



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

## Issued by the Chief Inspector

Name of designated centre:	The Children's Sunshine Home (operating as LauraLynn Children's Hospice)
Name of provider:	The Children's Sunshine Home
Address of centre:	Dublin 18
Type of inspection:	Short Notice Announced
Date of inspection:	16 December 2020
Centre ID:	OSV-0003282
Fieldwork ID:	MON-0026202

## About the designated centre

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

The Children's Sunshine Home is a voluntary health care organisation which provides respite and residential care to children and adults with complex health needs. The service operates on a 24 hour 7 day a week basis, ensuring residents are supported by nursing staff at all times. The centre provides residential services to seven adults and three children, respite care for up to three children (at any one time) and one crisis care placement. The centre is staffed with nurses, health-care assistants and a recreational and activities Coordinator. The centre comprises of two units, one for children and one for adults. There is a restaurant and activity rooms on site. There are three playgrounds available on the grounds, two of which have been adapted and are accessible to adults and children with physical disabilities.

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

Number of residents on the date of inspection:	12
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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
Wednesday 16 December 2020	13:30hrs to 18:45hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not engage with residents during the course of the inspection. However, the inspector did have the opportunity to briefly observe residents during the inspection.

The inspector observed that the centre was designed with residents' specific support needs in mind. The centre was warm, inviting and child friendly. The inspector observed staff supporting residents in a kind and sensitive manner. Staff spoken with were knowledgeable and demonstrated a good understanding of residents needs.

## Capacity and capability

In response to the ongoing COVID-19 pandemic and to develop appropriate contingency arrangements, the provider had submitted an application to vary their registration, to include a new premises within the designated centre. The purpose of this inspection, was to establish were these arrangements appropriate. Overall the inspector found that the contingencies put in place enhanced the capacity and capability of the centre and this positively impacted residents lived experience within the centre.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in the Regulations. However, this document required review as not all the information contained within it was accurate.

There was a suitably qualified and experienced person in charge who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff spoken with could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. Staff nurses reported directly to a Clinical Nurse Manager 1 (CNM1), who in turn reported directly to the person in charge. The centre had good oversight arrangements in place, including the completion of 6 monthly unannounced inspections of quality and safety within the centre. Where areas for improvement were identified within these audits, plans were put in place to address them. This illustrated that the provider had the capacity to self identify and address issues in a timely manner. An annual review of quality and safety of care took place and was used to develop the service; however this required improvement as there was no written evidence of consultation with residents or

their representatives in its development.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was evident that there was also an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manner during the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. Staff supervision was structured and completed in line with the providers supervision policy.

### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Nursing care was provided in line with the statement of purpose. There was an actual and planned staff rota maintained. All required information and documents specified in Schedule 2 were available.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. All staff were supervised appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

An annual review of quality and safety of care took place and was used to develop the service; however there was no written evidence of consultation with residents or their representatives in its development.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. However, the statement of purpose required further review to ensure all details contained within the statement of purpose were accurate.

Judgment: Substantially compliant

### Quality and safety

There were systems and procedures in place to protect residents and promote their welfare. There were appropriate arrangements in place to protect residents during the COVID-19 pandemic.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE).

The provider had developed a COVID-19 contingency plan that was in line public health guidance and best practice. This plan was enacted where required and residents received access to appropriate testing as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE. These arrangements helped protect residents and staff from unnecessarily acquiring or transmitting COVID-19.

The inspector reviewed the new facilities provided by the provider to support their contingency planning. The inspector found these premises to be in keeping with what was outlined in the statement of purpose. The premises was child friendly and designed to meet residents assessed needs. The centre was warm, comfortable and inviting.

There was a risk management policy in place which outlined the measures and

actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk; the person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. The person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. Regular fire drills were conducted within the centre, however they were not reflective of all possible scenarios. For example there had been no recent fire drill completed that simulated the maximum number of residents being evacuated by the minimum number of staff. Therefore, it was unclear if the centre could be effectively evacuated when these staff ratios were in place.

### Regulation 17: Premises

The premises and layout of the centre was in line with the statement of purpose.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was an appropriate system in place for the assessment, management and review of risk within the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents.

Fire evacuation drills were carried out regularly but required improvement as they did not simulate the least number of staff and maximum number of residents.

Judgment: Substantially 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for The Children's Sunshine Home (operating as LauraLynn Children's Hospice) OSV-0003282

Inspection ID: MON-0026202

Date of inspection: 16/12/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Service has commenced work on development of a robust service user evaluation tool to collate service user feedback annually. This will include seeking feedback on the quality and safety of services. Service User Evaluations to be circulated in July 2021 and feedback correlated in August 2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A review of the Statement of Purpose in line with Regulations and HIQA guidance is in progress.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills will be reviewed to ensure they are reflective of different staffing arrangements. Review to be completed and reported back to Services QRS Committee on 22/03/2021.

PEEP's are being updated to reflect the staffing requirements for individuals to support their safe evacuation depending on time of day/night and what positioning/seating equipment they are using. To be completed by 26/02/2021

## 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)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/08/2021
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, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	22/03/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	19/02/2021

	out in Schedule 1.			
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