



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

Issued by the Chief Inspector

Name of designated centre:	Silverpine House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 September 2023
Centre ID:	OSV-0002038
Fieldwork ID:	MON-0032102

About the designated centre

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

Silverpine House is a designated centre operated by Enable Ireland located in a town in County Wicklow. The centre provides planned short term day and overnight respite services on a two to six night a week basis to children with a disability, depending on their respite support needs. Children availing of the service are between the ages of seven to 18 years of age. The centre has capacity to accommodate up to five children at a time in the house and provides respite supports to a total of 22 children. The centre is a detached single story building which consists of a kitchen come dining room, sitting room, a games room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There is an enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. The centre is staffed by a person in charge, team leader, a nurse, social care workers and personal care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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
Thursday 21 September 2023	09:40hrs to 18:10hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that children and young persons well-being and welfare was maintained by a good standard of evidence-based care and support during their respite stay at the designated centre.

On the day of the inspection, the two respite residents (young persons) availing of respite at the time, were attending school. The inspector got the opportunity to meet with both residents later in the afternoon when they arrived at the centre. On this occasion, the residents were attending the respite service for a short after-school visit and were going home that evening.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff, using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated.

The inspector met with the two young persons in the kitchen while they were having their after-school snack. The inspector observed staff to provide assistance to the residents with their food in a sensitive and appropriate way. Staff had been provided specific training which ensured they were equipped with the appropriate level of knowledge, skill and competence to meet the feeding and nutritional needs of residents. The two young persons appeared to enjoy the experience of having their food together and in the company of staff; the inspector observed the residents to be smiling and engaging in a light-hearted and upbeat manner with their staff through-out.

After residents had finished their snack, they were offered a choice of activity. One resident chose to have a foot massage and the other resident chose to spend time in the activity room listening to music. The inspector was informed by staff team, that the activities were in line with the residents' likes and preferences. On meeting the residents after the activity and enquiring if they enjoyed them, each resident smiled in response.

During a walk-around of the centre, the inspector observed the premises to be clean and tidy. The house was found to be suitable to meet residents' individual and collective needs. The centre provided an age appropriate environment for the residents with child-friendly indoor and outdoor activities made available to them.

The house consisted of a kitchen with dining room space, a sitting room, a games/activity room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There was an enclosed garden to the rear of the centre containing suitable play equipment. Overall, the design and layout of the premises ensured that each resident could enjoy their respite break in an accessible and

comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents through-out their stay at the centre.

The bedrooms were spacious and allowed for easy access for residents using wheelchairs. All bedrooms provided high-low beds as well as ample storage for residents' clothing and personal items and were age-appropriate in their décor; The inspector observed that the wallpaper in each of the bedrooms which was age-appropriate, vibrant and colourful. On speaking with the two young persons on the day, the inspector was informed about the bedrooms they preferred to stay in due to the wallpaper design in each of the rooms. One of the residents relayed that they always chose to stay in the room with the graffiti wallpaper while, the other resident expressed that they liked to stay in the room with the superhero wallpaper. The inspector was informed that residents using the respite service had been consulted about the wallpaper and after reviewing a sample of swatches, chose the five designs that were now in place in the rooms.

The hallway, through-out the house, was wide and provided ample space for wheelchair users to freely move up and down the corridors. There were colourful paper hot-air balloons hanging along the length of the ceiling. Walls throughout the house included a variety of paintings, many of which had been painted by the residents themselves. The sensory room included an array of sensory equipment and provided warm and relaxing lighting including a projector.

The kitchen and dining area was bright and spacious and contained an accessible dining table that could be lowered at each end when required. There was also an accessible sink unit with pull out counters to provide better accessibility for residents if they chose to prepare food at meal-times.

There was lots of easy-read and age-appropriate information in the kitchen and dining area as well as in the main hall. There were posters with photographs of the management and staffing working to let residents know who was supporting them during their break. There was information on complaints process, advocacy services, fire evacuation route but to mention a few.

Many of the young persons and children availing of the respite service required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements.

Bathrooms were supplied and fitted with various assistance aids and overhead tracking hoists were also available. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs. The person in charge demonstrated to the inspector the sensory facilities in the shared bathroom and in particular, in the bath. The bath was fitted with Jacuzzi type jets, coloured lighting and music. The equipment provided a relaxing and atmospheric environment for residents to enjoy. Staff informed the inspector that one of the

residents who were present on the day, preferred a shower however, could still avail of the lights and music during this period.

There was a playground outside the back of the house with easy access to it via the games/activity room double doors and external ramp. There was a children's round-about, a special equipped swing and other outdoor age-appropriate facilities included in the area. When asking the young persons about the playground, they both smiled and through the support of their staff, expressed that they liked playing in it; One resident gave a 'thumbs up' gesture to relay their view. On the morning of the inspection, the inspector observed the playground equipment required cleaning and there was a lot of weeds growing on the paved pathways leading up to and away from the area. By the end of the inspection, the playground equipment had been cleaned.

In advance of the inspection, each resident was provided with a Health Information and Quality Authority (HIQA) survey. Five completed surveys were returned to the inspector. On review of the surveys, the inspector saw that residents' family members had completed surveys on their behalf. The inspector found that overall, the feedback was positive.

Families noted that the centre was welcoming and homely. They praised the care and support provided by staff. One family expressed that their family member 'absolutely loves' their time at the respite service and that staff were 'absolutely fantastic' in the support they provide. Another family member relayed that staff are very attentive and supportive to their family member.

The surveys noted that, respite residents were supported to make their own choices and decisions, that they were treated with kindness and that they felt safe. Families were positive regarding residents day-to-day routines and ticked on the survey that were provided with choices and were supported to go out for trips, visits and/or events. Surveys also noted that residents and their families knew who to go to should they wish to make a complaint or were unhappy about a matter.

In summary, the inspector found that residents' well-being and welfare was maintained to a good standard during their stay in the respite service and that there was a strong and visible person-centred culture within the designated centre.

There were systems in place to ensure that residents were safe and in receipt of good quality care and support throughout their respite break. Through observing residents and speaking with staff and through a review of documentation, it was evident that staff and the local management team were striving to ensure that children and young persons were staying in a supportive and caring environment where they were supported to have control over and make choices during their respite stay.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident availing of the respite service.

Capacity and capability

The inspector found that the provider had satisfactory arrangements in place to assure itself that overall, a safe and good quality service was being provided to the children and young persons who availed of the respite service in the designated centre.

The service was led by a capable person in charge, supported by a team leader, who were knowledgeable about the support needs of the residents availing of the respite service. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The provider had made improvements to the centre since the last inspection and in particular, in relation to fire safety measures. The provider had also reviewed the risk management systems in place and ensured that improvements were made to bring them back in to compliance. However, on the day of the inspection, the inspector found that improvement was needed to the effectiveness of three of the organisation's policies and procedures. There was also some improvements needed to the provision of positive behavioural supports as well as organisational systems for restrictive practices. The latter two matters are discussed further in the quality and safety section of the report.

The inspector found that there were satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality. The person in charge completed a number of checks and audits on a weekly, monthly and quarterly basis to evaluate and improve the provision of service and to achieve better outcomes for residents. The audits provided good oversight and monitored other audits and checklists in the centre.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to respite residents and their families. In addition, during 2023 two six monthly reviews, of the quality and safety of care and support provided to residents during their respite break, had been carried out. Action plans, with appropriate time frames, had been put in place to follow up on any improvements needed.

The person in charge ensured that team meetings were taking place regularly. On review of the minutes, the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents during their break.

There was evidence to demonstrate that the person charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. They were supported in this role by a team leader. The provider had

ensured that there were contingency plans in place when the person in charge went on planned leave for an extended period.

The registered provider was striving to ensure that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. On the day of the inspection, there was one staff vacancy for a full-time social care worker. The inspector was advised that the provider and the person in charge were actively recruiting for the vacant positions.

The provider's annual report noted a number of forced closures to the service due to lack of staffing in the first quarter of 2023. However, on review of the roster for the last five months, the inspector found that there were minimal forced closures. Where residents attended the service, the roster demonstrated that there was adequate staff employed to meet the support needs of residents during each respite break. In addition, the provider had sourced funding for a part-time relief staff member and recruitment plans were in place. The person in charge was endeavouring to provide continuity of care to residents during their respite stay. Where possible, core staff completed additional hours and the same relief and agency staff were employed as much as possible.

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents during their respite break.

The person in charge provided one to one supervision meetings to staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector advised that they had found the meetings beneficial to their practice.

Overall, the inspector found that most of the Schedule 5 policies and procedures were in place and up-to-date. There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that not all policies and procedures included sufficient information within them to ensure their effectiveness.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified time-frames.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents during their respite break in the centre. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff folders and found that the provider had ensured that Schedule 2 requirements had been met.

While there was a staff vacancy in the centre, the inspector saw that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents during each respite break. Staff were available to ensure the safety of residents and contingency plans were in place in the event of a shortfall in staffing levels.

In addition to the centre employing social care workers and care assistants, in line with residents assessed needs, there was a nurse employed to provide support to the residents during their break.

The provider was actively seeking to recruit staff for this position. For example, through online advertisements and attending college open days. Funding had been sourced for a new part-time relief staff.

There was an actual and planned roster in place and it was maintained appropriately by the person in charge. There was a respite booking system in place and this was

linked to the roster to ensure that appropriate staffing levels and skills mix were in place so that each residents needs were met during their respite visit.

The centre's annual report had noted a number of forced closures in the first three months of 2023 due to staff shortages however, there had been improvements since then with two closures due to staffing constraints in last six months of 2023.

However, improvements to the staffing resources were still required to ensure the service could operate on a consistent and regular basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents during their break.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date including refresher training.

Staff were provided with training in Children's First, fire safety, managing behaviours that challenge, safe medicine practices, epilepsy, PEG feeding, Feeding Eating Drinking and Swallowing Difficulties (FEDS) and Human Rights, but to mention a few.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

On the day of the inspection, the inspector met and spoke in detail with two members of staff. Staff demonstrated a good understanding of the children and young persons' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents availing of the respite service.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents during their respite break, was of a good standard. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to children and young person during their respite break.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. The provider had also completed the self-assessment for restrictive practice. Both these documents were continuously reviewed on a 12 weekly basis.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents during their respite break. Regular staff meetings were taking place where matters relating to the care and support provided to residents was discussed and decision made.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. It was evident that the centre strived for excellence through shared learning and reflective practices. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The provider's internal auditing system for reviewing incidents was found to be effective. For example, the provider's unannounced six monthly audit had identified two occasions where incidents had not been submitted to the office of the Chief inspector. Subsequent the findings of the audit, the person in charge promptly submitted them as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall, the inspector found that most of the Schedule 5 policies and procedures were in place and up-to-date. There were systems in place that ensured staff were informed and knowledgeable of the policies and procedures in place. Staff were allocated time during their induction to read and understand the organisation's policies and procedures.

When policies were updated, the person in charge notified staff members of the update and requested them to read and review on the organisation's on-line 'compliance' system.

However, on review of the provider's schedule 5 policies:

(a) education policies and procedures relating to education which complies with relevant legislation in respect of the education needs of children and

(b) Visitors policy,

c) Communication with residents policy,

The inspector found that they were not comprehensive in nature and contained insufficient information to ensure they guided staff in delivering safe and appropriate care.

As such, the registered provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and contemporary best practice relating to delivering a safe and quality service.

Judgment: Substantially compliant

Quality and safety

The well-being and welfare of children and young persons, who attended the respite service, was maintained by a good standard of care and support. On speaking with the person in charge, team leader and staff, the inspector found that they were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

For the most part, actions from the last inspection of the centre had been completed, many of which had resulted in positive outcomes for residents availing of the respite service. The majority of the required fire safety upgrades had been completed, with a small number of upgrades due to be completed within the month which had been risk assessed with appropriate control measures in place.

There were some improvements needed to the area of positive behavioural supports and restrictive practices which are discussed further in the body of this section.

The inspector looked at a sample of personal plans and found that each child and young person was provided with a personal plan which was continuously developed and reviewed in consultation with the resident, relevant key-worker, their parents and where required, allied health professionals. Where appropriate, residents were provided with an accessible forms of their personal plan to ensure participation, consultation and understanding of their plan.

Staff used a variety of communication methods to support residents to make choices. These methods included Lámh (sign language communication system) and pictures. Residents' plans were regularly reviewed and updated to reflect their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. However, on review of a sample of plans the inspector found that where residents presented with behaviours that challenge, that they had not been referred to the appropriate professional. In addition the positive behaviour support plans in place did not include appropriate clinical oversight, both in the development and review of the plan.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. The provider was in the process of reviewing related policies and procedures and setting up a human rights committee to ensure appropriate oversight and review of restrictive practice at senior management level.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance during their respite stay, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date child protection policy and associated procedures in place in the centre and it was made available for staff to review. Staff who spoke with the inspector were knowledgeable in the procedures to follow should they have a concern or suspect a safeguarding incident.

For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents during their respite stay. There were satisfactory contingency arrangements in place in the event of an outbreak of infectious disease in the centre.

Staff had completed specific training in relation to infection, prevention and control. From a review of relevant audits and cleaning checklists, the inspector found that staff were working in line and adhering with, the cleaning schedules in place. Overall, the premise was in good upkeep and repair however, improvements were needed to the flooring in the external laundry and boiler room. This was to ensure that the floors in these rooms could be effectively cleaned to limit the potential risk of spread of infectious disease.

On a walk-around of the centre, the inspector observed the house to be clean and tidy and for the most part, in good decorative and structural upkeep and repair. The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including age-appropriate play and recreational facilities. The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, safe, comfortable and homely environment. The sensory needs of residents were catered for during their respite break. There was a sensory room that included a variety of sensory equipment and bathroom there was a large bath with Jacuzzi, lighting and music functions.

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire-fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded.

Staff had been provided with suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite residents were aware of the evacuation procedure to follow. Fire drills were taking place at suitable intervals. Resident's personal

evacuation and emergency plans were up-to-date and reviewed on a regular basis. Fire evacuation procedures were displayed on the back of each bedroom door and in the hallway and kitchen.

There had been significant improvements to the safety systems in place since the last inspection. The provider had submitted an application to the local council for a fire certificate in March 2023 and was awaiting a follow up visit. Two further fire doors for the double door laundry cupboard and a small cupboard, that contained heating controls, were due to be fitted by the end of the month. On the day of the inspection, a risk assessment was completed and provided adequate control measures to minimise any potential risk associated until they were installed.

There had been improvements to risk managements systems in place since the last inspection. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The risk register was reviewed regularly and addressed risks relating to the centre and residents. Individual and location risk assessments were in place to ensure the safe care and support provided to residents during their respite break.

Residents were protected by appropriate policies, and procedures in relation to the receipt, storage and return of medicines. An up-to-date prescription record was available for each stay and clear records kept regarding the administration of medicines. There were procedures in place for the administration of 'as required' medication and staff had access to an overview of these processes.

On speaking with staff, the inspector found them to be knowledgeable in the safe administration of medication. They were aware of the safe medication systems and protocols in place for each resident during their respite visit, including the systems in place when bringing medication out on activities. There were appropriate audits, checking and counting systems in place to provide good oversight of the medication practices in place. Where errors occurred, these were reviewed by the provider during internal audits and discussed at team meetings. This was to ensure shared learning, reflective practice and quality improvements for residents availing of the service.

Regulation 17: Premises

Overall, the design and layout of the premises ensured that children and young persons could enjoy an accessible, safe and comfortable environment during their respite break. This enabled the promotion of independence, recreation and leisure for the residents throughout their time in the centre.

The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including age-appropriate play and recreational facilities.

The environment provided appropriate stimulation and opportunity for the residents to rest and relax. There was a sensory room which included an array of sensory equipment such as bubble tube, projector, soft mats and bean-bags. The bathroom included facilities that provided colourful lighting, music and overall, a relaxing environment.

The premises was observed to be clean and tidy. However, the flooring in the external utility and boiler room required review as the current flooring in place was difficult to clean from an infection control perspective. This has been addressed under Regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management and emergency procedures policy met the requirements as set out in regulation 26 and that the policy was reviewed regularly and in line with Schedule 5 requirements.

There were individual and location risk assessments in place which endeavoured to ensure that safe care and support was provided to residents during their respite stay.

There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the designated centre was observed to be clean and tidy and infection, prevention and control measures in place were found to be effective. However, there were some improvements needed. For example;

A review of the flooring in external utility room and boiler house was required. There was a washing machine and dryer, that was used for laundry, located in the external utility room. In addition, personal protective equipment (PPE), clinical and cleaning equipment were stored in the room. In the boiler house, the inspector observed further cleaning equipment including the centre's hoover and residents' shower support equipment to be stored in the room. There was no appropriate flooring covering the concrete floor in either of the areas. As such the floor could not be

effectively cleaned and potentially impacted on the infection, prevention and control systems in place in the centre.

Overall, a review of the storage systems in the centre was needed, and in particular in relation to some of the items stored in boiler house.

Grouting and repair work on tiles under a shower seat in the shared bathroom, which was attached to the wall, required a deep clean to remove ingrained stains and grime.

On the day of the inspection, some of the playground equipment was observed to be unclean however, by the end of the day, the person in charge had ensured it was cleaned and had put a new cleaning schedule in place for the equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety issues that had been raised on the the last inspection had, for the most part, been addressed by the provider.

On the day of the inspection, the person in charge was following up on two new fire doors, that had been sourced and due for installation by end of September.

In addition, the provider had applied for the fire certificate from the local council in March 2023, which was deemed valid and was awaiting the site visit.

On the day of the inspection, the person in charge completed a risk assessment of the two areas that were awaiting fire doors, (linen cupboard and controls press), and put appropriate measures to reduce the risk in the interim period of the doors being installed.

The outside paving on paths at the back of the house, one of which included a fire evacuation route, required weeding. There was a lot of weeds observed throughout the pathway and posed as a potential trip hazard or potential delay of wheelchair evacuations via this route.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medication was administered by staff who were provided with appropriate training. There were guidance documents in place to ensure that

medicines were administered as prescribed and these were accurate and sufficiently detailed.

The inspector observed that safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing during their respite break.

Residents' medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medication was reviewed at regular specified intervals as documented in residents' personal plans.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.

Where there was PRN medication, there was protocols in place to support and guide staff around their administration. Medicines were appropriately stored in a locked cabinet. During their respite break, each residents' medicines were stored in separate boxes inside the locked cupboard. There were satisfactory systems in place for the transfer of medicine to and from residents' family homes as well as when out on community activities.

There were numerous checks in place to ensure safe medicine practise. Medicines were counted on arrival at the respite centre and thereafter on a daily basis. An annual medication audit had taking place in March 2022. On the day of the inspection, the inspector was informed that the next audit was due to be completed by the nurse at the weekend.

Staff had been provided training in safe management of medicines and on speaking with the inspector, were found to be knowledgeable and aware of the systems in place to ensure safe medicine practices.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each resident, attending the respite service, was provided with a personal plan.

Residents' personal plans included an assessment of their health, personal and social care needs and overall, arrangements were in place to meet those needs. This ensured that the supports in place maximised each resident's personal development in accordance to their wishes, individual needs and choices during their stay at the respite service.

The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities during their respite visits and to have their choices and decisions respected.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans.

The person in charge completed an audit of the personal plan on a regular basis to ensure all documents contained within the plan were relevant and up-to-date.

Judgment: Compliant

Regulation 7: Positive behavioural support

On a review of a sample of personal plans, the inspector saw that some of the plans included positive behaviour support plans. These plans were specific to the residents and included information to guide staff in their approach to managing behaviours that are challenging. The plans included information and guidance relating to, triggers, functions of behaviour, preventative strategies but to mention a few. However, the inspector found that the plans had not been developed or had oversight by an appropriate allied professional and overall, were not developed in line with the organisation's policy.

A review of the systems in place for logging behavioural incidents was needed. This was to ensure that all behavioural incidents could be easily collated and analysed when completing assessments, compiling and reviewing positive behaviour support plans and when providing appropriate allied health professionals with feedback or updates. For example, while behavioural incidents (towards staff) were being recorded in residents' daily logs they were not included in the incidents and accidents log where other types of behavioural incidents or incidents of concern were logged.

For the most part, there were satisfactory systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. There was a restrictive practice policy in place in the centre and it was available to all staff. The policy was reviewed every three years or sooner if required.

In line with the organisation's policy, the provider had a very clear restrictive practice assessment process. All restrictive practices were risk assessed. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the child or young person.

Restrictive practices were considered in the provider's six-monthly unannounced visits, in so far as recording the information in the restrictive practice logs.

However, further improvements were needed to ensure appropriate oversight and review of restrictive practices at provider level.

The centre's annual report noted that the provider was in the process of developing an advocacy group and Human Rights committee to review restrictive practices and had recorded this as an action to be completed by 2023.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety during their stay at the respite service. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Safeguarding measures were in place to ensure that staff providing personal intimate care to children and young persons, who required such assistance during their stay, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

Staff had been provided with up-to-date training in Children's First and in safeguarding and protection of vulnerable adults. On speaking with two members of staff, the inspector found that they were aware of the procedures in place and who they should go to should they have a safeguarding concern.

The provider's internal audits had been effective in ensuring that where incidents had occurred, the person in charge and provider had appropriately followed up on them and notified the associated organisations.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Silverpine House OSV-0002038

Inspection ID: MON-0032102

Date of inspection: 21/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Advertising of vacant posts is ongoing. Next round of interviews is scheduled for November 2023. PIC continues to maintain contact with colleges, recruitment agencies, word of mouth of current staff cohort in order to try complete required recruitment.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: These policies will be reviewed Nationally for additional information as outlined.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: New flooring has been sourced and will be installed by end of November 2023. Deep clean to be carried out under pull down shower chair in main bathroom.</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Two remaining fire doors will be fitted by 6th October	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: This will be reviewed at a National level for recruitment of this post for annual input into any positive behavioural support specialists. Human Rights policy and committees to be agreed December 2023	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/11/2023

	infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	31/10/2023

	behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/12/2023