge told inspectors that these arrangements were being reviewed and that he planned to put in place a system of supervision sessions at appropriate intervals for all staff. This may include group supervision sessions as well.

There was a robust recruitment policy in place and the person in charge had the support of the organisation's human resources department. Inspectors viewed a sample of five staff files. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible. All five files contained all the information and documents specified in Schedule 2 of the Regulations.

There were no volunteers working in the centre.

**Judgment:**

Non Compliant - Minor

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013*

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The majority of records maintained in the centre were accurate and up-to-date. Records were kept securely. Some policies and procedures had yet to be developed.

Policies and procedures on record keeping and retention of records guided the practice of staff. Records viewed by inspectors were well-maintained. Inspectors found that the Residents' Guide was designed for the use of parents rather than the children themselves. It needed to be reviewed and redesigned in order to make it accessible to children. A directory of children was maintained but this did not contain all the information specified in Schedule 3 of the regulations.

The majority of policies and procedures specified in Schedule 5 of the regulations had been put in place by the provider. Staff who were interviewed demonstrated an understanding of how the policies were implemented in practice. However, a number of policies and procedures had not yet been developed. These included policies and procedures on residents' personal property, finances and possessions, communication with residents, visitors and provision of information to residents. The policy on child protection was a national document developed by the organisation and it needed to be made centre specific and to include the name of the designated person for the centre. The policy on admissions, including transfers, discharge and the temporary absence of residents also needed to be made centre specific.

Inspectors viewed a statement from the current insurers which outlined the insurance cover put in place by the provider. Adequate insurance was in place against injury to children.

**Judgment:**

Non Compliant - Moderate

**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:***

Tom Flanagan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002032
<b>Date of Inspection:</b>	02 April 2014
<b>Date of response:</b>	

### 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 02: Communication

**Theme:** Individualised Supports and Care

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

Children had no access to the internet.

**Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

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

internet.

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

Enable Ireland will provide a secure wireless solution to internet access in the house. Access will be governed by a local internet policy which will be developed in consultation with Families.

**Proposed Timescale:** 31/10/2014

**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 upstairs windows posed a risk to the safety of children.

**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:**

Window restrictors have been put in place on all upstairs windows, completed 9th May 2014

**Proposed Timescale:** 09/05/2014

**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 emergency plan did not set out the plans in place for responding to emergencies other than evacuation in the event of a fire.

**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:**

A review of emergency planning to include responding to emergencies other than fire will be developed.

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Services

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

The risk management policy did not include the measures in place to control the risks identified in relation to prescription sheets for children's medication.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

A full review of the existing Enable Ireland policy was completed on May 29th last, amended policy to be rolled out and communicated to all staff. Risk assessment and incident reports will be completed in relation to prescription sheets for children's medication.

Risk Assessment and Incident reports completed May 29th

Roll out of Risk Management policy August 29th 2014

**Proposed Timescale:** 29/08/2014

**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:**

The prescription sheets did not contain the name of the doctor.

The administration sheets did not contain photos of the children, their addresses or the address of the centre.

**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:**

All prescription sheets will be reviewed to include name of doctor, child's photograph, their home address and centre address.

**Proposed Timescale:** 30/06/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not include all the information specified in Schedule 1 of the regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be amended to include all information specified in Schedule 1 of the regulations.

**Proposed Timescale:** 30/06/2014

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not dated and there was no date for review.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose will be amended to include date and review date

**Proposed Timescale:** 01/06/2014

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not available to children and/or their representatives in an accessible form.

**Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

An accessible version of the Statement of Purpose will be drawn up and made available

to all children

**Proposed Timescale:** 29/08/2014

### **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:**

There was no annual review of the quality and safety of care in the centre.

**Action Required:**

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

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

An annual review of quality and safety will be carried out in the centre

**Proposed Timescale:** 31/12/2014

**Theme:** Leadership, Governance and Management

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

There was no six monthly visit to the centre with a view to preparing a written report on the safety and quality of care and support provided in the centre.

**Action Required:**

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

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

The organisation is currently recruiting and will be training a team of internal assessors to do unannounced inspections in services across the country.

Inspectors were shown a draft template for this inspection during the visit and this will be implemented in centre

**Proposed Timescale:** 30/10/2014

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff received supervision at irregular intervals and good quality supervision was not supported by written policies.

**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 Person in Charge is implementing a comprehensive Staff Supervision and performance management programme comprising of regular team meetings, training and one to one supervisions.

**Proposed Timescale:** 05/06/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all of the policies and procedures specified in Schedule 5 of the regulations had been developed.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A review of all centre policies will take place to ensure all policies and procedures specified in Schedule 5 are developed for the service.

**Proposed Timescale:** 30/09/2014

**Theme:** Use of Information

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

The directory of residents did not contain all the information specified in Schedule 3 of the regulations.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Directory of Residents will be reviewed and amended to include all information specified in Schedule 3 of the regulations.

**Proposed Timescale:** 31/07/2014

**Theme:** Use of Information

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

The Residents' Guide was not in a format accessible to children.

**Action Required:**

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

An accessible Residents Guide will be developed for the children using the respite service

**Proposed Timescale:** 31/07/2014