



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

## Issued by the Chief Inspector

Name of designated centre:	St Paul's Dromawling
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:	26 May 2021
Centre ID:	OSV-0003768
Fieldwork ID:	MON-0032752

## About the designated centre

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

St. Paul's Dromawling is a designated centre located in North County Dublin. The designated centre provides a respite service for up to four children and adolescents between the ages of 8 and 18 years. The composition of children's groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. Each child has their own bedroom during their respite stay, with adequate storage facilities and there is adequate communal space in the centre which included a well-equipped sensory room. There is a well-proportioned garden to the rear of the centre with a seating area, swing, slide and other play equipment for children to play outside. The provider is a limited company with its own board which is closely associated with a large teaching hospital. The chief executive officer of the hospital chairs the board of the service, which in turn reports into the board of the hospital. The hospital provides support services to the centre, such as human resources, risk management and payroll function. The centre is staffed by a person in charge, social child care workers and care assistants.

**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
Wednesday 26 May 2021	10:30hrs to 15:45hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector found evidence throughout this inspection that children and teenagers using this service for respite stays were supported to be safe, happy, and able to spend their time in the house in line with their own choices and preferences. The care and support team had arrangements in place to ensure that the time spent in the house was used to effectively support residents with appropriate short and long term development goals as well as continue with ongoing learning and recreational plans in progress through home and school.

On the day of inspection two children were being introduced to the designated centre after school to get used to the house and the support team as part of the admission process. In the time before they arrived, the staff were reviewing information on these children's interests, support requirements, communication methods, preferred meals and recreational activities. The staff team used this information to plan ideas of what fun activities to do with the children and what to cook for lunch, to make them feel at home. One of the staff was assigned to be one of the children's keyworker, and they were observed using the education and social plans of the resident to consider what may become projects or development goals with which they could support the resident during their time at the house. While the residents were in the house, the inspector observed good examples of friendly and engaging chat, showing the children around the house and garden, and playing with them out in the garden. The children enjoyed playing with bubbles and educational tablets, both with the staff and on their own.

At the time of inspection, some adolescent residents were in the process of transitioning out of this service to another designated centre or adult services. The provider was making arrangements with the resident, their families and other services to ensure this process happened in line with policies and procedures. Pictorial social stories were composed to assist the keyworker to discuss arrangements with the relevant residents. One reason for transition was the provider ensuring that residents who were accommodated at the same time were suitable to do so, were of similar ages or got along with one another.

Five residents who were not attending the service during the inspection completed a questionnaire for the inspector in which they commented positively on their relationship with staff and enjoyed their time in the house, listing some of their favourite activities in the house and local community. Residents commented that they liked their choices of dinners, the outdoor and indoor play area, and some of the community activity locations the staff took them to during their stays. The commented that the staff were always lovely and that they would feel comfortable to come to them with anything that was bothering them.

The inspector reviewed one-to-one sessions with residents' keyworkers, in which they planned out how they would spend their time during their respite stays and what personal objectives would be progressed. Examples of these included children

learning to tell the time and use it to plan out their evenings, learning gestures and Lámh sign language to enhance communication skills, learning about geography and world maps, and hiking a up nearby mountain. Other activities including going for drives, feeding the ducks, playing with toys and lego, and going for walks around local parks and playgrounds.

The house was pleasant and bright with a large central communal kitchen, dining and living room. This area made use of simple language and pictorial signs and prompts to assist residents to find their way around the kitchen and to make choices on activities and meals. Each resident had a usual bedroom for when they stayed overnight, and a preferred bathroom and shower. Each resident had a single room and space to store their clothes and belongings. The house had a room set up as an indoor play area with sensory features, lights, mirrors, projectors, foam mats and balls. The garden also had a safe and secure play area with a swing set, seesaw, jungle gym and chalk wall. The centre had exclusive use of two accessible vans for bringing residents to and from school and to their preferred activities and outings.

Some residents had features to keep them safe including secure seatbelts, buzzers on bedroom doors and locked cabinets for hazardous items. Environmental measures in place were used for resident safety, were kept under review, disengaged when the relevant residents were not in the house, and consent for their use was obtained from residents and their representatives.

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 line with the residents' schools for a similar reason. During the summer the provider also operated a summer camp initiative which was well-received.

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 retained governance and oversight structures to ensure the quality of the service, the accuracy of resident plans, the progression of staff development, and quality of key working sessions. Where areas for improvement and development of the service were identified, appropriate time-bound action plans were put into effect. The service was resourced with a diligent team of support personnel who demonstrated a strong knowledge of

support needs, interests, and personalities of the children and adolescents who attended respite. Some improvement was required, however, to ensure that the service could retain continuity of staffing resources without needing to redeploy personnel working in other registered centres.

Staff were appropriately trained and experienced for their respective roles, and had been supported to identify and attend specialised training sessions to effectively deliver support for the residents' assessed needs, including autism, epilepsy and diabetes care. The inspector found evidence that staff had a good rapport with residents, were familiar with their goals and preferences, and supported residents to continue plans and routine set out at home or at school. The team was led by a person in charge based in the house, and arrangements were in place to cover the day-to-day operation of the centre in their absence. Staff spoken with commented that they felt well-supported by their managers and colleagues to support residents in the role. The inspector reviewed a sample of supervision and performance management sessions between staff and their respective line managers. These records indicated that staff had the opportunity to identify training and support needs, raise concerns, and pursue leadership and development opportunities and key working duties with specific residents.

The provider had a panel of relief staff who could cover shifts in the event of medical and sick leave. In reviewing staffing records and rosters, the inspector found frequent days in the months sampled in which personnel working as part of the core staff complement of two other designated centres were required to work shifts in this house. This was planned in advance to ensure the staffing complement in this house could be fulfilled in the event that many staff members booked annual leave at the same time. Staff coming from other centres worked well with the team and may have worked with residents of this centre in the past. However, improvement of resource management was required to ensure that this centre was resourced to consistently deliver a staffing complement in accordance with its statement of purpose, using its own core and relief teams, without being frequently reliant on personnel being available to relocate from other designated centres.

The provider had completed its annual review for 2020 in which they reflected on key achievements and projects in the designated centre, and areas for attention in 2021. As part of their review they collected feedback, suggestions and commentary from residents and their family members. Overall commentary was highly positive and the continued operation of this respite service through the COVID-19 pandemic was appreciated by residents and families, for whom the service was a key part of their weekly plan and routine. An easy-read version of these reports were made available for discussion with residents.

## Regulation 15: Staffing

Staff were suitably trained and experienced in their role and had a good knowledge of residents support needs, personalities and preferences.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supported to receive training, supervision, performance management and career development opportunities to effectively fulfil their duties.

Judgment: Compliant

### Regulation 23: Governance and management

Some improvement was required to ensure that core and relief staff were sufficient to fulfil the staffing complement of the service, as per their statement of purpose, without frequent reliance on transferring personnel from other designated centres.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

Residents were provided the opportunity to visit the designated centre for short periods before staying overnight. Residents had a written agreement with the provider of the terms of the respite service provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had notified the chief inspector of events and practices occurring in the designated centre as required by the regulations.

Judgment: Compliant

### Quality and safety



The inspector found that the residents' wellbeing and welfare was supported, that residents enjoyed their time in the house, and that they were facilitated 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 appropriately guided on de-escalation of behavioural incidents.

Personal care and support plans reviewed by the inspector were detailed, concise, and highly personalised to each child and adolescent using the service, written in a respectful manner and, where required, included easy-read and pictorial supports for residents to understand and consent to the plans. Regular review of the effectiveness of the support plans was conducted with the families and with the relevant health and social care professionals. Personal plans overall contained sufficient detail on supports such as personal hygiene, meal preferences, communication styles, recreational and educational activities, and how to effectively and safely support residents with needs such as continence, epilepsy and diabetes. Each resident was assigned a keyworker who ensured that plans were sufficient to guide the reader of how to most effectively support each person. At the time of the inspection, a number of new children were joining the service, and the provider had attained sufficient pre-admission information from the school and families to develop meaningful and evidence-based care and support plans. The inspector observed staff reviewing this information to be aware of what to know about the residents before they arrived, and for keyworkers to determine suitable goals to work on with the residents in their time in the centre.

The provider prescribed and utilised some restrictive practices in the house and vehicles, the majority of which were to mitigate safety risks. The inspector found that where environmental measures such as locked doors or alarms were used, these were subject to regular review and oversight by a restrictive practices approval and review committee, to ensure they were the least restrictive measure to control the relevant risk, were done with the input and consent of the resident or their representatives, and were eased or discontinued where no longer required. Of a sample of personal plans reviewed, some residents expressed distress or anxiety in ways which created a risk to themselves or others. For some of these residents, prn (medication administered when required) intervention was prescribed to be used as last resort, when other de-escalation methods had not been effective. The staff team needed to resort to these measures very rarely, however some improvement was required in the personal support plans to be clear on when these measures were to be used, and direct staff to protocols for their safe use. All restrictive practices utilised in the centre were notified to the chief inspector and were also referred to a rights review committee for assurance that the measures were suitable and proportionate and did not unnecessarily infringe upon residents' rights.

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. 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 which was regularly serviced and tested. Routine fire drills took place in the house to assure the provider that all children and staff members could safely and quickly evacuate to a place of safety.

### Regulation 10: Communication

Residents had detailed communication plans which guided staff on the most effective verbal, pictorial and gestural means of communicating in line with residents' assessed needs.

Judgment: Compliant

### Regulation 13: General welfare and development

Each resident had short and long term goals and personal development objectives with which their respective keyworkers were supporting them. The provider engaged with the schools to ensure that ongoing education plans were continued during their time in the designated centre.

Judgment: Compliant

### Regulation 17: Premises

The premises was safe and suitable in its design and features for the children and adolescents being accommodated.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide as well as accessible versions of other key service documents such as the complaints procedure, annual report, and statement of purpose.

Judgment: Compliant

<b>Regulation 26: Risk management procedures</b>
A risk register was maintained by the provider which outlined hazards and risk controls relevant to the designated centre and its residents. Risk controls were informed by detailed incident and accident records, and learning taken from same.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
Measures were in effect to ensure that staff and residents were safe and informed during the COVID-19 pandemic. The house was clean and suitably equipped with personal protective equipment and hand hygiene supplies.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The house was suitably equipped to detect, extinguish and contain fire. Staff and residents practiced evacuation of the service to ensure an efficient exit and identify potential delays.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal care and support plans were detailed, informed by suitable pre-admission assessments, and reviewed regularly with the resident, their representatives, and the multidisciplinary team.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Some improvement was required to ensure that positive behaviour support plans

reflected and guided staff on all strategies available to support residents.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The inspector found that residents were supported to make their own choices, plan out how to most effectively spend their time in the designated centre, and provide commentary on their experiences availing of the service.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
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	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 Dromawling OSV-0003768

Inspection ID: MON-0032752

Date of inspection: 26/05/2021

## 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 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>• Since the HIQA Inspection, management have reviewed the staff annual leave arrangement and made a decision that a maximum of two people from the Designated Centre can take annual leave at any one time. This will take effect from 02/08/2021.</li> <li>• Since the HIQA Inspection, management have reviewed the annual leave and staffing arrangements in place, and have approved the use of relief staff to cover the annual leave of regular staff, where necessary. This action will be implemented with immediate effect.</li> </ul> <p>The above two actions will ensure that core and relief staff will fulfill the staffing compliment of the service. This will eliminate the frequent reliance on transferring staff from other Designated Centres to this Designated Centre. Such a transfer may only happen on occasion when is necessary, going forward. On such occasion, PICs will conduct a risk assessment, handover and appropriate planning to ensure staff familiarity with the children they are caring for and to ensure continuous running of the designated center without disruptions to the families.</p>	
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>• Senior Psychologists in the service will review and update how positive behaviour support information is captured within children’s Person-Centred Plans (PCP). The</li> </ul>	

purpose of this review will be to ensure that plans/protocols are in place regarding approaches to assist with support behaviours of concern. PIC will consult with prescriber of PRN to ensure that protocols are clear on when PRN Medications are to be safely used. Ensuring that (cross) reference is made to other documents which are stored outside of the PCP (i.e. medication file) will form part of this review. These actions will be completed by 31/08/2021.

Positive Behaviour Support Training will be revised by the Senior Psychologist to ensure that staff are clear on the behavioural documentation which is required within a PCP, and the protocols in place. The revised training will be delivered to staff by 31/08/2021.



## 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)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	02/08/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/08/2021