



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

## Issued by the Chief Inspector

Name of designated centre:	Aleana House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0002058
Fieldwork ID:	MON-0025514

## About the designated centre

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

Aleana House is a purpose built bungalow located in an urban setting which includes sensory rooms and an indoor recreation area. The centre provides residential respite, two weekends per month and a number of one week breaks during the summer months. The centre caters for residents under the age of 18 years, both male and female, with an intellectual disability and/or autism who may also present with high medical/physical needs and/or behaviours that challenge. A maximum of four residents can avail of respite at any one time. Staff support is provided by nurses and care staff. The centre does not provide emergency respite.

**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 - 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
Thursday 1 October 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and spend some time with two children who avail of respite breaks in the centre and were present after school had finished on the day of inspection. As this inspection took place during the COVID-19 pandemic the inspector reviewed all relevant documentation and spoke to staff in advance of the children arriving, working in a room set aside for the purpose of the inspection. The inspector adhered to public health guidance in observing social distance and in the wearing of personal protective equipment (PPE).

Throughout the inspection the children appeared relaxed and comfortable with the support offered by staff. The children who spoke with the inspector described how they were supported to engage in activities in the centre. They described how they liked to spend their time while in the centre. They were complimentary towards the staff who supported them and the activity choices available to them. They said that they felt both happy and safe in the centre and liked coming to respite.

The staff were observed in advance of the children's arrival preparing visual schedules for use and having activities and toys to hand that the individual children preferred. Staff were aware of the routines and communication supports that each child required and were seen to have social stories and visual aids to support each child to orientate themselves on arrival to the centre.

The children were seen to have an after school snack and were supported to complete homework as appropriate. One child requested staff support to make a car wash and showed the inspector how they filled the bath with a small volume of water and then washed a selection of vehicles. Another child who liked to colour was supported at the table with a new colouring book and pencils.

The children were also supported to play outside in the centre's large garden and requested to play a game of 'duck, duck, goose' with staff, and were supported to have set times on their electronic tablets or watching a favourite programme on television.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for children in the centre. There were clearly defined management structures in place which identified the lines of

authority and accountability and all staff who met with the inspector were clear with respect to who they reported to.

There was an annual review in place which while written in the form of a summary of the year included evidence of engagement with the children and their families and contained goals set for the upcoming year. Six monthly unannounced visits by the provider or their representative had also taken place as required by regulation and had clear action plans associated with them. It was evident that improvements were made as a result of the findings of these reviews which were positively impacting on children using the service.

There was a suite of audits being completed in the centre including; fire audits, infection control audits, supervision audits, care plan audits, and medication audits. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as respite or family support meetings, management meetings and staff meetings. Children's' care and support needs were central on the agenda of all of these meetings.

The inspector found that the children appeared happy, relaxed and at ease with the support offered to them by staff. Staff were observed by the inspector to be caring and respectful in all interactions with the children. The staff who spoke with the inspector were knowledgeable in relation to the children's needs and likes and dislikes. There were sufficient staff numbers to meet the number and needs of children availing of the service and nursing supports could be increased according to the needs of the residents at any time. There was a full time team leader in place in this centre who supported the person in charge.

On reviewing training records staff had completed training and refreshers in line with mandatory training requirements . In addition they had completed additional training in line with children's assessed needs such as sign language, autism, epilepsy, and had completed a number of courses such as infection prevention and control, hand hygiene and use of personal protective equipment (PPE). Staff were in receipt of regular formal supervision to support them to effectively carry out their duties however this was not happening in line with the providers own policy.

Children were protected by the policies and procedures in place. The policies and procedures required by Schedule 5 of the regulations were in place and had been reviewed in line with the time frame identified in the regulations. The inspector noted that these had where indicated also been updated to include information relevant to the management of COVID-19.

The provider had clear systems in place regarding admissions for this centre. There was a policy in place that had recently been reviewed and clear processes in place providing guidance for staff including changes recently implemented as a result of COVID-19. An easy read or children friendly version of the respite agreement was also in place. The inspector noted that the respite agreements were reviewed annually with families or the children's representatives as part of the annual review process however amendments to the contribution costs were not clearly

documented and it was not clear that they had been discussed with families prior to changes in amounts being recorded.

The residents were encouraged and supported to raise complaints if they choose to do so, and arrangements were in place for any complaints to be resolved locally where possible. Relatives were aware of how they could make complaints if required. On the day of inspection no complaints were active however there were a number of previous compliments that had been satisfactorily concluded on file. The provider had clear procedures relating to complaints and a complaints log was maintained. The person in charge had been proactive in engaging with families and with neighbours and in outlining aspects of the service that may be a source of complaints such as missing property.

### Regulation 15: Staffing

Staff were knowledgeable in relation to children's care and support needs. There were rota's in place that accurately reflected the staff team in place. The numbers on the roster varied according to the number and needs of those attending respite at any given time.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with children's needs. They had also completed additional training in line with the management of COVID-19. While staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities effectively this had not been taking place as set out in the providers policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

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

for children.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

All of the children who attended respite services had contract in place which clearly outlined the service that was to be provided. This included the contribution that was charged, however changes to the contribution amount had been recorded without it being clear that families had been consulted and were in agreement.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

From a review of incidents and adverse events the inspector noted that all incidents to be notified to the chief inspector of social services had been made as required by regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had clear procedures relating to complaints and a complaints log was maintained. The person in charge had been proactive in engaging with families and with neighbours.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were in place and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

## Quality and safety

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

The inspector found that the premises was clean and decorated in a manner that reflected the age range of those who stayed there. While some of the paintwork required freshening up this had been identified by the provider but had been delayed due to COVID-19. There was adequate private and communal space for children. Rooms were of a suitable size and layout to meet childrens' needs. Children had suitable storage to store their personal belongings and access to laundry facilities should they wish to launder their own clothes. There was a large garden with multiple areas distinguished for play, such as a trampoline, climbing and play equipment and a grassed area for ball sport. In addition external to the house was a building housing a sensory room and a recreational area.

The inspector found that children had an assessment of need in place called 'all about me' and care plans for their respite stay were developed in line with their assessed needs. These plans clearly guided staff to support children. There was evidence of regular review and update of personal plans before each stay to ensure they were effective and changes were made in line with childrens' changing needs. Personal file reviews were completed every six months and a respite review was completed at the end of each respite break. Amendments were then made to care plans and risk assessments as required. Each child had access to the support of a keyworker. The inspector had the opportunity to meet two keyworkers who walked the inspector through childrens' support plans and highlighted risk assessments or specific communication or other needs.

Children were supported to manage their behaviour. Positive behaviour support plans in place clearly guided staff practice to support them. They included proactive and reactive strategies. There was evidence that they were reviewed and updated regularly in line with childrens' changing needs. There was evidence that restrictive practices were regularly reviewed to ensure the least restrictive measures were used for the least amount of time. There were a number of doors in the house that could be locked with keypads. Use of these was discussed on the day as they were identified on the centre's risk register and had not been used as a restrictive practice recently. Where an incident review outlined a technique for redirecting a child this had been appropriately determined as a restrictive practice and although recorded the method of recording this did not provide detail. This was discussed and amended on the day.

The inspector found that the provider and person in charge were proactively protecting children from abuse. There were policies and procedures in place and staff had access to training appropriate to their role and responsibilities in relation to child protection. Allegations were appropriately investigated and followed up on in line with national guidance and reported to the Chief Inspector of social services and

other statutory agencies as required.

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

Children were protected by risk management policies, practices and procedures. There was a system in place for keeping them safe while responding to emergencies and there were systems in place to identify, record, investigate and learn from incidents. There was a risk register and evidence that it was reviewed and updated regularly. General and individual risk assessments were reviewed and updated as required. There was evidence that vehicles were regularly serviced, insured and equipped with appropriate safety equipment. There was also evidence that all play equipment was serviced in addition to all equipment required for care and support such as hoists and electric beds. Risk assessments specific to areas were on display such as in the laundry or in the kitchen ensuring information was available to staff as necessary. One area of risk had not however been identified and assessed for that of lone working for staff.

The registered provider and person in charge had policies and procedures in place to keep children protected from infection. These had been reviewed and updated as required to include supports and systems required for COVID-19. There was accessible and child friendly COVID-19 information on display and records were maintained for temperatures for all children, family members and staff. Additional cleaning schedules were in place and adhered to, for both in the centre and for the play equipment outside. Cleaning schedules were in place for all specialised support equipment. Staff were observed to wear personal protective equipment as per national guidance and there were designated sinks for hand hygiene and easy access to hand sanitising gels.

## Regulation 12: Personal possessions

There were clear systems in place to record all personal property brought by a child for their respite stay, this record was checked on admission and on discharge. Specific systems were in place for the management of children's pocket money with locked storage available for each child.

Judgment: Compliant

### Regulation 13: General welfare and development

Children were supported to participate in activities in accordance with their wishes. They had opportunities to play and age appropriate opportunities to be alone. They had access to equipment to play both indoors and outdoors. They were supported to develop life skill and supported to attend school during their respite break.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for children and the physical environment was clean.

Judgment: Compliant

### Regulation 26: Risk management procedures

Children were protected by the risk management policies, procedures and practices in the centre. Arrangements were in place for the identification, recording and review of incidents. There were systems in place to respond to emergencies. However the area of lone working had not been identified as a risk and this required review.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were policies, procedures and systems in place to protect children from infection. Staff were observed to wear face masks as per national guidance and there was accessible information available to support children in their understanding of this area.

Judgment: Compliant

## Regulation 28: Fire precautions

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

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each child had an assessment of need completed and care plans and risk assessments were developed as required. There was evidence that childrens' personal plans were reviewed regularly with multidisciplinary team meetings scheduled at least annually. An end of respite review was completed after each respite break and changes made to documentation in line with findings of this review.

Judgment: Compliant

## Regulation 7: Positive behavioural support

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

Judgment: Compliant

## Regulation 8: Protection

Children were being protected from abuse through appropriate policies, procedures and practices. Allegations were followed up in line with national guidance and reported in line with the requirements of the regulations. Staff who spoke with the inspector were knowledgeable on their responsibilities in relation to child protection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Aleana House OSV-0002058

Inspection ID: MON-0025514

Date of inspection: 01/10/2020

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Ard Aoibhinn Supervision policy is currently being updated to reflect the supervision processes taking place across the service. This will be completed by 27th of Nov 2020.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The inspector was advised on the day that a letter had been sent to the families prior to the increase in charges however a copy of this letter was not available for her to view at the time. A copy of this letter dated 16th of December 2019 is now on file at the Centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:

To support the Organisations lone worker policy a risk assessment has been put in place at the Centre in realtion to lone working specific to this designated Centre.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/11/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	05/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	05/11/2020

	responding to emergencies.			
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