



Office of the Chief Inspector

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

Name of designated centre:	Brambles
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	04 June 2019
Centre ID:	OSV-0001851
Fieldwork ID:	MON-0022660

About the designated centre

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

Brambles designated centre is a children's respite service operated by St. Catherine's Association in County Wicklow. The centre has a capacity for up to four children from six to 18 years of age and provides short break respite services to children with intellectual disabilities. An admission criterion to the centre is clearly set out in the statement of purpose. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. A senior manager also forms part of the management team, the person in charge reports to this manager who oversees the operation of respite services within St. Catherine's Association. Brambles designated centre forms part of that remit. The centre is staffed with a whole time equivalent of 12.5 staff which includes the role of the person in charge and deputy manager. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families. The premises consists of a large bungalow which provides a secure play area outside and a sensory area and recreation spaces inside. Each child is provided a single room during their stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 June 2019	11:30hrs to 16:30hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector did not meet with children attending the designated centre on the day of inspection. The inspector reviewed a number of documented compliments from families of children attending the centre which were positive and indicated families were appreciative of the service and support of staff and management of the centre. These compliments had been provided to the centre in varying ways such as emails, letters and thank you cards.

Feedback questionnaires had also been completed by a number of parents of children attending the service. These also included very positive feedback with high praise regarding the care and support their children received during their respite stays. Parents also said complaints were managed well. Some feedback questionnaires indicated aspects of the premises required upgrade and refurbishment.

Capacity and capability

As was found on the previous inspection of this designated centre, the registered provider, the person in charge and persons participating in management of the centre were continuing to effectively ensure children received a good quality respite service in this designated centre. Overall, the inspector found evidence of a responsive, fit provider capable of monitoring its own governance arrangements and where necessary taking responsive action to improve services provided to residents. Children were supported to experience a child-centred service that supported their educational needs mixed with opportunities to have fun and play.

All children and their families/guardians had been issued a detailed contract of care which set out the services provided and detailed fees, if applicable. Each contract had also been signed by the child's family or guardian. The inspector reviewed the contract of care for a recent newly admitted child to the centre and noted their contract had been signed and agreed by their family representative.

The provider had appointed a full-time person in charge for the centre. The person in charge presented as a competent and effective manager who understood their regulatory role and responsibilities to a good standard. This included knowledge of notifications required by the regulations. All incidents had been notified as required. Equally it was noted the culture and ethos of child-centred care and support was led by the person in charge and deputy manager for this centre and formed part of the provider's overall aims and objectives for children availing of its services.

The person in charge had maintained their continuous professional development and at the time of inspection was completing a Masters degree in management. Good levels of compliance with the regulations and standards were found on this inspection. Governance and management systems and oversight by the provider and person in charge had ensured these findings which in turn were having positive impacts for children attending the designated centre.

The provider had ensured robust governance arrangements for this centre. Provisions were in place for a six-monthly provider led audits had continued to take place and an informative provider-led annual review of the centre had also taken place. Ongoing centre based operational management audits were also carried out.

The person in charge had ensured staff working in the centre had received mandatory and additional training. A training plan was in place and updated as required. The provider had put systems in place to drive a more consistent approach to training of staff within the organisation. A regulatory action from the previous inspection had been addressed, staff had received training in epilepsy management and administration of emergency medication for the management of seizures. This was required to meet the assessed needs of a new admission to the centre.

The provider had effective governance arrangements in place to ensure the statement of purpose for the centre was regularly reviewed to meet the requirements of Schedule 1 of the regulations.

All required information for the purposes of registration renewal of the centre had been submitted by the provider.

Registration Regulation 5: Application for registration or renewal of registration

All required information for the purposes of registration renewal of the centre had been submitted by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of regulation 14. They were found to be a knowledgeable and conscientious person. The person in charge was also committed to their continuous professional development and at the time of inspection were continuing studies to achieve a Masters degree in management.

Judgment: Compliant

Regulation 16: Training and staff development

A regulatory action from the previous inspection relating to training in management of epilepsy and administration of emergency medication for seizures, had been addressed.

Judgment: Compliant

Regulation 23: Governance and management

The provider had comprehensive governance and management arrangements in place to meet their regulatory requirements in relation to provider led audits and an annual report for the service.

Lines of authority and accountability were clearly defined. Operational management arrangements were in place to ensure regular and consistent oversight of the quality and safety of care provision in the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All children availing of this respite service had a signed and agreed contract for the provision of services in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had appropriate arrangements in place to ensure the statement of purpose was reviewed regularly to reflect the service provided, governance and management arrangements in place and to include the matters of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted since the previous inspection.

Judgment: Compliant

Quality and safety

The provider had ensured children attending Brambles respite service were provided with good quality, child centred care which also extended to supportive arrangements for families and guardians of children attending the service. Risk management systems were in place to manage some children's assessed personal risk needs. Safeguarding procedures were in place and in line with statutory policies and procedures. Improved positive behaviour support arrangements were also now in place with noticeable enhancements in the quality and availability of this allied professional service since the previous inspection. The premises required a significant refurbishment throughout.

The provider had ensured residents received a comprehensive assessment of needs through an allied health professional framework. This ensured residents' best possible social care, physical and mental health outcomes were continuously monitored to a good standard in this centre. Gaps in support planning in place for some residents' assessed social and healthcare needs found on the previous inspection had been addressed.

The provider had continued to ensure statutory child protection policies and procedures were in place and implemented. Details of the organisation's designated officers were available in the centre and all staff had received training in children's first. There was evidence of effective and responsive action taken by the person in charge to concerns regarding children's protection and welfare. Supportive arrangements by the management team of the centre for families also formed part of the overall safeguarding arrangements in place in this designated centre and were still ongoing at the time of this inspection.

Residents living in this centre required positive behaviour supports to manage some personal risks and behaviours that challenge. The provider had ensured residents were supported by appropriately skilled and qualified allied health professionals. Comprehensive behaviour support planning was in place. Regulatory actions from the previous inspection in relation to allied professional review and oversight of positive behaviour supports had improved and it was noted all behaviour support plans had received a review since the previous inspection. Ongoing assessment and analysis of residents' behaviour support needs were underway ensuring evidence based practice.

Residents could move freely around their home and a restraint free environment was promoted. Appropriate systems were in place for the identification and assessment of restrictive practices. A restraint register for the centre had been created. Some restrictions were in place in order to directly manage an identified personal risk, for example the safe management of disposable gloves and pica (ingestion of non-edible substances) related needs.

The provider had continued to ensure appropriate fire safety precautions and containment measures were in this centre and met the regulations. Fire safety equipment was serviced as required and a functioning fire alarm was present in the centre. Regular fire evacuation drills took place and it was demonstrated that residents could be evacuated from the premises in a timely way. The person in charge had implemented systems to ensure all children that attended respite services in Brambles designated centre had participated in a fire drill at least once in the year. Each child had an up-to-date, detailed personal evacuation plan in place. Evacuation drill times demonstrated there were effective procedures and supports were in place.

The provider had created a risk management policy in line with their regulatory responsibilities. A full review of risks pertaining to the centre had been carried out with a revision of some risk rating scores to ensure they were reflective of incident data information. Residents personal risks had also been assessed with standard operating procedures in place for the management of some. Incidents and accidents were also recorded and reviewed by a manager following each entry.

While the premises was comfortable and could, in the main, meet the needs of children attending on short breaks it required significant refurbishment throughout. Flooring was clinical in design and play, recreation, kitchen and dining areas, while functional, were not to the most optimum standard. A sensory area in the centre was small and did not provide enough space if all children wished to use it at the same time. Bedrooms were functional and clean, but required re-decorating and aesthetic design enhancements to make them child and teenager friendly. It was noted there was a good standard of cleanliness throughout the designated centre. Children had access to outdoor play areas which had undergone a recent upgrade works.

Children attending respite services in Bramble designated centre were supported to attend school and educational activities during their stay. Each child's individual education plan was maintained in their personal plan. It was also noted children had opportunities to engage in fun activities both in and out of the centre. Planned excursions took place and some children were due to attend a festival in July which included an overnight stay.

Children's communication needs were also well provided for during their respite stays. Speech and language therapist supports were available for children in relation to their communication support needs. Each child's unique communication repertoire and abilities were clearly set out in their personal plans. Visual aids were used throughout the centre. Recent initiatives, to incorporate the use of photographs and pictorial aids for making choices throughout the day, had begun and were proving

successful with children enjoying the choice making process.

Regulation 10: Communication

Children's communication needs were also well provided for during their respite stays. Speech and language therapist supports were available for children in relation to their communication support needs.

Judgment: Compliant

Regulation 13: General welfare and development

Children attending respite services in Bramble designated centre were supported to attend school and educational activities during their stay. It was also noted children had opportunities to engage in fun activities both in and out of the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises was comfortable and could, in the main, meet the needs of children attending on short breaks it required significant refurbishment throughout.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had ensured a risk management policy, that met the requirements of the regulations, was in place. There was evidence of it's implementation by the person in charge and staff in this designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

<p>The provider had ensured appropriate fire safety precautions were in place.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Each resident had received a comprehensive assessment of need with evidence of allied health professional assessment and recommendations prescribed and documented where required. A regulatory action from the previous inspection had been addressed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>Where required comprehensive support planning was in place. All staff had received training in breakaway techniques and management of potential and actual aggression. Residents had access to appropriately qualified allied health professionals in relation to the assessment and review of behaviour supports provided in this centre. A regulatory action from the previous inspection had been addressed.</p> <p>Where restrictive practices were in place, there were appropriate oversight and assurance processes implemented.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>All staff had received training in child protection. An up-to-date child protection policy and associated procedures were in place. A photograph and contact details of designated persons was displayed in the centre.</p>
<p>Judgment: Compliant</p>

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brambles OSV-0001851

Inspection ID: MON-0022660

Date of inspection: 04/06/2019

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. St. Catherine’s Association updated and submitted a revised Statement of Purpose for designated centre Brambles to the Regulator. The updated statement of purpose included a commitment to refurbish the designated centre. Complete as of 15th November 2018. 2. On 4th December 2018, St. Catherine’s Association engaged with architects to ascertain refurbishment requirements. Following a process of consultation, refurbishment plans were received by St. Catherine’s Association on 30th January 2019; see image 1 for planned works, and estimates obtained. St. Catherine’s Association did not believe initial estimates represented value for money and therefore engaged the services of a Quantity Surveyor (QS). Revised estimates were obtained and discussed with the relevant funding agency. As of 12th July 2019, St. Catherine’s Association awaits confirmation of funding from the relevant funding agency. 3. Once suitable funding has been confirmed, and in line with national procurement policy, St. Catherine’s Association will seek three competitive quotes from third party contractors based on the refurbishments requirements. Upon receipt of same, St. Catherine’s Association senior management team will choose a third part contractor to proceed with. 4. Provisional plans for refurbishment include a new kitchen design and layout, redecorating all existing rooms with appropriate decor, an extension to the current property to provide greater living space (subject to planning and resources), and an external, roofed play area (subject to planning and resources). The revised time-scale for completion of works is; 31st June 2020. 5. Initial plans also recommended the updating of the existing garden space and an accessible garden space was identified on-site. Consultation and planning took place between December 2018 and May 2019. On the 10th of May 2019 a third party project took place which resulted in a new children’s outdoor play area, which includes spider swing, zip wire, tunnels, play shop, fire engine and an array of interactive play panels. Complete as of 10th May 2019. 	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/06/2020