



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

Name of designated centre:	The Meadows
Name of provider:	RehabCare
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	23 October 2018
Centre ID:	OSV-0003399
Fieldwork ID:	MON-0022067

## About the designated centre

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

The designated centre is located in County Meath on the outskirts of a town. It is operated by Rehab Care and provides respite services on a five or six day week basis to children with a disability between the ages of six to 18 years of age. The centre has capacity to accommodate five children at a time in the house. At the time of the inspection, the centre provided respite care to a total of 64 children. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleep over room and five individual bedrooms. There was a well maintained enclosed garden to the rear of the centre containing suitable play equipment.

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

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or 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
23 October 2018	09:50hrs to 16:00hrs	Conan O'Hara	Lead
23 October 2018	09:50hrs to 16:00hrs	Maureen Burns Rees	Support

## Views of people who use the service

On the day of the inspection, the inspectors met with the four children who were present in the respite service. During the inspection process, the inspectors also met with a family member. In addition, feedback on the quality and safety of the service were taken from a review of questionnaires completed by the children and/or their representative.

Overall, the children and their representatives reported that they were happy with the respite service they received. On the day of inspection, inspectors observed that the children appeared content in the centre and staff treating and speaking with the children in a dignified and caring manner.

## Capacity and capability

Overall, from speaking with residents, representatives, staff and management, inspectors were assured that there were effective management systems in place to deliver a safe services.

At the time of the inspection, there was a clearly defined management structure in place in the designated centre. The centre was managed by a suitably qualified and experienced person in charge who demonstrated good knowledge of the children. There were a number of audits in place which identified areas for improvement including the six monthly provider visits and an annual report for 2018. However, it was not evident that the annual report provided for consultation with the children and their representatives. The person in charge noted that satisfaction surveys had been sent out to the children and their representatives in September 2018. These surveys were not collated into the annual report for 2018.

The centre maintained a planned and actual rota. The inspectors reviewed a sample of staff rotas and found that there was an appropriate number of staff to meet the needs of the children. In addition, there was evidence that staffing levels were organised to meet the needs of the children.

There were appropriate systems in place for training and development. The inspectors reviewed a sample of staff training records and found that all staff had up-to-date mandatory training. Staff also received training in addition areas to support the needs of the respite users including asthma awareness, autism and sensory processing and relationships and sexuality. This meant that the staff team had the skills necessary to respond to the needs of the respite users in a capable and safe way. There were systems in place to supervise staff appropriate to their role. Inspectors reviewed a sample of staff supervision records and found that supervision was undertaken regularly, of good quality which improves practice and accountability. Staff spoken with informed inspectors that they felt supported to

carry out their role in the centre.

A sample of incidents and accidents were reviewed and the inspectors found that the Authority was notified of incidents as appropriate.

The inspectors reviewed the complaints log and found that complaints were appropriately managed and the satisfaction of the complainant was noted. There was an easy-to-read guide on how to make a complaint on display in a prominent location in the centre.

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated October 2018. The statement of purpose contained all of the information as required by schedule 1 of the regulations.

The inspectors reviewed a sample of staff personnel files and found that staff files contained all of the information required under Schedule 2 of the regulations.

The policies and procedures as required by schedule 5 of the regulations were available in the centre and up-to-date.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge who demonstrated good knowledge of the children.

Judgment: Compliant

#### Regulation 15: Staffing

There was an appropriate number of staff to meet the needs of the respite users and it was evident that staffing levels were organised to meet the needs of the children. Staff personnel files contained all of the information required under Schedule 2 of the regulations

Judgment: Compliant

#### Regulation 16: Training and staff development

There were appropriate systems in place for training and development. The inspectors reviewed a sample of staff training records and found that all staff had up-to-date mandatory training and had received additional training to support the

needs of the respite users.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clearly defined management structure in place in the designated centre. The centre completed regular audits including a six monthly provider visit and annual report. The annual report did not provide for consultation with the children and their representatives.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated October 2018. The statement of purpose contained all of the information as required by schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All incidents were notified as required under the Regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Complaints were appropriately managed and the satisfaction of the complainant was noted. There was an easy-to-read guide on how to make a complaint on display in a prominent location in the centre.
Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies and procedures as required by schedule 5 of the regulations were available in the centre and up-to-date.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the quality and safety of the service provided to the respite users was good.

The inspectors completed a walk through of the centre and found that the house was decorated in a homely way and was well maintained. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleep over room and five individual bedrooms. There was a well maintained enclosed garden to the rear of the centre which provided ample space for outdoor activities and contained various pieces of play equipment. The centre had adequate space and facilities to cater for social, recreational and dining activities and private accommodation was provided for the children. The children had their own bedrooms which were of a suitable size and there were adequate storage facilities.

On the day on the inspection, inspectors reviewed a sample of residents' files and found that there was an up-to-date assessment of need in place for each child which in turn informed their care plan. There were appropriate goals in place for each child which they were working on during their respite stay. There were appropriate healthcare plans in place to guide staff in supporting the child with their health care needs. However, as this was a respite centre, the primary provider of information about each child's healthcare needs was the parent or representative.

The centre had a policy on positive behaviour support dated November 2015. Children had support plans in place for the provision of positive behaviour support where required. The inspectors reviewed a sample of these plans and found that the plans were up-to-date and appropriately guided staff.

The centre had a policy on the use of restrictive practices dated April 2018. There were some restrictive practices in use in the centre including bed rails, bed bumpers and video monitors. The centre maintained a register of all restrictive practices in place which demonstrated parental or guardian consent and regular review of all restrictive practices in place. In addition, restrictive practices were reviewed by the service's restrictive practice committee.

There was a safeguarding policy in place and staff had completed training in Children First. Staff spoken with were knowledgeable on what constitutes abuse

and what to do in the event of a concern or allegation. The respite planning process considered the wishes, needs and safety of other residents to ensure respite placements was suitable and safe. There was evidence that any incidents, concerns or allegations of abuse were reported, screened, investigated and responded to.

There was a policy in place on risk management dated February 2017 and a positive risk taking policy dated April 2018. The centre maintained a environmental risk register and individual risk register in place. The inspectors reviewed the risk assessments and found that risks were appropriately managed and reviewed in the centre.

In relation to fire safety management, the inspectors found that there were appropriate systems in place. The centre had suitable fire equipment in place including fire alarm, emergency lighting and fire extinguishers. There was certification demonstrating that equipment was appropriately serviced. Centre records demonstrated that fire drills were carried out regularly. Personal emergency egress plans were developed for each respite user.

The centre had a policy on medication management. Medicines were not stored on-site outside of respite hours and inspectors observed medicines and prescription sheets being checked on arrival on a respite stay. At the time of inspection, some respite users were prescribed medication which required stricter controls. There were suitable systems in place for this such as a separate locked storage and a register. Inspectors reviewed a sample of prescription sheets and medication and found there to be appropriate systems in place for the management of medication.

### Regulation 17: Premises

The centre was decorated in a homely way and was well maintained.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a policy on risk management dated February 2017 and a positive risk taking policy dated April 2018. The centre maintained a environmental risk register and individual risk register in place. The inspectors reviewed the risk assessments and found that risks were appropriately managed and reviewed in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety systems in place in the centre. This included suitable fire equipment in place and regular fire drills being carried out.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was appropriate systems in place for the management of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was an up-to-date assessment of need in place for each respite user which in turn informed the respite users care plan.

Judgment: Compliant

### Regulation 6: Health care

Inspectors found that respite users healthcare needs were identified and supported through clear plans which guided staff in supporting children's needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The centre had a policy on positive behaviour support dated November 2015. Children had support plans in place for the provision of positive behaviour support where required. The inspectors reviewed a sample of these plans and found that the plans were up-to-date and appropriately guided staff.

There was a policy on the use of restrictive practices and restrictive practices were appropriately managed within the centre.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and staff had completed training in Children First. Staff spoken with were knowledgeable on what constitutes abuse and what to do in the event of a concern or allegation. The respite planning process considered the wishes, needs and safety of other residents to ensure respite placements was suitable and safe. There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Meadows OSV-0003399

Inspection ID: MON-0022067

Date of inspection: 23/10/2018

## 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><b>Background</b>            There is an operational line management structure in place to oversee the management of the service, this structure supports service delivery from local level to national level across the organization. The organization is committed to ongoing oversight completing unannounced visits every six months and conducting an annual review of the service. The Quality and Governance Directorate with subject matter experts are actively supporting the service on an ongoing basis in terms of risk management, medication, safeguarding, regulations etc.</p> <p><b>Actions</b>            The annual report will be updated to provide evidence of consultation with the children and their representatives. This will be completed by December 7th.</p>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	07/12/2018