

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by ChildVision
Centre ID:	OSV-0002093
Centre county:	Dublin 9
Type of centre:	The Health Service Executive
Registered provider:	ChildVision
Provider Nominee:	James Forbes
Lead inspector:	Eva Boyle
Support inspector(s):	
Type of inspection	Announced
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 inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
07 October 2015 09:00	14 October 2015 16:00
08 October 2015 09:00	08 October 2015 17:30
09 October 2015 09:00	09 October 2015 12:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre was located in Dublin and provided care to two boys and three girls who had a vision impairment and a diagnosis of learning disability; four out of five children who received residential care were in the centre. In addition, one child attended for a day service after school from 3-7pm. The centre could provide residential care for up to six children and had one day care place. The service was provided by ChildVision who had applied to register the centre. The centre provided residential care to children aged between the ages of 10 to 18 years old who were blind or had significant vision impairment and may have an additional disability including intellectual disability. The service operated from Monday morning to Friday

morning, and the number of nights that children stayed in the centre varied.

This was the second inspection of the centre and the purpose of the inspection was to inform the registration process. As part of the inspection the children met with inspectors and were also observed. Inspectors also met with three children, one parent and interviewed three staff, a nurse, the team leader (person in charge) and the head of care. Two parents of children completed questionnaires. The inspectors also reviewed policies and procedures, children's files, staff files and other records in the centre.

Children had a good quality of life and were safe. They were supported by a staff team who were person-centred. Inspectors observed children singing, playing musical instruments and rapping. Children participated in a wide range of activities such as judo, swimming, horse-riding and attending drama/dance club. All of the children were attending school in the local community. Children's needs were being re-assessed by the multi-disciplinary team. Children had personal plans and had individual goals. The service had a focus on the development of each individual child and supported children in developing their strengths and talents.

There were good governance arrangements in place. Management systems were evolving. The head of care, team leader and staff team actioned and implemented changes in a timely manner in the service. The staff team had one vacancy and relief staff were used in order to have sufficient staffing levels in place.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children were aware of their rights to choice, to consultation, to complain, to be heard and their right to feel safe. The staff team worked with children to give them information on their rights. Staff consulted with children through the use of children's meetings and one to one meetings with keyworkers. One of the children represented the centre at student council meetings, where representatives from all of ChildVision residential centres met with the head of care and raised issues in regard to their centres such as physical changes or repairs that they wanted. Children were consulted in relation to their personal plans, the running of the house and children's views were taken on board. Inspectors observed staff being respectful in their interactions with children. The privacy of each resident was respected.

The management of complaints was effective. There were two complaints made by children in relation to the same issue recorded on the complaints register from September 2015 to the date of inspection. The complaints had been successfully resolved. The complaints log outlined the outcome of the complaint and whether the complainant was satisfied at the outcome of the complaint process as required by Regulation 34(2) (f).

The complaints policy required some minor clarifications in order to be comprehensive. The head of care was the nominated complaints officer. Information on the complaints procedure was prominently displayed in the centre. Staff and children were clear on the complaints process. However, the complaints policy was not clear in outlining who the nominated person was to ensure that all complaints were appropriately responded to or that all complaints records were maintained, as the policy referred to the CEO/ senior management team. The policy outlined that all appeals were managed by the Health

Service Executive and the policy provided information on accessing advocacy services if a child required assistance in making a complaint. A child friendly version of complaints was in place.

Children told inspectors that they could contact an independent person if they had any worries or complaints. Inspectors found that the service had an arrangement in place for an external visitor, who visited the children a number of times during the year. The independent visitor was a means for children or their parents to have an external advocate who they could get advice, support or raise issues in relation to their care in the centre, and these would be raised in turn with the head of care. Children were confident that they would raise concerns directly with the staff, the team leader or head of care, but were clear that they could contact the external visitor. In addition, children told inspectors that they had the contact information of the independent visitor and it was also included in their resident's guide. The head of care outlined that the independent visitor was an important mechanism to have in place, as the independent visitor could advocate on children's behalf and challenge the service.

There were measures in place to protect children's belongings. Children's bedrooms had sufficient storage space for items of clothing or other personal possessions to be stored. Children's ability to manage money was assessed by the team. Records were kept of monies received by children from parents or relatives. Any monies spent were recorded and receipted. However, records were not maintained of other belongings that children brought into the centre.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

Findings:

Children's communication needs were assessed and personal plans provided sufficient detail to guide staff. Inspectors observed staff and the children communicating with each other in a meaningful and effective way through language. Assistive technology was available to children and children had use of braille machines.

There were personal passports on children's files which included specific information about how the child communicated and guided staff in how to best support each child to communicate. There were also instructions for staff on how to assist the children to

develop their communication abilities. For example, the goal for one child was to encourage him to use full sentences.

All information was available in the format that was appropriate for the child's level of vision, such as braille or large print. A child completed the weekly menu in braille to ensure that all children could access it.

The centre had a policy in relation to communication which was under review. The head of care told inspectors that the speech and language therapy department were involved in the review of the policy.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

Findings:

Children were supported to maintain relationships with family members and had opportunities to develop and maintain personal peer relationships and to have involvement in the wider community. The maximum number of nights that a child stayed in the centre was four and parents occasionally visited children in the centre during the week. In addition, there was regular telephone communication between children and their parents. The facilities for visits within the centre were appropriate. The centre had a visitor's policy and family members were welcome. Parents told inspectors that the staff team regularly contacted them about their child and this was evident from children's records. In addition, families were consulted and attended meetings in relation to their children's personal plans. Children's friends visited the centre. Children told inspectors that their friends from school visited them regularly. Arrangements for a young person's birthday party was being organised and the young person's friend were due to attend.

Children were involved in activities in the local community. They were all involved in clubs and activities where they had met with children of their own age group. They participated in a wide range of activities in the community such as attending arts and drama through Headstart, athletics, horse-riding and swimming.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The admissions policy did not meet all the requirements of the Regulations. A multi-disciplinary admissions panel chaired by the head of care, with the team leader as a member reviewed and made decisions around applications for a placement. The policy outlined that information on children's needs, such as medical needs, educational needs would be reviewed by the panel. In addition, the policy outlined that a multi-disciplinary assessments would be completed prior to admission or within twenty eight days of admission. However, as personal plans must be completed within twenty eight days of admission, the policy requires review in order to reflect the requirements of the Regulations. The policy did not include what practices were in place to take account of the need to protect children from abuse by their peers. A "Policy on Transitions and Permanent and Temporary Discharge of Children from one Residential House to another and to Beyond the ChildVision Children's Residential Service" outlined comprehensive steps for children transitioning and being discharged from the service, including a process if the residential placement was unsuitable for a child. No children had been admitted since the last inspection.

The centre had a care agreement, but it was not in line with the requirements of the Regulations as it did not outline all services that were provided to the children and did not reference any fees, if relevant. The agreement was not signed by parents.

Judgment:

Non Compliant - Moderate

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):**Findings:**

Children's needs were in the process of being re-assessed. There was a schedule in place for each of the children's assessments to be completed by a range of professionals including social care staff. Some of these assessments had commenced and included areas such as orientation and mobility, communication, assistive technologies, occupational therapy and medical needs. Inspectors found that as a result of an updated occupational therapy assessment, a child required specific cutlery and this was provided for the child.

Inspectors found that personal plans were of a good quality and identified clear goals and objectives. Children and their parents/guardians views, wishes and preferences were outlined in their personal plan. There were also child friendly versions of personal plans, and it was evident that children were aware of their plans. One child liked when staff read through his/her plan at bed-time and personal plans were made available to children in an accessible format such as braille.

Children had achievable short and long term goals which were reviewed regularly. The progress that children made in regard to their goals was recorded and some goals changed as the children's needs changed. An example of the use of long term goals was the development of a young person's life skills, but there were short term goals in relation to them identifying different monies and this was also a goal of their individual educational plan.

Personal plans were reviewed annually and also when there were changes in the children's needs. Parents/guardians, staff, children's services manager and relevant members of the multi-disciplinary team attended these reviews but the children did not. The records of these reviews recorded key tasks and they were assigned to specific people. However, they did not consistently review previous agreed tasks and therefore it was unclear how outcomes for children were measured.

Children's life skills for adulthood were being developed in a planned way. Children were supported in achieving independence, for example, in the area of telling the time and planning their time. In addition, children were supported by staff and a mobility co-ordinator in developing independence in their mobility such as children were supported going to school on their own, and then moving on to other challenges such as safe road crossing. Inspectors found that the staff team were aware that going to new places in the community caused some anxiety for specific children and these children had specific programmes in place to familiarise themselves with new environments in the community with the support of staff. Children were involved in completing their laundry, completing practical tasks such as using the microwave and one of the young people had assisted staff in preparing a meal during the course of the inspection.

There were systems in place for the transitioning of children to adult services or other services in the community. There were three young people aged sixteen years and their personal plans were primarily focused about developing their independence skills.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The premises were safe and suitable for the needs of residents. The centre was homely, clean and well maintained and the design and layout was in line with the statement of purpose. It comprised of a two storey property which was set on the grounds of the ChildVision campus. The centre was located close to schools, public transport and community facilities.

Each child had their own bedroom which was suitable in size and had adequate storage facilities. Children had their photographs on their bedroom doors. Children told inspectors that staff had assisted them in decorating their rooms, and a child explained that they needed staff assistance in regard to choosing colourful items due to their visual impairment. One downstairs bedroom was appropriately adapted to meet the needs of a wheelchair user and was ensuite. On the ground floor, there was a kitchen, dining room, a utility room, a toilet, a multi-sensory room, staff bedroom, an office and a sitting room. The kitchen was appropriately equipped and included assisted cooking devices that gave verbal direction to children. The laundry/utility room was well equipped. The sitting room and bedrooms were well furnished and decorated with child friendly colours, photos and personal possessions. Children asked inspectors to describe the photographs and they There was sufficient communal and private space for the children.

There was parking available at the front of the centre.

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):

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

Findings:

The centre had a health and safety statement in place which required updating as it was signed in 2012. It described the centre and outlined the responsibilities of the CEO, managers and employees. Individual risk assessments for the children were completed as well as environmental risk assessments. Inspectors observed a number of safety measures which had been put in place such as chemicals being locked away as they were assessed as causing potential harm to children. Hot water and radiator temperatures were regulated. Inspectors examined staff training records and found that training had been provided to staff in areas such as manual handling, first aid and food safety.

The risk management system had been developed since the last inspection. The centre had a new risk register which outlined current risks such as a staff vacancy and the impact on the service. All risks had appropriate controls in place and were rated as medium and low risks. The risk management policy had been revised since the last inspection and was compliant with Regulation 26.

The centre had an effective incident reporting system. Incidents such as behavioural incidents were recorded on incident forms. The team leader outlined that other near-misses or injuries would be recorded on incident forms. Incident forms were monitored by the team leader and were also forwarded to the head of care for review. Inspectors found that there was a total seven incidents recorded since December 2014 which had been reviewed in line with the policy and inspectors did not find any other unrecorded events.

There were effective systems in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. There was a colour coded cleaning system in place and equipment was stored appropriately. There were adequate hand-washing facilities with guidance on display regarding hand hygiene. Personal protective equipment was available for staff. The centre also had a cleaning schedule in place which showed tasks had been completed on a regular basis. Temperatures of the fridge and freezer were appropriately monitored.

There were suitable controls in place regarding fire. The majority of staff were trained in fire safety, one new member of staff had not received formal training, but had been briefed by the team leader and inspectors found that they were aware of the centre's

procedures. Fire fighting equipment was serviced in February 2015. Regular fire drills had taken place and reports showed that the fire drills occurred at different times and included a different mix of staff and children. All staff had participated in a fire drill. Staff completed daily and monthly fire checks. The centre had developed personal emergency evacuation procedures for each service user. On the day of inspection, fire escapes and exits were unobstructed. A visitor's book was also maintained in the centre to show who was in the building in the event of an emergency.

An emergency plan was in place for the centre which provided guidance for staff in the event of an emergency or unforeseen event such as utility outages or fire. The plan included contact details and identified a place of safety outside the centre should an emergency evacuation be required and alternative accommodation was required elsewhere.

Inspectors found that the vehicle used by staff was appropriately taxed, insured and had a national car testing certificate.

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):

Findings:

There were good safeguarding practices in place. Children told inspectors that they felt safe in the service. The team leader and the staff team had good awareness around child protection and welfare.

Children presented as being happy and at ease in the presence of staff. Residents plans included a section titled "If I go missing from care" which described the child's distinguishing features, health concerns and instructions on how to approach and communicate with him/her. There were personal safety plans in place which detailed the level of supervision the children required in the community and risk assessments had been undertaken in regard to this aspect of care.

Good quality intimate care plans were in place that provided staff with clear guidance in relation to the support or assistance that children required. The plans outlined if children required assistance in a range of intimate care areas such as bathing, showering, washing their hair, toileting and washing. Intimate care plans were reviewed and amended where appropriate. Inspectors observed a child requesting a staff member to assist them in closing their top. This was in line with the contents of the plans. However, the policy on intimate care was not comprehensive as it did not provide sufficient guidance for staff on all intimate care tasks.

The centre had a child protection policy which provided staff with appropriate guidance. Inspectors found that staff were familiar with the reporting procedures, knew who the designated liaison person was and were all trained in Children First; National Guidance for the Protection and Welfare of Children (2011). The designated liaison person was the head of care and he regularly visited the centre and was well known to the children. Inspectors did not find any issues during the course of the inspection that warranted a referral to the Child and Family Agency.

There were few behavioural incidents and they were of a minor nature. The staff team managed these behaviours well and behavioural incidents were discussed by the staff team. The team leader had recently qualified as a trainer in a method of behavioural management and it was planned that he would train the team in this method of behavioural management.

No restrictive practices were used in the centre. There were appropriate policies and procedures in place if a restrictive practice was being considered. The team leader told inspectors that a risk assessment would be completed and the practice would be approved and reviewed by the head of care and the multi-disciplinary team.

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:

All notifications were appropriately completed and were submitted on time. All incidents were clearly recorded in the centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

Children had opportunities for social participation and new experiences. They were involved in a vast range of activities such as music, athletics, horse-riding, judo and swimming. The service had a large selection of games, toys and books for children.

The staff team valued education and children were supported in their educational placements. The staff team were consulted by the children's schools in regard to children's individual educational plans and some of these were held on children's records. There were communication books that children brought to and from school to exchange information between teachers, staff and parents. Inspectors found that the staff team were actively involved in supporting all of the children in their school placements. In addition, inspectors found that the team leader advocated on behalf of children when issues arose at school. Children told inspectors that they enjoyed school and that staff helped them when they needed it with school work. The centre had a comprehensive policy on children's education and referenced the relevant legislation about the education needs of children with disabilities.

None of the children in the service were approaching school leaving age.

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's medical needs were assessed and met. Children had access to the nurses within the organisation when required and also their general practitioners (GPs). Children accessed a range of allied health professionals such as speech and language therapists, ophthalmologists and occupational therapists. Staff had easy access to contact details for their GP, out of hours GP service and hospitals.

All children had medical plans. These plans provided information on children's medical conditions, allergies and gave detailed information in regard to any prescribed medications that children were receiving. Some children were attending specialist services such as paediatricians and their parents facilitated attendance at these services. Children had regular dental appointments.

Children's nutritional needs were assessed and monitored by the staff team, but children with limited diets were not routinely referred for a dietician's assessment. One child had a limited diet, and this was identified by the staff team. The team leader told inspectors that the child's diet had been discussed with the nursing staff, but the child had not been assessed by a dietician. Children consumed a varied and balanced diet and specialist dietary needs were met such as those of coeliacs. There was a good supply of fresh food in the centre. Inspectors observed children having a meal after school which was a sociable event, with children and staff chatting and discussing the children's day.

Judgment:

Substantially 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):

Findings:

The practice in relation to medication management was good. At the time of the last inspection, there was a central store of as required medication (PRN) but this practice had changed and each child had their own supply of PRN medication. The centre had a comprehensive organisational policy for the management of medication and also a centre-specific procedure in relation to medication errors. Inspectors read residents medication folders which contained medical histories and individual medication plans. All staff were trained in the safe administration of medication.

There was a suite of forms used to record the medication management process including a prescription sheet, administration sheet, and a PRN medication stock control book. Medication was stored securely in the centre and records showed that medication was administered only to the resident it was prescribed for. Each resident's medications were labelled correctly and stored together in separate containers. No children were prescribed controlled drugs. There were no out of date medications and returns were appropriately dealt with.

There were processes in place for the identification of medication errors and incidents. Inspectors found that there were three medication errors reported since the start of September 2015 relating to a child not taking their PRN medication. The staff team had successfully resolved the issue through consultation with the nursing team and changing the medication from a tablet to a liquid form. The team leader and a nurse reviewed incident reports.

The nursing staff audited medication processes on a weekly basis. In addition, the nursing staff completed unannounced spot checks which included an observation of medication administration. The nurse completed a standard format outlining staff's competency over eighteen different steps, commented on their ability and made recommendations if required. Inspectors reviewed these reports that had been completed recently and found that they were comprehensive. No deficits were identified in the reports reviewed by the inspector.

Judgment:

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):

Findings:

The statement of purpose met the requirements of Regulation 3. It was evident from children's records that parents had been provided with a copy of the statement of purpose.

Judgment:

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):**Findings:**

There was a clear management structure with defined lines of authority and accountability. Staff were clear about the structure, who they reported to, and their roles and responsibilities. They acknowledged that they had good leadership from the team leader and the head of care.

The board met on a regular basis and the head of care attended the board meetings to report in regard to his role as designated liaison person for child protection. In addition, the senior management team through the chief executive officer reported to the board if there were any issues of risk arising in regard to the centre. The head of care was found to have a good knowledge of his responsibilities under the legislation, Regulations and Standards. He was a member of the senior management team and it was clear that matters in relation to the children's residential services were discussed at senior management level and this included action plans to the Health Information and Quality Authority.

The team leader was the nominated person in charge. He was appropriately qualified and was an experienced manager. He had over 30 years experience working with children with disabilities and had managed the centre since 2001. He was aware of his responsibilities under the Regulations and Standards, as were the staff team. The team leader was in the process of completing a management qualification and regularly attended relevant professional development training. He reported directly to the head of care and had successfully implemented changes since the last inspection, such as the development of the risk register, some food management systems and the organisation of assessments for children. The shift leader was responsible when the team leader was not on duty and an identified member of staff covered for the team leader when he was on leave. In addition, nursing staff were employed from 9-5 Monday-Friday and there was also an on-call system in place.

There were effective management systems in place. The organisation had a strategic plan from 2011-2015, which provided an overview of ChildVision's services, goals and related objectives and the model of service delivery that was in place. There were policies and procedures in place, which were implemented in practice. Inspectors found

that staff were aware of these. In addition, there were good communication systems including daily contact with staff, weekly team meetings and team leader meetings. The team leader made appropriate decisions and consulted with the head of care when this was warranted. A quality management system was evolving and audits had been completed in areas such as medication management and hygiene. However, other areas such as comprehensive assessments, personal plans and record keeping were yet to be fully formally reviewed but a sample of a child's file had been reviewed as part of a six monthly visit.

The provider had completed a comprehensive review of the quality and safety of care and support on 15 September 2015. The service was reviewed against the National Standards for Residential Services for Children and Adults with Disabilities (2013) as per the requirements of the Regulations. Children were consulted as part of the process and comments that children made were incorporated into the review. Their parents/guardians completed a comprehensive survey on their views of the quality and safety of care and support of the service. Nine recommendations were made and the majority of these were completed or in the process of being completed. However, the annual review did not identify some of the deficits that inspectors found during the course of the inspection such as that a child's dietary requirements had not been sufficiently assessed.

An unannounced six monthly visit of the centre was completed two days prior to the inspection. This review was comprehensive and identified three actions which related to one staff member requiring fire safety training, a staff vacancy and the children's assessments currently under review. An action plan was in place and some of the actions were in the process of being actioned such as the appointment of a new member of staff.

A performance management system was in place. However, no appraisals had been completed with staff during 2014 as per the organisational policy. There was a protected disclosure policy and staff were aware of the whistle blowing procedures within the centre.

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 were appropriate arrangements in place for the management of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre had a designated budget and there were sufficient resources in place to meet the needs of the children's activities, outings and any other expenses that arose. Financial audits of the service had taken place and the financial records for September had been signed off by the financial controller on 7 October 2015.

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):

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

Findings:

At the time of the last inspection, there were some gaps in mandatory training and

improvements were required in the recording of supervision.

Recruitment processes were effective. There was an organisational policy in place that was in line with good practice. All staff files were in line with the requirements of Schedule 2. Staff were appropriately vetted by An Garda Síochána, appropriate references, qualifications and employment histories were in place. The recruitment of staff was managed centrally, by the human resources department of the organisation.

There was a comprehensive induction process in place for new and relief staff. Staff underwent training in understanding visual impairment and a new member of staff explained that it included putting on goggles that impeded his/her vision in order to have an understanding of the children's needs.

There were sufficient staff employed to work in the centre. There was one staff vacancy, but relief staff were rostered as required. Four members of staff and one team leader worked in the service. The team leader told inspectors that two members of the relief panel worked in the centre and that he endeavoured that there was consistency in terms of relief staff. Two members of staff were rostered to sleep over night in the centre and two to three staff were rostered to work during the day based on the needs of the children resident on specific days. There was a staff rota in place, but it did not consistently reflect who was working in the centre. The rota only reflected the planned staffing and did not reflect the changes that the team leader had made to the roster due to, for example a member of staff being ill.

Staff were appropriately qualified and skilled to meet the needs of the children. A training needs analysis was reviewed at the last inspection. All staff had received training in manual handling, medication management, first aid including managing epilepsy, and Children First (2011). One new member of staff required fire training. The majority of staff had completed additional qualifications in working with young people with vision impairment. Staff had completed training in areas such as supporting children with a visual impairment and autism, person centred planning, methods of communication, food hygiene and report writing.

There was a formal supervision process in place, but decisions taken at supervision were not always clearly recorded with a date for tasks to be completed. It was unclear how the agreed actions were reviewed as subsequent supervision sessions did not reflect any discussion about the agreed actions. The team leader told inspectors that he had daily contact with the team so that he can measure staff's progress in this way. Staff were positive about their experience of supervision. The team leader was supervised by the head of care and had four supervision sessions between March and the date of inspection. The quality of these supervision sessions was good. The sessions focused on management issues such as staffing levels, specific issues in regard to children, the role of the person in charge and the service.

Staff had access to copies of the Regulations and the Standards.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The majority of records required by schedule three and four of the regulations were in place. An actual roster was not in place and children's assessments were being updated at the time of the inspection. The centre had a resident`s guide which was child friendly and contained all the information required by the regulations. The directory of residents was accurate and up to date.

Records were clearly recorded and were appropriately dated and signed off. Paper records were generally well ordered, clearly indexed and stored securely to prevent data protection breaches and preserve the children's information in a confidential manner. Children's files included their photograph, medical details, next of kin names, and correspondence and reports relating to each child.

The centre had all the required policies under Schedule 5. The communications policy was under review and some policies required further review to provide sufficient guidance to staff, such as risk management, and intimate care.

The centre was adequately insured.

Judgment:

Substantially Compliant

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:

Eva Boyle
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 ChildVision
Centre ID:	OSV-0002093
Date of Inspection:	07 October 2015
Date of response:	26 November 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy was not clear in who the nominated person was to ensure that all complaints were appropriately responded to or that all complaint records were maintained, as the policy referred to the CEO/ senior management team

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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

nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints policy will be amended to enlarge the role of ChildVision's external visitor, allowing this person take on a formal role, in addition to the complaints officer, in ensuring all complaints are appropriately responded to and that a record of all complaints is maintained.

Proposed Timescale: 30/11/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions policy did not take account of the need to protect residents from abuse by their peers.

2. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admission policy and procedures will be amended to take into account the requirements of Regulation 24 (1) (b) in respect of outlining practices designed to protect young people from any abuse by peers.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The care agreement did not outline all services that was provided to a child and did not reference any fees.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The agreement for the provision of services will be amended to reflect the many

services provided to residents. Although no fees exist for ChildVision's residential services, this will be made explicit in the agreement. Further, the possibility of small occasional costs to cover specific recreational activities, if any, will be referenced.

Proposed Timescale:

Outcome 05: Social Care Needs

Theme: Effective Services

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

Children were not included in their personal planning reviews.

4. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Children will now be invited to attend their personal plan reviews, and if necessary, facilities will be made available to them to enable their maximum participation at these meetings.

Proposed Timescale: 01/12/2015

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:

One new member of staff had not received fire training.

5. Action Required:

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:

Formal Fire Training for this new member of staff has been scheduled.

Proposed Timescale: 11/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Dietician's were not involved in assessing or formulating dietary plans.

6. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

Those young people who require input from the dietician will receive it and the advice and guidance provided will be incorporated into individual plans.

Proposed Timescale: 26/11/2015

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 quality management system was not fully implemented.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

ChildVision's policy on formal appraisal for care staff will be implemented consistently at team level and monitored by the registered provider to ensure compliance.

Proposed Timescale: 26/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no actual roster in place.

8. 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:

Both a planned and actual staff rota is now in place.

Proposed Timescale: 26/11/2015

Theme: Responsive Workforce

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

Decisions were not always clearly recorded with a date for tasks to be completed.

9. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The staff supervision form will be amended to ensure clarity as to decisions taken and timely follow through.

Proposed Timescale: 01/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies provided sufficient guidance to staff and one policy was under review.

10. Action Required:

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

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

All of the documentation required under regulation 04(1) has been reviewed and, as above, both a planned and actual staff rota is now in place.

Proposed Timescale: 26/11/2015

