



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

Issued by the Chief Inspector

Name of designated centre:	Aleana House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	16 May 2024
Centre ID:	OSV-0002058
Fieldwork ID:	MON-0034779

About the designated centre

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

Aleana House is a purpose built bungalow located in an urban setting which includes sensory rooms and an indoor recreation area. The centre provides residential respite and also provides some day support. The centre caters for residents under the age of 18 years, both male and female, with an intellectual disability and/or autism who may also present with high medical/physical needs and/or behaviours that challenge. A maximum of four residents can avail of respite at any one time. Staff support is provided by nurses and care staff. The centre does not provide emergency respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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 16 May 2024	08:00hrs to 15:15hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for this centre. The provider had submitted an application to renew the centre registration in advance of this inspection to the Chief Inspector of Social Services. This application had been reviewed by the inspector in advance of the inspection.

This centre is registered for a maximum of four young people to stay at any one time while availing of a respite break. On the day of inspection the centre was at full occupancy with four young people present. The inspector met and spent time with all four before they left to go to school. In addition the inspector had the opportunity to speak with centre staff and the local management team. The inspector walked through the premises and had the opportunity to review documentation that related to the care and support provided to the young people who stayed in the centre.

On arrival to the centre the four young people were dressed and ready for their day in school. One young person was in their bedroom as they prefer a quiet space in the morning. They were happy to greet the inspector and were observed to be at ease in their surroundings. Later the inspector observed the young person come to the hall way and select their school bag and check it was ready before they left for their day.

One young person was relaxing in the living room watching television. They greeted the inspector and then offered to show the inspector their drum. They stated that they loved music and had brought their instrument and a dance mat with them to use while staying in respite. A short time later they asked a staff member to accompany both them and the inspector outside to an activation room located in the garden. Here they showed the inspector a full drum set and the staff member also had a microphone and other instruments available. The young person stated they were going to make a music video when they came back from school. They told the inspector that they loved staying in the centre, liked their room and being with their friends.

The third young person was relaxing on the sofa in the living room when the inspector arrived. The staff team stated that the young person was new to staying in respite and they were getting to know one another. The staff had ensured that the young person knew the inspector was calling to the house and arrangements had been put in place to ensure the environment did not become too loud or busy. The inspector observed how the person in charge and staff team worked to ensure an individual experience for each young person in the centre. This included being familiar with individual daily routines. Having familiar personal belongings available for a young person to access or access to important sensory equipment such as headphones to lessen noise.

A fourth young person was observed moving through the centre from one end to another stopping briefly to observe the inspector in greeting. They were observed to enjoy moving and the staff invited them outside to enjoy the garden and supported them to use a laminated symbol supported communication aid. The young person used this communication aid to tell the inspector they had one more night in the centre before going home. The young person used physical prompts such as catching a staff member wrist/hand to bring them to something they wanted. Staff were observed using personalised communication strategies and were familiar with the young people's communication strategies. The staff team discussed how the information they learned about individual communication skills informed their practice and their engagement with the young people. This included for example ensuring multiple options for activities were offered to the young people using a variety of methods or supporting them in making choices that were important to them by using a variety of modes of communication. It was clear over the course of the day that the young people were staying in a person centred, warm and caring environment.

This centre comprises a spacious bungalow set in a large site on the outskirts of Wexford town. There are four bedrooms available for the young people to use when they stay there, which are personalised as much as possible for each stay. The young people have access to two communal bathrooms, a large dining-sitting room and the centre kitchen. There is a play/quiet room also available for use. The centre also has a staff office, laundry room and storage facilities. Outside to the rear of the centre is a big garden area with an activation and sensory room located to one side. The garden contains play equipment, a trampoline which was not in use on the day of inspection and an area set to grass and an area with soft surfaces. The centre was observed to be well decorated and warm and inviting on the day of inspection.

As this inspection had been announced, young people and their representatives had been sent questionnaires in advance to further gather their views on what it was like to stay in the centre. Four individuals had completed these supported by their families or representatives. The questionnaires stated that the young people liked their time in respite, liked staying with friends and were happy and felt safe. They made comments such as 'X is always happy to go to respite especially when their friends are there', 'I've made really good friends in the centre, I love going and love my friends are there' and 'X is happy going for stays, that in itself says it all'. With respect to the staff team and the care and support provided in the centre, young people and their representatives stated 'I love the staff who are fun and mind me', 'As parents we have only ever experienced positive, supportive and honest communication from staff' 'staff go to great efforts to ensure X is content and happy', 'everyone always asks X what they would like to do which enables them to make choices' and 'It is a great reassurance to us as a family that our X is so well cared for during their stay'.

The inspector observed the young people being treated with dignity and respect during this inspection. Staff were observed to respect privacy and to offer young people time on their own if requested. Staff also engaged with young people in fun activities or sat with them during quiet activities. Young people were aware of the routines in the centre and of the everyday activities and the staff endeavoured to

ensure consistency in their approach for the young people while they were staying.

The next two sections of the 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 the quality and safety of the service being delivered.

Capacity and capability

Overall findings from this inspection were that young people were in receipt of a good quality and safe service when staying in respite. The provider was monitoring the quality of care and support they received and were working to ensure that the young people enjoyed their time in respite and were supported to gain independence and make choices in their lives. Overarching findings of this inspection were of high levels of compliance with Regulations with minor improvement required in staff training and development and also improvement required in medicines management. These are detailed under the relevant Regulations below.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these improvements. The findings in the area of medication as outlined under Regulation 29 were the only findings not already self-identified by the provider.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of this centre had been submitted to the Chief Inspector of Social Services in advance of this inspection. The application contained all documentation as required by the Regulation and had been reviewed in advance by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre was well resourced and a consistent staff team was in place based on the assessed needs of the young people. The staff team comprises nursing staff and health care assistants and includes the team leader (CNM1) and person in charge (CNM3). All shifts worked by staff have a nurse on the

roster, both day and night.

Currently, the centre operates overnight respite three nights midweek in one week alternating with four nights over a weekend the next week, this provides 11 nights a fortnight for young people. There was evidence of ongoing review of the assessed needs of the young people and consideration to changes to rostered staff as required to meet these needs. The inspector reviewed a sample of centre rosters and found these were well maintained and clearly indicated the skill mix of staff on duty.

At times of unplanned or planned leave any gaps on the roster were covered by current staff or relief staff, there is no use of agency staff within this centre. On the day of inspection there were three staff working by day and two staff available for the night cover. The CNM1 has a small number of protected hours for administration and otherwise is available to provide care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were for the most part in receipt of training and refresher training in line with the organisation's policies, the centre statement of purpose, and young people's assessed needs. The provider maintained an action plan arising from audits based on the training records. This ensured training was scheduled when required and for the most part current. The inspector found that two staff were due refresher training in managing behaviour that is challenging, while this had been identified by the provider and was scheduled for June 2024 the staff had required this refresher since December 2023. Other training for example had included fire safety, child protection, manual handling and also specific centre training such as management of diabetes or the management of percutaneous endoscopic gastrostomy (PEG) tubes.

Staff were also in receipt of regular formal supervision which was for the most part in line with the organisation's policy. A small number of staff had not received two supervisions as required by the provider's policy in 2023. Informal support was also provided if required through the process of on-the-job mentoring. Previous gaps in supervision over the previous year had been identified by the person in charge and the inspector found these were now back on schedule for 2024. Areas where staff were performing well and areas for further development were discussed during supervision sessions.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there was a well defined management structure in place with clearly identified lines of authority and accountability. As stated the person in charge (CNM3) is supported in their role by a team leader position (CNM1) and by a person participating in management of the centre. The provider had allocated some protected time for the completion of tasks by the team leader. This ensured that audits and other oversight mechanisms were being completed as required by the provider.

The provider's systems for oversight and monitoring were found to be effective in this centre and were picking up areas for improvement in line with the findings of this inspection. An annual review of care and support had been completed for the previous year and contained evidence of consultation with young people and their representatives as required by the Regulation. Six monthly unannounced visits were also being completed as required by the Regulation and clear action plans arose from these with evidence of progression against the identified actions. Centre level audits were completed in line with the provider's own processes and were found to be focused, the team leader and person in charge also completed ad-hoc audits of particular areas of practice.

Staff meetings were taking place in line with the provider's policy and there were clear formal and informal systems for communication with the staff team. The person in charge met with the team leader on a regular scheduled basis and there was a clear work plan in place that focused on completion of the providers' oversight systems and on ensuring that actions were progressed in line with stated time lines. The person in charge and team leader used information gathered from incidents, audits, and feedback from the young people and their families to determine groups of young people. Currently this centre offers respite breaks for up to 37 young people who are allocated stays in line with their assessed needs and where possible stated preferences.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider has a clear admissions policy in place. The provider and person in charge attend a regional referral meeting and detailed assessment procedures are completed following acceptance of a referral that meets the centre criteria. The young person and their family or representative engage in an induction or 'getting to know you' process and there are meetings held and visits to the centre carried out as part of this. A transition plan is then put in place for the young person to follow.

The inspector reviewed documentation relating to recent admissions to the respite service and these were detailed and clear and in line with the provider's policy. All

young people had easy-to-read respite agreements in place and letters to family and representatives outlined proposed respite dates and potential costs.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided to the young people availing of respite was of a good standard. The young peoples' rights were promoted and every effort was made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The provider, person in charge and team leader supported and encouraged the young people in opportunities to engage in activities that were part of their routine as well as novel to them. They were attending school, using local services and community amenities as well as visiting attractions such as, local beaches or a chocolate museum and preferred locations such as the library or swimming pool.

Regulation 17: Premises

As stated this centre comprises a large single storey premises on the outskirts of Wexford town. Internally and externally the centre is well presented and in a good state of repair. Minor works required have been completed and more significant works such as to the centre kitchen are scheduled for completion during the centre's short summer closure period. While the trampoline area was not available for the young people to use on the day of inspection, new parts required for repair had been received by the provider and were scheduled for fitting.

The centre was observed to be decorated in a manner that suits the young people who stay here, with decoration and design details that are colourful and bright. Each young person has their own bedroom and personal items they bring in for their stay are put on display for them. Specific information on the length of their stay and supports they may like are also on display and accessible.

Judgment: Compliant

Regulation 26: Risk management procedures

Young people, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider had ensured there was a centre specific safety statement that had been completed in May 2024 and there were centre specific health and safety audits and reviews.

The inspector reviewed a sample of both individual and centre specific risks and found that individual risks were regularly reviewed and there was evidence of the risk ratings increasing or decreasing in line with changing needs from stay to stay. The inspector found for example, in advance of each stay, that individual young person risks were reviewed and the the environment tailored accordingly. All actions for each risk were noted to be clear and detailed in guiding staff practice.

The centre risks likewise were detailed and reflected all possible areas where risk may present. These included risks such as use of playground equipment to risks based on different groups of young people present in the centre. There were systems to ensure vehicles were roadworthy and well maintained.

There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the staff at team meetings. Changes to practice were identified and implemented in response to incident review and the updating of risk for instance, changes in the staff team numbers or in the access to certain food items.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider and person in charge had suitable arrangements in place to detect, contain and extinguish fire in the centre. Suitable equipment was available and these had been serviced and maintained as appropriate. Daily, weekly and monthly checks by the staff team were occurring and any issues identified in these were reported and dealt with.

Regular fire drills were taking place that took into account both the changes in numbers of young people in the centre and the differing clinical presentations that young people may have that could impact on the evacuation process. There was evidence of learning from fire drills and the young people had bespoke social stories which were kept in their bedrooms.

The previous inspection of this centre had identified an action in relation to the storage of oxygen and the provider and person in charge had taken robust measures in response to this. This included the fitting of a new fire door with a closing mechanism and safe storage guidelines. In addition risk assessments were in place with clear control measures to protect the young people and the staff team in

the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were effective systems developed in relation to the receipt of regular medicines and the corresponding prescription (kardex) at the start of each respite stay. In addition effective systems were in place regarding the storage, administration and return of regular medications. The inspector found however, one error in using these systems that had not been identified. Medicines had been signed in for one young person for a Saturday respite but not recorded as having been returned on conclusion of the respite day. When the young person next attended for overnight respite these medicines were again signed in and records of what should be in the centre were then not in line with the actual amount.

Improvement was also found to be needed in the systems and recording for medicines prescribed to be 'given as required' (PRN). Protocols were in place for the use of 'as required' medications. These needed review as they did not give accurate information on the the maximum dosage and were not seen to clearly guide on which to select as a first choice for instance if two pain relieving medications were prescribed. In addition two topical ointments were on a protocol together and it was not clear if both should be used or if only one then which one.

When the young people attended for their respite stay it was found that not all of their PRN medicines were consistently sent into the centre with them for their stay. The systems for recording in this instance taking into account the risk associated with these medicines not being available required review as did the protocol for staff to follow if they did not have access to these medicines.

Where a young person required fluids thickened as part of health plan then this direction was clearly available. Protocols around the use of rescue medication such as that for allergy or epilepsy were detailed and seen to guide staff practice. In addition where medicines were administered via feeding tubes or alternative means the guidance was clear and detailed.

Some improvement was required in the practice of dating of medicines on opening, in a sample reviewed on the inspection day, two medicines had been opened during the respite stay and neither had been dated when opened.

Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on. The team leader completed regular spot checks and audits on staff practice and on medicines present in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of assessments and personal plans for the young people who attended respite. These were found to be person-centred and detailed in nature. The abilities, needs, wishes and preferences of the young people were highlighted in these plans. There was evidence found of clear links between assessments and plans with evidence of ongoing review and evaluation.

Assessments were occurring at least annually and were multidisciplinary including the representative of the young person.

Young people had set individual goals and these were associated with making choices and positive risk taking. Goals were found to include going to local playground, going on the bus, outings to places important to the young person such as bowling or the cinema going for a meal out or having a take away with friends. Alongside these goals were the development of life skills that were supported as part of the respite stay, such as putting dishes in the dishwasher, helping with meal preparation, putting on deodorant or getting dressed.

During school term time the activities varied in the mid-week respite to the weekend respite as the young people were in school for their day and had a more structured routine. While this did not take from the fun it did mean that opportunities were reduced for longer outings or late activities.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Aleana House OSV-0002058

Inspection ID: MON-0034779

Date of inspection: 16/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff training is now up to date. • All supervision is now up to date as per supervision schedule. 	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> • All PRN management plans are currently being reviewed and updated to ensure clear and accurate information in relation to the administration of medication including maximum dosage. • A process has been established to clearly manage and record situations where PRN medication has not been supplied. This ensures that staff are clear on what actions to take in this situation. • Dates will be clearly recorded on new bottles of medication which are first opened in Aleana House. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	11/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/05/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is	Not Compliant	Orange	30/08/2024

	prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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