

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Northfields Respite Centre
Centre ID:	OSV-0001863
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RK Respite Services Ltd
Provider Nominee:	Kevin Fahey
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 November 2016 16:30	22 November 2016 20:00
23 November 2016 08:20	23 November 2016 12:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the Inspection:

The purpose of this inspection was to monitor compliance with the regulations. This centre was a designated centre for children with disabilities that provided a respite service.

How we gathered our evidence:

As part of this inspection, the inspector met with four children who were recipients of respite care on the day of this inspection. The inspector was also introduced to a parent, met a number of staff, the service supervisor and the person in charge. The inspector observed staff members as they interacted with the children, reviewed a sample of policies and procedures and a range of other documentation such as personal plans and incident and accident logs.

Some of the children engaged in discussion and chat with the inspector and said that they enjoyed coming to the centre. The inspector observed them playing happily with each other and interacting with the staff in an informal manner.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations which described the service provided. The statement of purpose identified that the centre catered for up to six residents at a time, of both male and female gender with a range of diagnoses. The maximum number of children that the centre could cater for was six.

The centre was located at a premises owned by a voluntary organisation and was made available for the purposes of respite services to children. It was a large single-storey house on the outskirts of a town. A large enclosed garden to the rear of the centre contained facilities and space for children to play. Car parking was provided to the front of the premises. There were 54 children in receipt of respite services from this centre.

Overall judgment of our findings:

The centre was well-managed and measures were in place to monitor the quality of care and support and to continually improve the service. Children were provided with opportunities to develop social skills and friendships with their peers. The service received by children was child-centred and the environment was comfortable and homely.

During this inspection, the inspector found that the provider had responded positively to the action plan arising from the previous inspection. In particular, this inspector noted the homely atmosphere at this centre and the positive rapport between the children and the staff. The inspector observed the children to be very comfortable in their surroundings.

Good practice was identified in:

- personal planning (outcome 5)
- healthcare needs (outcome 11)

Areas of non-compliance included:

- some aspects of fire safety measures (outcome 7)
- some aspects of medicines management (outcome 13)
- training and supervision systems (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the 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 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to ensure that children had up to date personal plans that set out their individual needs and choices and the supports they required. They had the opportunities to participate in activities that were appropriate to their needs while on respite breaks. There were appropriate systems in place to support children when moving from childhood to adulthood.

There were adequate systems in place regarding the assessment of need of the children. Assessments of need were conducted prior to children entering the service as part of the referral process and pre-admission process. These assessments were developed with the active participation of parents who were met with by the person in charge and or service supervisor. Each assessment had direct input from the child's general practitioner (GP). Where the parent and GP told the inspector that the child was engaged with other healthcare services, such as speech and language or occupational therapy copies of these reports and or assessments were then sought by the person in charge and or parent and incorporated into the assessment and subsequent personal plan.

The systems in place regarding personal planning were adequate. Personal plans were in place and there was evidence that these were updated annually in conjunction with the parents of the child. The personal plans included information such as the contact details of the child, their medical conditions, educational needs, personal care needs, communication needs, favourite activities, dietary requirements and sleep patterns. The child's file also contained information of any risk taking behaviours that the child might engage in. The person in charge had prepared a concise summary of the needs of each

child at the front of their file. This summary gave clear information to staff about each child and the information they had to know in order to care appropriately for them.

There were sufficient indoor and outdoor facilities for children to engage in. There was a large indoor play space that the inspector observed children playing in during the inspection. This play space was inviting and the play items were suitable for younger and older children. There was a large play area in the rear garden. Children also went on outings outside of the centre and participated in activities together. The inspector observed the children returning from shopping with staff and assisting with unpacking and preparing for dinner.

Children were supported in their admission and discharge from the service on a day to day basis as they made the transition from home or school to the centre and back. Staff had contact with the children and their parents before and after the respite break. There was evidence of close liaison between staff and the school team.

There were adequate systems in place for the admission and final discharge of children. The arrangements for admissions were clearly set out in the statement of purpose. The Health Service Executive (HSE) referred children based on agreed criteria. There was an admissions committee. A plan of admission was formulated following a pre-admission assessment of need. Children were transitioned to the centre at their pace, a process which was directly observed by the inspector during this inspection.

The person in charge identified each year the children who would be graduating from the service and commenced liaising with the parent in the child's final year of school. The child and parents were given a provisional schedule for remaining respite breaks and the person in charge told the inspector that each child's discharge was marked by a celebration during which the child was presented with a certificate. There was a need for staff and managers to ensure that they better evidenced the preparatory work conducted by them.

Judgment:

Compliant

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 adequate systems in place to promote the health and safety of children, visitors and staff however some improvements were required in the area of fire safety.

There were risk management processes in place. There was a health and safety statement which was signed and dated 2016. A risk management policy was in place and it met the requirements of the regulations. The management team completed a checklist prior to the opening of the centre each day and this prompted them to record their checks in fire safety, food safety, refuse and personal belongings.

A risk register was in place and this contained a range of centre-specific risk assessments and their controls. The register was divided into activities that were child specific, activities relevant to staff and it also addressed infection control. Staff also completed risk assessments where necessary on behaviours that the children each engaged in and the measures put in place to control these risks identified were set out in their personal plans. Staff also had quick access to information on risk-taking behaviours in the summary guide to each child which was placed at the front of their file.

There were suitable arrangements in place for recording, investigating and learning from serious incidents. Accidents, incidents and near misses were recorded by staff and subsequently signed off by the person in charge. The person in charge divided incidents and accidents into four categories including behavioural incidents, medication errors, general incidents and medical incidents. The inspector viewed the records of incidents and there was evidence that they were reviewed quarterly and that learning took place.

A system was in place for responding to emergencies and the need for an evacuation and there was a written plan which set out the arrangements for responding to a range of possible emergencies.

There was an appropriate system in place for maintenance issues. Staff documented maintenance requests on a record book and the system prompted staff to record the date that the issue was completed and closed.

Satisfactory procedures were in place for the prevention and control of infection. There were sufficient facilities available for hand washing and hand gel dispensers were located around the premises. Colour-coded cleaning materials were used. The inspector met with a staff member who demonstrated how they recorded the cleaning they had done during their shift. The centre was observed to be clean.

The vehicle used for transporting children was taxed and insured and there was evidence of up-to-date commercial vehicle road-worthiness testing. Staff completed weekly checks on the vehicle. The most recent service date for the vehicle was in 2016.

There were systems in place for fire safety but some improvements were required. Suitable fire equipment was available and this had been serviced in 2016. Emergency lighting was in place. Fire exits were observed to be unobstructed. A fire alarm system was in place and was serviced quarterly in 2016. There was written evidence that fire drills were carried out monthly. The inspector viewed the fire safety register and found that daily, weekly and monthly checks on aspects of fire safety such as fire equipment and the means of escape were undertaken by staff. Fire evacuation notices were displayed throughout the centre.

The ability of the children to evacuate the centre was referenced in their risk assessments but the information was not then documented on a personal emergency egress plan. The names of the children were not recorded on the fire drill records. The analysis of each drill was not sufficiently documented, for example there was a significant variation in the time taken to evacuate the centre during a drill in comparison to previous drills and this finding was not sufficiently analysed.

During this inspection, not all staff had received formal training in fire safety from this provider as it was scheduled to take place every two years therefore staff that commenced at the centre after a training date would need to wait until the next round of training. The majority of the staff had completed fire safety training in 2014 and were all scheduled to attend refresher training in December 2016. However, four care staff had not yet completed formal training in fire safety although their training records showed that they had received some training as part of their induction. The person in charge told the inspector that he would immediately review the frequency of fire safety training to make it annual so as to ensure that the time-delay was not as significant.

Judgment:

Substantially Compliant

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

There were child protection systems in place. The person in charge was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance and he was aware of his responsibilities in this regard. 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 in the 12 months prior to this inspection.

All staff members attended training in Children First: National Guidance on the Protection and Welfare of Children (2011) in August 2014 and training records confirmed this however there were four care staff who were employed after 2014 and they had not yet completed formal training with this provider on child protection but were due to do so in 2017. Their training records indicated that they had all attended and completed some training in child protection as part of their induction and probationary period. All staff members interviewed by the inspector knew the signs and symptoms of abuse and were clear about reporting child protection concerns to the designated liaison person.

A policy on child protection was in place and updated in 2016. This policy was reviewed by the inspector following the inspection and was determined to be in need of some amendments which have been commented further on in outcome 18.

Given that the person in charge also acted as the person nominated by the provider the inspector asked the person in charge to clarify the arrangements should a complaint or a child protection concern be received about the management team. The person in charge showed the inspector the handbook given to parents upon their child's admission to the service and this included pathways for the parents to raise a complaint or a child protection concern with organisations associated with the provider and statutory services in the event that they did not feel comfortable raising their concerns directly with the person in charge or service supervisor.

There were adequate systems in place for intimate care. Each child was assessed in this area as part of their overall assessment of need. The parents informed staff of the requirements of the children in this regard and then each child was supported by staff in the appropriate manner, some through verbal prompt and some through physical assistance. The inspector overheard staff speaking kindly to children about their personal care needs during the inspection and encouraging them to complete these tasks by themselves where appropriate.

There were systems in place to promote and support positive behaviour. Children were observed to be well supervised. The inspector observed staff interacting with the children in a respectful and warm manner. Staff told the inspector that there were sufficient staff on duty and they were aware of who was in call on each shift. Behaviours of concern were appropriately risk-assessed.

The person in charge told the inspector that there had been no serious incidents of behaviour that challenged in the 12 months prior to this inspection. Staff confirmed that there were very few incidents of challenging behaviour at the centre. Training records showed that specific training in the management of behaviour that is challenging had been provided to all staff in June 2016. Some of the new staff were due to attend training in this area in February 2017.

The person in charge informed the inspector that there were no restrictive practices in place at the centre. They also submitted written confirmation of same to HIQA as part of their quarterly return of notifications. There were no restrictive practices observed by this inspector. Children were observed walking freely around the centre and in and out of the various rooms. Should the windows and front door be opened by the children

then staff were alerted to this by a voice activation alarm system.

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 knew how to report notifiable incidents to HIQA and had done so according to the time frames set out in 2016.

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 health while attending respite.

This was a respite service and as such the parents of the children in general took responsibility for their healthcare of their child. However, the person in charge was cognisant of his responsibilities in line with the regulations towards children and their healthcare while they attended for respite and he had put in place the appropriate systems. If a health related issue that required medical attention arose while the child was on respite, their parents would be contacted to arrange an appointment with their

own general practitioner (GP). An out of hours GP service was also available in the area if required. This system was clearly written down to guide staff.

The inspector reviewed a sample of files for residents and spoke with staff and the person in charge. The relevant section of the child's personal plan contained a section on medication, under which healthcare was included. A brief guide to each child was also prepared and this included reference to the child, their diagnoses, allergies and medications that they were prescribed for.

Key information on the healthcare needs of a child was sought and shared between parents and staff and clearly documented in care plans at referral stage, pre-admission stage and as part of the personal planning review. The person in charge told the inspector that in the main the children accessing respite enjoyed good health and there were no children attending the service that had complex medical needs.

Staff received training in first aid. Staff were also trained in the safe administration of medication, including emergency medication. Prior to each respite stay staff contacted the parents of the child and enquired whether any health issues had arisen that staff may need to be aware of.

The pre-admission assessment contained a section on food and drinking and the children's personal plans outlined their likes and dislikes regarding food. Staff monitored and recorded the food consumed by children during their stay. All of the children were asked about their food preferences at their welcome meeting and they enjoyed telling the staff what they wanted to eat that evening. Children and staff ate their dinner together and the inspector observed that it was a pleasant experience for all concerned.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Policies and procedures on medicines management were in place to protect children however some improvements were required.

There was a centre-specific policy on medicines management. Staff were trained in

medicines management. There were suitable storage facilities for medicines including a secure locked area for controlled drugs. A separate fridge was available for medicine requiring refrigeration but this was not in use during this inspection. The storage facilities for medicine were kept in the kitchen. The person in charge was cognisant of the need to review the location regularly to ensure that there was ample space and quiet time for staff to prepare medicine. The storage and disposal of out-of-date medicine was not a regular feature of the service as medicine was received at the beginning of each respite from parents and any remaining medicine was returned to parents upon the discharge of the child.

There was a system in place for medicine errors to be recorded and reported. The person in charge discussed with the inspector the learning that had taken place following an error in the previous 12 months.

There was one bottle of over the counter pain relief medicine kept at the centre for use by children where required. The person in charge told the inspector that this medicine would only be given to children who were prescribed it. However, this procedure was not written down therefore there was a risk that staff may administer this medicine without following due procedure.

Once medicine was received at the centre it was checked and records were maintained in the children's files. The medication folder for each child contained details of the child's current medicine completed by the child's GP on a standardised template. The prescription sheet contained the name of the child, the name of the medicine, the dose, the route and a signature of the GP. The inspector noted that the address of the child was not recorded nor was there a photograph of the child on the prescription sheet and the times at which medicine was to be administered was referenced only as am and pm rather than an exact time.

The administration sheets contained the relevant information such as the signature of the staff member administering the medicine and a space for them to record comments. There was a signature sheet available.

Judgment:

Substantially Compliant

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:

The statement of purpose mostly met the requirements of the regulations.

The statement of purpose outlined the aims and objectives of the service and the care group that the service would cater for. It identified the care needs of the residents it catered for and the facilities and services available.

The statement was version controlled and was reviewed annually or more often as required. However, the statement did not include the information set out in the certificate of registration.

Judgment:

Substantially Compliant

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:

Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre was managed by a suitably qualified, skilled and experienced person.

A clear management system was in place at the centre and set out in the statement of purpose. Staff reported to the service supervisor and person in charge. On-call arrangements were in place. Staff confirmed to the inspector that managers were available to them and supportive to them in their work. The management team had put in place good systems to ensure the smooth running of the centre.

This organisation was a limited company. The person in charge also acted as the person nominated by the provider. The parent handbook acknowledged to parents that should they wish to speak to someone other than the existing directors then a number of local and national services were put forward for them to contact. The person in charge worked closely with the HSE and told the inspector that the organisation was accountable to the HSE as part of their service level agreement.

The person in charge in his role as person nominated by the provider inspected the centre every six months in an unannounced capacity. The inspector viewed a copy of the most recent six monthly unannounced inspection. The person in charge demonstrated to the inspector how he put findings into actions that arose from this inspection.

There were systems in place for staff to exercise their personal and professional responsibility for the quality of service provided in the centre. Staff recorded appropriately the experience of each child during their respite stay. Staff followed written guidance issued by the management team for each occasion of respite. Some of these records were viewed by the inspector and found to be detailed and matched the service description.

The person in charge needed to review the need for a formal performance management development system at the centre and the need to ensure that he and the service supervisor were engaged in appropriate arrangements to support, develop and performance manage their posts.

An annual review of the service for 2015 was completed. Feedback was sought and received from parents of the service in 2015. This written report did not fully incorporate the viewpoints of the children and or their representatives of the service as it only alerted the reader to consult the relevant documentation. Given that the reader may not have access to this additional information this was not sufficient. The person in charge told the inspector that he was changing how the annual review would be written in line with the guidance now provided by HIQA.

Auditing systems in addition to the six monthly unannounced inspections were also in place at the centre. The person in charge showed the inspector some examples of internal audits conducted in 2016 in areas such as health and safety and continuous professional development.

The person in charge was suitably qualified and experienced. He demonstrated knowledge of the regulations and standards. He was committed to his own professional development. He was fully engaged in the governance and management of the centre. He presented as passionate and enthusiastic about his role, the service provided and the needs of the children accessing the service. He was supported by a service supervisor. Neither the person in charge nor the service supervisor were employed in a full-time post at the centre but this was suitable given that the centre was not at the time of this inspection open seven days a week.

Judgment:

Substantially Compliant

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 HIQA.

The person in charge told the inspector that, in the event of his absence for 28 days or more, the service supervisor would deputise as the person in charge. The service supervisor was a person involved in the management of the centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate staff numbers and a skill mix to meet the needs of the residents and they enjoyed continuity of care from a core staff team. Training and development systems were in place at an organisational level and some improvements were necessary. There were systems in place for the supervision of staff however the regularity of supervision required review. Personnel files were in compliance with the regulations however the personnel files of the management team were not kept on-site.

There were appropriate staff numbers and a skill mix to meet the needs of the residents. There was a core team of team of 14 care staff, a service supervisor and the person in charge. The majority of the core team were long-serving staff members and it was clear from conversation with them that they knew the children well. The person in charge and staff members spoke very well of the children and they appeared enthused about their post and the work that they did with the children.

The inspector reviewed a sample of rosters and showed the inspector how the staff numbers met the requirements of the children. The person in charge and service supervisor did not include themselves on the staff roster, this was discussed with the person in charge as requiring review given the significance of their posts within the organisation and the need to demonstrate their presence at the centre.

A system of continuing professional development was in place however some improvements were required. The inspector viewed evidence of a range of courses completed by staff. There was a training plan that had the individual training records for each member of staff. During discussion with the inspector the person in charge committed to reviewing the need for annual or as needed training in some areas given that staff may have training needs prior to the next round of training. It was not always clear from the training review what the level of training was when it was done as part of a staff member's induction.

Regular staff team meetings took place, the records of which were viewed by the inspector and found to consider a wide range of issues such as their practice with the residents.

Professional supervision was given to all staff however the frequency of supervision required review as it was conducted yearly. During this inspection, the person in charge informed the inspector that he and the service supervisor were due to attend formal supervision training in December 2016. He was cognisant that he and the supervisor did not attend formal supervision and was considering how a system could be put in place following this training.

The inspector viewed a sample of personnel files. The information contained in the personnel files met the requirements of the regulations however the person in charge did not keep his personnel file nor that of the site supervisor on file at the centre.

There were no current plans for volunteers to visit the centre.

Judgment:

Substantially Compliant

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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Not all components of this outcome were reviewed.</p> <p>At the previous inspection some records were not maintained in completeness as they were not signed or dated by staff. During this inspection the inspector found that records were signed and dated.</p> <p>The policy on child protection required updating to ensure that it gave the correct name of the agency that staff are to report child protection concerns to. There was reference to a particular process regarding child protection in the parent handbook that was not set out in the child protection policy. Some information in the child protection policy required review.</p>
<p>Judgment: Substantially Compliant</p>

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:

Carol Maricle
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 report¹

Centre name:	A designated centre for people with disabilities operated by RK Respite Services Ltd
Centre ID:	OSV-0001863
Date of Inspection:	22 and 23 November 2016
Date of response:	29 December 2016

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 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:

There was insufficient evidence to show that the result of a fire drill was assessed. Four staff had not yet received formal training in fire safety. The children did not have emergency egress plans.

1. Action Required:

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

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

A new "Fire Drill Record" template will be designed to include sections for the recording of date, time, participants (staff and service users), exits routes used and time taken to evacuate the premises. A further section for the assessment of each individual drill allow for analysis and any learning from the drill to be recorded and this will be reviewed and inform Emergency Egress Planning for all children (See below).

All children are currently risk assessed regarding their abilities to safely evacuate the premise in an emergency, as part of their Individualised Risk Assessments. An implementation system of Emergency Egress Plans for all children will be developed. This system will take an evidence based approach, based on both the existing Individualised Risk Assessment and the analysis of Fire Drill Records. Details of children's' Emergency Egress Plans will be included on Care Plans.

Formal Fire Safety Training is scheduled for all staff for January 2017 and training on Fire Safety will be provided annually moving forward.

Proposed Timescale: 31/01/2017

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 inspector noted that the address of the child was not recorded nor was there a photograph of the child on the prescription sheet. The times at which medicine was to be administered was referenced as am and pm rather than an exact time. A centre specific procedure for the administration of pain relief medicine from a stock kept at the centre was not written down.

2. 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:

A new version of our Prescription Sheet, combining our existing Medication Sheets where addresses of children and their photographs are currently recorded and our current Prescription Sheet which is signed by each child's GP will be developed. This newer version of our Prescription Sheet, with all required client information (Photograph, Name, Address, Date of Birth, Medical Card Number (if relevant)) will outline all required information regarding a child's medication regime-Name of Medication, Dosage, frequency of administration, Specific time for administering, route

of administration, form of medication and will be signed by the child's GP. Medication will then administered using this Prescription Sheet only.
A centre specific procedure for the administration of over the counter medications, including pain relief medicines, will be included in an updated Medication Management procedure document.

Proposed Timescale: 31/01/2017

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 did not include the information set out in the certificate of registration.

3. 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 updated Statement of Purpose, scheduled for January 2017 will include the information set out in the certificate of registration.

Proposed Timescale: 31/01/2017

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:

The arrangements in place for the performance management of all members of the workforce to include the directors required review.

4. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Formal training in area of supervision/performance management is scheduled for the person in charge and the service supervisor for January 2017. It is planned that the provider of this training will in turn, be engaged by the service, to provide advice and

expertise in the area of performance management of all the members of the team including the directors. A full review in this area will be undertaken in consultation with this professional.

Proposed Timescale: 30/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The personnel files of the person in charge and service supervisor were not kept on-site.

5. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The personnel files of the person in charge and the service supervisor will be kept on-site. Some documentation required for these files such as references and Garda Vetting documentation were submitted as part of the application to register and copies of same will be requested from the Registration Section of the Health Information and Quality Authority.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

The person in charge and service supervisor did not include themselves on the staff roster.

6. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The person in charge and the service supervisor will be included in the staff roster and a record of contact hours within the service will be kept on a monthly basis.

Proposed Timescale: 01/01/2017

Theme: Responsive Workforce

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

The person in charge and supervisor did not participate in formal supervision. The frequency of supervision sessions given to staff required review.

7. 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:

Formal training in area of supervision is scheduled for the person in charge and the service supervisor for January 2017. It is planned that the provider of this training will in turn, be engaged by the service, to provide formal supervision on an on-going basis to the person in charge and the service supervisor in their roles within service provision. Following consultation with this professional in the area of supervision the frequency and format of formal supervision of all staff members will be reviewed.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

The training arrangements required review in regard to the frequency of some training.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training arrangements regarding the frequency of some training will be reviewed as part of the updated Training Needs analysis and subsequent development of the Training Schedule 2017. This is undertaken annually with the next formal review scheduled to be undertaken in January 2017.

Proposed Timescale: 31/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on child protection required review.

9. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The policy on Child Protection will be reviewed taking into account the recommendations made in Outcome 18 of the Inspection Report.

Proposed Timescale: 31/01/2017