



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

## Issued by the Chief Inspector

Name of designated centre:	St Paul's Coolatree
Name of provider:	St. Paul's Child and Family Care Centre Designated Activity Company
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0003767
Fieldwork ID:	MON-0032751

## About the designated centre

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

The centre provided a respite service for 12 children between the ages of 5 and 18 years. A maximum of four children attended at any one time and in general each child received one night of respite each week and every sixth Sunday night. The composition of children's groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. Each of the children had their own bedroom, with adequate storage facilities and there was adequate communal space in the centre. There was a small garden to the rear of the centre with some facilities for children to play. The provider is a limited company with its own board which is closely associated with a large teaching hospital. The deputy chief executive officer of the hospital chairs the executive management committee of the service, which in turn reports into the board of the service. The hospital provides support services to the centre, such as human resources, risk management and payroll function.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 20 May 2021	10:00hrs to 16:20hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

Through meeting the young people being accommodated in the designated centre, speaking with staff, and reviewing personal planning documents, the inspector observed evidence that residents were supported to be safe and content during their stay in the house. The inspector found that the person in charge and the staff team were familiar with the residents, their likes and dislikes, and how best to meet their support needs.

On the day of the inspection the designated centre had accommodated two residents until they went to school, and in the afternoon collected another two residents who would be staying overnight. The inspector briefly met with two residents, who were able to go about their routine, alone or with support from a friendly and engaging staff team.

From speaking with the inspector and from review of records of engagement sessions it was evident that the staff knew the residents well and were familiar with their support needs and their preferences. Guidance and support planning documents were detailed, evidence-based and centred on each person's choices and personal objectives. Residents came into the respite service in pairs at the time of inspection, and assessments has been carried out to assure the provider that residents were compatible and got along with their peers.

The two-storey premises was suitably designed, well-maintained and pleasantly decorated, and each resident had a room they preferred to use when they stayed over. While the one night stays meant that rooms were not decorated for long-term use, staff had a wardrobe of each resident's favourite duvet covers and pillowcases to help them feel at home when they stayed over. Staff were also seen rearranging picture boards and daily activity charts based on those who had just left the service and who was due to arrive.

Each resident had a private bedroom and there were multiple communal spaces in which resident could watch television or use their tablet computer. The house had safe play area in the back yard. The provider had a suitable vehicle in which staff could travel with residents and drive them to and from their schools and activities.

One resident had responded to a feedback questionnaire prior to the inspection. The inspector also reviewed records of resident interviews which were carried out during provider audits. In these residents commented that they liked staying in the house and felt safe when there. They appreciated having their choices and routine respected, described their favourite ways to spend their time in the house, and commented that they knew to whom they could speak if they ever felt worried about anything. Staff observed positive interactions between staff members and the residents. Staff were familiar with residents' usual post-school routine, and communicated using methods suitable for each person. The inspector observed staff speaking to residents in a manner corresponding to their assessed plan, using

straightforward, short instructions and prompts, for example in encouraging waiting until after dinner before getting sweets, without being impatient or using a negative tone.

The inspector reviewed feedback attained from family members who spoke positively of the service and commented that the continued operation of the house during the COVID-19 pandemic made coping with lockdown easier when this element of the residents' weekly routine went uninterrupted. Before each stay, the person in charge engaged with families to be aware of how the resident was doing, to inform their support needs or potential for anxiety during their stay. The person in charge also had this communication with the residents' schools for the same reason. During the summer the provider also operated a summer camp initiative which was well-received.

The staff team had developed plans in consultation with the residents, their families and their schools to ensure that their daily routine, educational targets and social skills were maintained during their stay. This included supporting residents' independence with daily activities, personal and intimate self-care, household chores, and management of money. The residents had one-to-one sessions with their keyworkers to set out plans for what they would do with their time in the house. Staff were observed using a wide range of communication techniques to work with residents, using verbal, gesture and pictorial methods in accordance with their assessed needs.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the safety and quality of the service being provided.

## Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were appropriately trained and familiar with residents' needs, to provide effective and positive care and support during residents' short stays. Effort was made by the person in charge and the key working team to continuously monitor and evaluate the experiences of the residents to guide the operation of the house to best meet their needs. An area for improvement identified during the inspection was ensuring that the provider was notifying the chief inspector of incidents and injuries occurring in the service in line with the regulations.

The residents were supported by a small team of social support staff who were appropriately trained and were knowledgeable of residents' assessed needs, personalities, preferences and communication methods. The provider had a full complement of staffing resources available and where regular staff were absent, a small panel of relief personnel were available who were familiar with the house and

the residents, mitigating the impact on continuity of care. The person in charge worked full time in the designated centre and was available to oversee shifts which were not led by a core member of the team.

The inspector reviewed a sample of supervision and performance management records between staff and their respective line managers. The content of these discussions indicated that staff were supported to establish their own career development objectives, were facilitated to raise concerns with their manager, and highlight challenges posed from the health emergency or the changing needs of residents, with notes on how they and their manager would work to address items raised. Staff were up to date on the majority of their mandatory training, with dates booked for refresher sessions required. This included training to effectively meet the diagnosed health and support needs of residents using this service.

The provider had maintained oversight of the operation of the designated centre and conducted their audits and unannounced inspections in line with expected timeframes. The inspector reviewed the annual report of the centre for 2020 in which the provider highlighted the key achievements of the past year and improvement and development opportunities for 2021. The provider self-assessed that they optimised residents' rights while using the service, were facilitated to access relevant information, and make their own choices during their stay. Audits and reviews collected feedback and suggestions from residents and from their families, and highlighted the recurring points of feedback and actions to improve the experience of using the service.

### Regulation 15: Staffing

There was a sufficient number and skill-mix of staff personnel to meet the number and support needs of residents staying in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff personnel were facilitated to stay up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

### Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided suitable and person-centred support, and where areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall the provider had notified the chief inspector of incidents and practices occurring in the designated centre, however in reviewing incidents and injuries records, there were some events which had not been notified within the required timeframes.

Judgment: Substantially compliant

### Quality and safety

The inspector found that the residents' wellbeing and welfare was supported, that residents enjoyed their stay in the house, and that they were facilitated and supported to pursue their preferred routine alone or with support from staff. The person in charge and the staff team had developed detailed and person-centred guidance on meeting residents' changing support needs, with some improvement required to ensure that staff were provided appropriate guidance on de-escalation of behavioural incidents.

The inspector reviewed a sample of personal support plans for residents. These plans were concise, detailed and highly personalised to each resident, and the provider made good use of pictures and simple language to make them accessible to residents. The personal plan provided detailed guidance to the reader explaining aspects of daily activities such as dressing, personal hygiene, intimate care, meal preparation, and social and recreational activities, explaining the parts of these the resident did independently and with which they required some support. Guidance was provided on appropriate verbal, gestural or pictorial communication methods used by the residents and this was observed in interactions between staff and residents. Personal support plans were kept up to date regularly, and the inspector reviewed detailed case meeting minutes involving the multi-disciplinary team, the residents and their families to ensure the plan was amended and progressed to be effective at meeting residents' assessed needs. The provider also worked closely with the families and the schools to ensure that residents who were working on develop language, personal or social skills, could continue progression these during



their time in the designated centre

Improvement was required in staff guidance around supporting residents who expressed anxiety or distress in a manner which put themselves or others at risk. For example, of the sample reviewed some residents were prescribed physical holds to be used as last resort when other measures are not successful, however the guidance of the plan did not instruct what type of hold was to be utilised so that staff could be assured that their response was the most appropriate and effective means of keeping people safe.

The house was suitable in design and decoration to provide a safe, homely living space for the residents during their stay. The house was clean and in a good state of maintenance, and suitably equipped to control risks associated with fire or with infection control. The provider utilised some environmental restrictive practices for safety reasons around the house and in the vehicle. These were reviewed regularly to ensure they were suitable, had a clear rationale, and were discussed with and consented to by the affected resident. The inspector observed examples of where restrictive devices were disengaged and put away when the service was accommodating residents who did not require them.

All bedrooms and communal areas were equipped with doors which could contain smoke and flame in the event of a fire, and were equipped to allow doors to be held open without compromising containment measures. The house was equipped with emergency lighting and fire extinguishing equipment, and the provider was in the process of developing suitable maps and signage to assist evacuation following a recent fire safety inspection. Practice evacuation drills had taken place in the centre, with a suitable frequency given the various combinations of service users who may be present. The provider had identified areas of potential delay to a prompt response and evacuation, and had learning objectives in place to mitigate these.

The provider had composed a risk register and which was tailored to respond and control risks related to designated centre and to each person availing of the service. These were informed by incident logs kept on adverse events in the service, and the measures in effect to reduce risk of recurrence. Infection control and contingency measures were in effect to reduce risk of COVID-19 and the impact of the associated precautions and restrictions. This included declarations from home and school that there has been no symptoms or contact risk prior to arrival at the designated centre.

## Regulation 10: Communication

Person-centred communication guidance was developed for each resident, and staff were observed utilising the most effective means for each person.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were supported to pursue opportunities and objectives related to recreation, education and person development goals.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable in size and layout for the number and needs of residents and was suitably decorated and maintained.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had assessed and established control measures for risks related to the designated centre and its residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Suitable infection prevention and control measures were in place in the designated centre to keep residents and staff safe.

Judgment: Compliant

### Regulation 28: Fire precautions

The designated centre was suitably equipped to detect, contain and extinguish fire. Suitable staff training and practice drills took place to assure the provider that a safe and efficient evacuation could be carried out.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Overall resident care and support plans were detailed, person-centred and reviewed on a regular basis with appropriate input from relevant stakeholders.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Improvement was required to ensure that guidance on deescalating behaviours of risk and utilising physical restraint was clearly described to ensure consistency and ensure use of most effective and suitable measures to address the relevant risk.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were supported to plan out their choices during their stay, and to have their say on how the service supported them.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Paul's Coolatree OSV-0003767

Inspection ID: MON-0032751

Date of inspection: 20/05/2021

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The Assistant Director of Service will issue the HIQA Guidance on Statutory Notifications document to the Person in Charge as a reminder, and ensure education/awareness of the need to notify HIQA of all notifiable incidents, injuries and events. This will be completed by 13/07/21. The PIC will issue HIQA Guidance on Statutory Notifications document to all staff and ensure education/awareness of the need to notify HIQA of all notifiable incidents, injuries and events. This will be completed by 20/07/21</li> <li>• The Assistant Director of Service and Director of Service will continuously monitor PIC compliance with submission of notifications through 1) a review process for incidents, injuries, events, and Body Mark Charts, 2) a review of draft HIQA Notifications completed by PIC, prior to submission to HIQA.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• The Person in Charge, Keyworkers, and Psychologists will review risk assessments to ensure that reference to 1) a MAPA Hold is only included in a child's risk assessment form if it is applicable, 2) that the type of MAPA hold will be clearly described to ensure appropriate and safe care. This will be completed by 09/07/21.</li> <li>• Positive Behaviour Support Training will be revised by the Senior Psychologist to ensure that staff are made aware of their need to clearly describe de-escalating techniques and</li> </ul>	

MAPA holds when developing/writing Positive Behaviour Support Plans. The revised training will be delivered to staff by 31st of August 2021.

- Senior Psychologists in the service will review and update how positive behaviour support information is captured within children's Person-Centred Plans (PCP). review. These actions will be completed by 31st of August 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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	20/07/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under	Substantially Compliant	Yellow	20/07/2021



	paragraph (1)(d).			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/08/2021