



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

## Issued by the Chief Inspector

Name of designated centre:	Red House
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	12 March 2021
Centre ID:	OSV-0002650
Fieldwork ID:	MON-0031878

## About the designated centre

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

Red house is a single storey purpose built facility located outside a main city. Vehicle access is provided to enable children to access local amenities, schools and leisure facilities. There is a playground and a large garden available on the grounds of the centre. The centre provides respite care and support services for up to five children with a diagnosis of autism. The service is provided to both male and female children between the ages of six and 18 years. The service is a regional service covering a number of counties and is funded by the Health Service Executive (HSE). It is open 284 nights each year. The centre also offers an after school and day care service. Children are supported by a staff team which includes care staff, a team leader and the person in charge. Each child is supported by the required number of staff that they are assessed to need.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Friday 12 March 2021	08:30hrs to 16:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and interact with a number of residents on the day of inspection. The inspection was completed on a Friday with a changeover of individuals availing of respite for the weekend. The planning of respite breaks was overseen by the person in charge and team leader. Work was in progress to ensure the compatibility of all children availing of respite was transparent and in line with the needs of the residents. This compatibility would look at areas such as age, interests and sensory needs. This would also ensure that staffing levels were appropriate to meet the assessed needs of each child availing of respite.

On arrival children were up and about getting ready for the school day to start. Each child was supported to have breakfast. One staff was observed supporting a resident to have their breakfast in the area of the centre of their choice. This child favoured a quiet environment and an area had been identified and communicated through visual cues of pleasant eating experience. Also when breakfast was prepared the staff member spoke on behalf of the resident to ensure the breakfast was prepared to their liking. As the staff member was aware of the needs of this resident in the area of sensory overload, they also requested for individuals in the surrounding area to keep the noise level to a minimum.

Other children were observed resting in the living room before starting their busy day in school. While children were relaxing staff were observed getting the children's belongings organised and ready to send home to families. Staff supported residents to leave the centre and attend school. Following the discharge of children a staff member had been allocated the role of contacting a family member and telling them how the child presented over the period of respite. One family member called to the centre later in the day and collected the child's belongings.

Staff completed an intensive cleaning regime when all children had left for school. This included all communal areas, bedrooms and recreational areas such as the soft play room and sensory room. On admission each child was afforded the opportunity to choose which bedroom they wished to use during their stay. Each child was encouraged to bring their favourite toy, items and clothes with them to make their stay more enjoyable. The environment of the centre was appropriate to the age of the children whom were availing of the service. It included a large garden area with a safe outdoor play area for service users.

In the afternoon prior to the completion of the inspection two children came for their respite stay. Staff members were assigned to support the individual's needs of each child to provide a consistency to the child during their stay. Staff had completed a special shop to help to celebrate a special occasion for one of the children over the weekend. Staff were observed assisting the children with the transition to the centre to allow time to transition and to relax.

All interactions observed on the day of inspection were positive in nature. All staff spoken with had a keen awareness of the needs of the children availing of the service within Redhouse. Members of the governance team also shared this awareness and were aware also of the needs of the service as a whole.

This inspection occurred during COVID 19 pandemic. The provider had been given notice to allow for preparations for the inspection to take place in a safe manner. PPE was worn as appropriate with interaction for the inspector occurring in 15 minute time periods.

## Capacity and capability

The inspector reviewed the capacity and capability of the registered provider to deliver a safe and effective service within Redhouse. Through an effective governance system, and a well-resourced service the registered provider ensured children were provided with a safe and effective service during their respite stay in Redhouse. This inspection was completed to support a recommendation of the registration of the centre.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. This individual possessed a clear understanding of their regulatory role and the needs of the residents, including the notification of all required incidents to the chief inspector of social services. They held this governance role in two designated centres. The person in charge reported directly to the person participating in management. The person in charge was supported in their role in Redhouse by an appointed team leader. A number of duties had been delegated to this individual including weekly and monthly audits of service provision.

The registered provider had ensured measures were in place for organisational oversight of service provision within the centre. This incorporated an annual review and six monthly unannounced visits to the centre. These monitoring systems were found to be comprehensive and set out actions which were required to address identified areas of concern. Completion of actions were monitored through a computer software which all members of the governance team had access to.

At centre level, as discussed earlier, the person in charge delegated a number of monitoring systems to the team leader. These incorporated both weekly and monthly audits. Such areas reviewed included support plans, complaints, safeguarding and health and safety. Whilst a number of areas were reviewed the content presented did not clearly articulate the areas reviewed and actions to be addressed. Also, these audits did not demonstrate oversight of the duties completed by the team leader. The person in charge also completed these audits but

comparison of findings was not evident.

Team leader duties also incorporated formal staff supervision meetings. These were completed quarterly or more often as required. Should any concern arise these were reported to the person in charge to provide additional supports. One area discussed at supervision meetings included training. Within Redhouse effective measures had been implemented to ensure training was provided to staff despite COVID 19 restrictions. On-line training modules were utilised to enhance the training needs of staff.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the centre was submitted within the correct time frame.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They held governance over two centres.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the staffing allocated to the centre was appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised in accordance with local policy.

The person in charge had ensured staff had access to appropriate training, including

refresher training as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the designated centre was appropriately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was appointed to the centre with clear lines of accountability.

Whilst monitoring systems were in place at centre level, these required review to ensure they were effective in identifying all areas of concern and utilised to drive service improvement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector was satisfied that notifications were submitted to the chief inspector of social services as required.

Judgment: Compliant

## Quality and safety



The inspector reviewed the quality and safety of the service provided to children whilst availing of respite in Redhouse. Children were supported to engage in a range of age appropriate activities both within the centre and in the local community. Whilst availing of respite children were supported to attend school and continue their education needs.

Each service user had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Goals were identified which included skills training and promoting enjoyable activities whilst in Redhouse. Prior to each admission an update was obtained from a family member and contact was made by staff post discharge to maintain family communications. Some improvements were required with regard to the discharge procedures following child's respite safety. Family members signed for receipt of medications and personal belongings prior to admission. If collected from the centre a check was completed of items returned home with the child. This did not occur if the child was discharged to the care of another facility such as an educational institution. This practice required review to ensure each plan is reviewed effectively prior to admission and post discharge.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each service user was afforded a choice of bedroom on their arrival. The centre was clean and overall, well presented with accessibility facilitated throughout. Some areas did require repair internally with respect to flooring. This had been delayed due to COVID 19 restrictions. The person in charge did obtain assurances that this work would be completed in due course.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Regular contact was maintained with the public health team to ensure all respite breaks were completed in a safe manner.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each child was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. The personal and intimate care needs of all service users was laid out in personal plan in a dignified and respectful manner. The governance team were currently partaking in a project to ensure the compatibility of all child was clear to minimise the risk of negative interactions.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training and firefighting equipment. However, on the day of inspection of a number of fire doors present were not closing fully. This also had not been highlighted in the daily checks completed on the morning of inspection. The person in charge requested a review of this by a competent person

to be completed. The process with respect to evacuation drills did not ensure that all children were aware of the evacuation procedures. Not all children had completed a full evacuation drills in over six months.

### Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was clean and well presented with accessibility facilitated throughout.

A large garden area was present with ample recreational areas for children. A large soft play room and sensory room were also available for children to avail of during their stay.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy is provided to each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had

implemented some measures to ensure the effective assessment, management and ongoing review of risk.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the registered provider had ensured that effective fire safety management systems are in place. Containment measures within the centre required review to ensure they worked in accordance with regulations.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each service user had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Regular updates required improvement to ensure any change in need was addressed prior to admission.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to behaviours considered challenging. Staff had received training in the management of behaviour.

The person in charge had ensured the ongoing review of restrictive practice to

ensure that the rationale for its use was clear and individualised.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. The governance team were currently a project to ensure the compatibility of all service users was clear.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Red House OSV-0002650

Inspection ID: MON-0031878

Date of inspection: 12/03/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>PIC will review weekly &amp; monthly audits completed by the Team leader so all actions are completed. The provider has updated its Monthly Audit Tool to carry over any actions from previous month. This was completed on 22/04/2021.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>All fire doors adjusted by Maintenance Company so they close correctly. Daily checks documents have been updated so any concerns are highlighted immediately and actioned.</li> </ul> <p>All children and staff will, take part in a fire drill each quarter.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

PIC & Team Leader have reviewed the discharge documentation and all families and staff informed of this update.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- PIC & Team leader reviewed all the children's personal support plans to ensure compatibility of all the children who attend the service is clear so as to minimise any safeguarding concerns



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/04/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/03/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	18/03/2021

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	18/03/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/05/2021